# Form **990**

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For the	2012 cale	ndar year, or tax year beginning , 2012, and endin	a		, 20		
В			C Name of organization THE ABILENE EDUCATION FOUNDATION	Ч.,,,,,,	D Employ	er identification number	er	
	Address of		Doing Business As		, ' <i>'</i>	31-1741496		
	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	te	F Telepho	one number		
	Initial retu	•	P.O. BOX 1999		L Totopho	325-677-8589		
	Terminate		City, town or post office, state, and ZIP code		323-077-0309			
$\overline{\Box}$	Amended		ABILENE, TX 79604-1999		• •		,	
$\overline{\Box}$			F Name and address of principal officer:		<b>G</b> Gross r		6,852	
	rippilodiic			1 1	• .	for affiliates? Yes		
<u> </u>	Tay-evem	npt status:				ncluded? Yes	No	
J	Website:	~	<u></u> <u>L</u> <u>S01(c)(3)</u> <u>S01(c)(</u> ) <b></b> (insert no.) <u>4947(a)(1)</u> or <u>527</u> w.abileneeducationfoundation.org			a list. (see instructions)		
					p exemption	n number ► N/A		
	at	Summ	- Total of formati	on: 2000	M State	of legal domicile: T	X	
		TO DROM	escribe the organization's mission or most significant activities:					
ce		TO PROM	NOTE AND ENHANCE AN EXEMPLARY EDUCATION FOR THE STUDENT OF	THE ABILE	NE INDEF	PENDENT SCHOOL		
Jan		DISTRICT	(AISD) THROUGH ENRICHMENT OF ITS PROGRAMS.					
eri		O						
Governance	2 (	Check th	is box  if the organization discontinued its operations or disposed of	f more than	1 25% of	its net assets.		
જ	3 1	Number (	of voting members of the governing body (Part VI, line 1a)		3		18	
ies	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4		18	
<u>;≍</u>	5	lotal nun	nber of individuals employed in calendar year 2012 (Part V. line 2a)		5		4	
Activities &	6	I otal nun	nber of volunteers (estimate if necessary)		6		200	
•	7a 1	Total unr	elated business revenue from Part VIII, column (C), line 12		7a		0	
	i d	Net unrel	ated business taxable income from Form 990-T, line 34		7b			
				Prior Ye		Current Year		
ā	8 (	Contribut	ions and grants (Part VIII, line 1h)		287,267	1,315	111	
Revenue	9 1	Program	service revenue (Part VIII, line 2g)		0	1,313	7,111	
ě	10 I	nvestme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		19,664	20	7,712	
u_	11 (	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-9,988		5,148	
	12	Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		296,943	1,338		
	13 (	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)		170,920		,624	
	14 E	3enefits	paid to or for members (Part IX, column (A), line 4)		0	231	,024	
S	15 8	Salaries, d	other compensation, employee benefits (Part IX, column (A), lines 5-10)		86,265	112		
Expenses	16a F	Professio	nal fundraising fees (Part IX, column (A), line 11e)			113	3,372	
dbe	b 7	Total fund	training augustine (D. 1.1)		0	Section Constitution (Constitution)	O	
ш	17 (	Other exc	penses (Part IX, column (A), lines 11a, 11d, 11f, 04a)	33 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Y 1 M 11 M			
	18 1	otal exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		82,708		,259	
	19 F	Revenue	less expenses. Subtract line 18 from line 12		339,893		,255	
e S		70101140			-42,950		,420	
ets or lances	20 T	fotal asse	ets (Part X, line 16)	eginning of Cu		End of Year		
Ass 1 Ba			lities (Part X, line 26)		624,798	1,477	,568	
Net Asse Fund Bala			s or fund balances. Subtract line 21 from line 20		19,752	11	,102	
		Signat	ure Block	·	605,046	1,466	,466	
true	e, correct, a	and comple	y, I declare that I have examined this return, including accompanying schedules and statemete. Declaration of preparer other than officer) is based on all information of which preparer I	ents, and to the	ne best of m	ny knowledge and belie	f, it is	
	-	<u> </u>	The same of the sa	las ariy kriowi	eage.			
Sig	n	Signa	ture of officer		10/3	30/13		
Her		,	DOTSON III. CDA	Dat	te			
		B	TREASURER					
		/	or print name and title e preparer's signature  Preparer's signature					
Pai			Date	9	Check	PTIN		
	eparer			.30.13	self-emp		ı	
Us	e Only			Firm	's EIN ▶	45-4477088	-	
1/1	, th - 100	Firm's ac			ne no.	325-677-8589		
			this return with the preparer shown above? (see instructions)				No	
or	Paperwo	rk Reduc	tion Act Notice see the concepts instruction	************				

NATION CONTRACTOR	990 (2012) THE ABILENE EDUCATIO		31-1741496	Page <b>2</b>
Pa	rt III Statement of Program Se			
		ains a response to any question in this Part III......		X
1	Briefly describe the organization's mission TO PROMOTE AND ENHANCE AN EXE SCHOOL DISTRICT (AIDS) THROUGHT	EMPLARY EDUCATION FOR THE STUDENTS OF THE ABILENE IN		
2		ficant program services during the year which were not listed on	. Yes	X No
3	services?		. Yes	X No
4		vice accomplishments for each of its three largest program services, a 4) organizations are required to report the amount of grants and alloc for each program service reported.		
4a	AEF COOL Program (College Opportunit provided two counselors, one on each All assistance regarding the college applicati were added, thereby providing two on eastudents in the completion of college app	ISD high school campus, to identify students that need tion process. During July 2012 two additional counselors ach AISD high school campus. In additional to assisting blications, the COOL program organizes field trips to find scholarships and funds for college. During 2012, the 175 and incurred expenses of \$230,244.		
4b	AEF Teacher Grants (STAR & GIFT) - The teachers with classroom and instruction of Resources) grants are provided to teacher educational projects. 54 awards were provided to teacher educational projects of the school year. I grants are awarded to AISD employees wadditional classroom materials to enhance were awarded during August 2012.	ovided to teachers during September 2012 to fund the The Judy Dudley GIFT (Giving to First-time Teachers) who are teaching for the first time. Grant funds are for the those provided by the school district. 43 GIFT grants		
4c	AEF Young Masters Program - The AEF students celebrates young master artists in artistic education with a quality museur the supporting role of the AEF with AISD, selected for the show, but all advanced p full potential. Additionally, it provides students of the programmer of the programmer art history students at both high schools programmer.	12,299 including grants of \$ ) (Revenue Young Masters Juried Art Exhibition for Advanced Placement Art and their dedicated teachers for demonstrating excellence m art exhibition. The Young Masters exhibition extends , and will impact the future of not only the students placement art students by inspiring them to reach their dents acclamation that may further enhance education art programs. 1xx A-P studio art students and participated in the 2012 exhibit with 5x students' excellence.		

4d Other program services. (Describe in Schedule O.) 57,502 including grants of \$ (Expenses \$

0)(Revenue \$

0)

# Part IV Checklist of Required Schedules

		ľ	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C</i> ,			
	Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d		11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i> Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			l
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

للنكيا	Checklist of Required Schedules (Continued)	·····		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the		_^_	
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	٥-		,
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	25b		Х
26	990-EZ? If "Yes," complete Schedule L, Part I	200		
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		T. A.	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			in consider
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20-		
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		<del>  ^</del>
30	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> ,	"	<del>                                     </del>	
٠.	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			l
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	254		
30	entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b		<b> </b>
36	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	<del>                                     </del>	<del>  ^</del>
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			T
-	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
***************************************			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			22/pBeats
	gaming (gambling) winnings to prize winners?	1c	Χ	4 4522 10 996
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4		Since A	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	1787 (3300 ps
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_	ļ	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-		
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>E</b> 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del>  ^</del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		<b> </b>
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1000		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	2200000470
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h	Section day	t likkwestra
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	4		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		in the second	
_	organization, have excess business holdings at any time during the year?	8		50000
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	0.0		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		+-
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			- Ten 10
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			1000
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	I

Part VI

THE ABILENE EDUCATION FOUNDATION

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

<u>Secti</u>	on A. Governing Body and Management			V	NI-
_		۱.۵	18	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	-1억		
	If there are material differences in voting rights among members of the governing body, or		100		
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.	<u> </u>	40		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation			13.5	
	any other officer, director, trustee, or key employee?		2	ļ	X
3	Did the organization delegate control over management duties customarily performed by or under	the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other	er person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	. 4	<u> </u>	
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	. 5	ļ	X
6	Did the organization have members or stockholders?		. 6	<b>├</b>	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			١.,
	one or more members of the governing body?		7a	-	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) member				
	stockholders, or persons other than the governing body?		7b	X 30.100000488	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	en during			
	the year by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		. 8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	reached			١.,
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	· · · · · · · · ·	.   9	<u> </u>	<u> </u>
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenu	ie Code		T
			40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	1	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such		401	NI/A	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p			N/A	$\overline{}$
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bet	ore filing the form?.	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		40		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a		<del> </del>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to connicts	? 12b	<del>'  ^</del>	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If		42-		
	describe in Schedule O how this was done		120	_	
13	Did the organization have a written whistleblower policy?		-		
14	Did the organization have a written document retention and destruction policy?		. 14	X	
15	Did the process for determining compensation of the following persons include a review and appr				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		45-		
a	The organization's CEO, Executive Director, or top management official.		. 15a		
b	Other officers or key employees of the organization		15b	)   X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arran		40-		
	with a taxable entity during the year?		.   <u>16</u> a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eval				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	-	464		
0	the organization's exempt status with respect to such arrangements?		16k	<u> </u>	<u> </u>
	ion C. Disclosure	AIT		·	
17		NE	0)(2)===		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 90	90-1 (Section 501)	c)(3)s on	ıy <i>)</i>	
	available for public inspection. Indicate how you made these available. Check all that apply.	and in the Oak and I	0)		
40		explain in Schedule			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents	s, conflict of interes	ι		
20	policy, and financial statements available to the public during the tax year.	and ropords of th	0		
20	State the name, physical address, and telephone number of the person who possesses the book				
	organization: E. B. DOTSON III, CPA  425 CYPRESS STREET ARIJENE TX 70601-5101	323-077	-0009		

Section A	Officers Directors Trustees Key Employees and Highest Compensated Employees	
	Employees, and Independent Contractors  Check if Schedule O contains a response to any question in this Part VII	[]
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
FUIII 990 (2012)	THE ABILENE EDUCATION FOUNDATION 31-174-149	o raye

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

- organization's tax year.

   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

   List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	rson	than or/trusto e is employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BUDDY NAPIER	4.00									
PRESIDENT		Х		Х						
(2) KAYE PRICE-HAWKINS	3.00									
VICE PRESIDENT		X		Х						<u></u>
(3) ANGIE WILEY	1.00									
SECRETARY		X		Х						
(4) E.B. DOTSON, III	5.00									
TREASURER		X		X						
(5) LISA CHAVEZ-OWEN	1.00									
		X				ļ				
(6) JASON DARBY	1.00									
		X			ļ					
(7) MIKE DUNNAHOO	1.00									
(6) 110411455		X	ļ	ļ	ļ	<u> </u>				
(8) LISA HARP	1.00									
(0) IENNIEED HADDED	1.00	X	ļ			ļ	ļ			
(9) JENNIFER HARPER	1.00	,								
(10) KAY HARTGRAVES	4.00	Х	ļ	ļ	-	<u> </u>	$\vdash$			
LIN WI HAVIORAVES	1.00									
(14) MCLODY HINT	0.00	X			-					
(11) MELODY HUNT	2.00									
(12) LAURA MOORE	4.00	X	<b> </b> -							
LIZE LAUNA MOUNE	1.00	,								
(13) ROLAND ORR	1.00	X_								
TIM HOLAND ONLY	1.00	x								
(14) DANIEL ORTIZ	0.50	├^-	<del> </del>	-			-			
T.H. STATE OTTIE		X	Ì							
	I		L	<u> </u>	<b></b>			I		- 000

	(A) Name and title	(B) Average hours per week (list any	(do r box, office	not ch unles	Pos eck s pe d a d	tion more rson irecto	than o is both or/truste	ne an ee)	(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	compensation
(15)	RANDY POOL	1.00	Х								
(16)	LINDA ROARK	1.50									
(17)	SUE SMITH	2.00									
(18)	DARRYL ZELLER	1.00	1								
	JEAN McMILLON	40.00	1								
	CUTIVE DIRECTOR		X						56,500		
(21)											
(22)											
(23)											
(24)										<u></u>	
(25)											
1b c	Sub-total  Total from continuation sheets to Part VII, So								56,500 0	***************************************	0 (
d	Total (add lines 1b and 1c)	<u> </u>				<u></u>		<b>&gt;</b>	56,500		0 (
	reportable compensation from the organization		sieu a		0	VIIO	recei	vec	THOIE MAIL PTOC		To Lo
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If</i> "Yes," complete Sched				loye	e, c	or higi	hes	t compensated		Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.									h 	4 X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo	•			•			_			5 X
Sec	tion B. Independent Contractors					******					
1	Complete this table for your five highest compe compensation from the organization. Report co year.										's tax
	(A) Name and business add	ress							(B) Description of ser	vices	(C) Compensation
											(
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		ted to	tho	se	iste	d abo	ve)	who received		ranger and a second

Part VIII Statement of Revenue

		Check if Schedule O contains	a response to a	iny question in th	nis Part VIII			🔲
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated campaigns	<u>1a</u>	0		1.5		100
ur tu	b	Membership dues	1b	0				
, E	С	Fundraising events	1c	45,147				
ar A	d	Related organizations	1d	0			4004	8.08
imil	е	Government grants (contributions	s)	0				
tion sr S	f	All other contributions, gifts, gran	ts, and					
훁쵥		similar amounts not included abo		1,269,964				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in li	nes 1a-1f: \$	0				
0 8	h	Total. Add lines 1a-1f			1,315,111		2.00	
e				Business Code				
je j	2a				0			
å	b				0			
<u>.</u>	С	·			0			
Sen	d				0			
٤	е				0			
Program Service Revenue	f	All other program service revenue			0			
مَ	g	Total. Add lines 2a-2f			0			
	3	Investment income (including div						
		other similar amounts)			29,712	29,712		
	4	Income from investment of tax-ex			0			
	5	Royalties		· · · · · · · · · · · · · · · · · · ·	0			
			(i) Real	(ii) Personal				
	6a	Gross rents	<b></b>	<del> </del>				
	b	Less: rental expenses						
	C	Rental income or (loss)	0		_			
	_d	Net rental income or (loss)	() O	. , ,	0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory .	0	0	Approximation (Control of Control			
	b	Less: cost or other basis						
	_	and sales expenses	0	<del></del>		epopped out the Africa		
İ	ç	Gain or (loss)	<u> </u>	<u> </u>			-	
nue	d 8a	Net gain or (loss)			0			2 (1996) A 199
Other Reven		events (not including \$ of contributions reported on line See Part IV, line 18		22,029				
the	b	Less: direct expenses		28,177				
Ö	c	Net income or (loss) from fundrai			-6,148			
		Gross income from gaming activi			9,119			
		See Part IV, line 19	а	0				
	b	Less: direct expenses	<b>b</b>	0			100	
	С	Net income or (loss) from gaming	activities		0			
	10a	Gross sales of inventory, less					record of the	
		returns and allowances	a	0	4.47			
	b	Less: cost of goods sold	<b>b</b>	0				
	С	Net income or (loss) from sales of	of inventory		0	A PARA A A A A A A A A A A A A A A A A A		
		Miscellaneous Revenue		Business Code				
	11a				0	78-19-19-19-19-19-19-19-19-19-19-19-19-19-		
	b				0			
	С				0			
	d	All other revenue			0			
	е	Total. Add lines 11a-11d		<i>.</i> <b>&gt;</b>	0			
	40	Total revenue See instructions		<b>.</b>	1 220 675	20.742	1	

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX. (D) (C) Do not include amounts reported on lines 6b, Management and Fundraising Program service Total expenses 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to governments and 152,394 152,394 organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the 99,230 99,230 Grants and other assistance to governments, 3 organizations, and individuals outside the 0 United States, See Part IV, lines 15 and 16. . . . . 0 4 Compensation of current officers, directors, 5 56,500 14,125 12,875 29,500 trustees, and key employees . . . . . . . . . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) . . . 12.206 48,477 27,681 8,590 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) . . . 0 9 2,014 8,395 3,102 3,279 10 11 Fees for services (non-employees): 0 0 30,000 30,000 Accounting . . . . . . . . . . . . . 0 Professional fundraising services. See Part IV, line 17.... 1,114 1,114 Other. (If line 11g amount exceeds 10% of line 25, column 420 420 (A) amount, list line 11g expenses on Schedule O.) 25,709 21.949 3,760 12 15,108 1,274 16,382 13 Information technology . . . . . . . . . . . . . 2,575 2,575 14 0 15 3,054 5,566 8,620 16 18,737 18,737 17 18 Payments of travel or entertainment expenses 0 for any federal, state, or local public officials . . . 0 19 Conferences, conventions, and meetings . . . . . 0 20 0 21 5,152 0 5,152 0 22 Depreciation, depletion, and amortization . . . . . . 868 23 868 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Dues, Memberships and Subscriptions 1,125 1,125 390 195 585 **b** Honorariums 895 972 Fees: Bank & Credit Card 0 Ы 0 All other expenses 33,000 477,255 358,640 85,615 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response to	any question in this Part X .			
				(A)		(B)
				Beginning of year	,	End of year
	1	Cash—non-interest-bearing		102,384	1	96,636
ļ	2	Savings and temporary cash investments		301,734	2	367,743
	3	Pledges and grants receivable, net		139,208	3	608,585
	4	Accounts receivable, net	0	4	0	
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensa	ated employees.			
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified perso	ns (as defined under section	Till Co.		
		4958(f)(1)), persons described in section 4958(c)(3)(B), a				
		sponsoring organizations of section 501(c)(9) voluntary en				
Assets		organizations (see instructions). Complete Part II of Sche			6	
SSI	7	Notes and loans receivable, net		0	7	0
•	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D	<b>10a</b> 34,811	THE RESIDENCE AND ADDRESS OF THE PROPERTY OF T		
	b	Less: accumulated depreciation	<b>10b</b> 21,776		10c	13,035
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line		0	12	0
	13	Investments—program-related. See Part IV, line		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		70,567	15	391,569
	16	Total assets. Add lines 1 through 15 (must equ		624,798	16	1,477,568
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	<u> </u>
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
,n	21	Escrow or custodial account liability. Complete I			21	
Liabilities	22	Loans and other payables to current and former				
bili		trustees, key employees, highest compensated	• •		22	
_ia	23	disqualified persons. Complete Part II of Schedu Secured mortgages and notes payable to unrela		0	22	0
	24	Unsecured notes and loans payable to unrelated		0	24	0
	25	Other liabilities (including federal income tax, pa	•	<u> </u>	24	0
	~_0	parties, and other liabilities not included on lines	-			
				19,752	25	11,102
	26	<b>Total liabilities.</b> Add lines 17 through 25		19,752	26	11,102
		Organizations that follow SFAS 117 (ASC 958				,
es		complete lines 27 through 29, and lines 33 ar				
ů	2.7	-		470 574		440.004
ala	27	Unrestricted net assets		170,574	27	143,024
or Fund Balances	28 29	Temporarily restricted net assets		387,828	28	973,394
H	25	Permanently restricted net assets	<del></del> -	46,644	29	350,048
Ē.		Organizations that do not follow SFAS 117 (ASC958),	check here			
		complete lines 30 through 34.				
Net Assets	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or ed			31	
<u>e</u>	32	Retained earnings, endowment, accumulated in			32	
Z	33	Total net assets or fund balances		605,046	33	1,466,466
	34	Total liabilities and net assets/fund balances.	· · · · · · · · · · · · · · · · · · ·	624,798	34	1,477,568

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Pari	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,338	3,675
2	Total expenses (must equal Part IX, column (A), line 25)	2		477	7,255
3	Revenue less expenses. Subtract line 2 from line 1	3		861	1,420
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		605	5,046
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		1,466	6,466
Part					
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	Loise in
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		. 20		
	separate basis, consolidated basis, or both:				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. <u>2c</u>	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. <u>3a</u>	ļ	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	N/A	

Form **990** (2012)

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE.	<u>ABIL</u>		TION FOUNDAT							31-17			
Par		Reason	for Public Cha	arity Status (All org						struction	S.		
The c	rgan			ion because it is: (For l									
1		A church, cor	nvention of churc	hes, or association of	churches	described	in sectio	n 170(b)(1	1)(A)(i).				
2		A school des	cribed in <b>section</b>	<b>170(b)(1)(A)(ii).</b> (Atta	ch Sched	ule E.)							
3		A hospital or	a cooperative ho	spital service organiza	tion desci	ribed in <b>s</b> e	ection 170	)(b)(1)(A)(	(iii).				
4			search organizat ne, city, and stat	ion operated in conjunc e:	ction with	a hospital	described	d in <b>sectio</b>	on 170(b)(	(1)(A)(iii).	Enter t	ne 	
5				the benefit of a college Complete Part II.)	or univer	sity owne	d or opera	ted by a g	overnmer	ntal unit de	escribe	d	
6				rnment or government	al unit des	cribed in	section 1	70(b)(1)(A	۱)(v).				
7	X			receives a substantial		support f	rom a gov	ernmenta	l unit or fr	om the ge	neral p	ublic	
8				in section 170(b)(1)(A		nplete Pa	rt II.)						
9		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
10	$\square$												
11 e		purposes of c 509(a)(3). Ch a Type By checking persons other	one or more pub neck the box that I b Ty this box, I certify	that the organization is n managers and other	ations des supporting III–Funct s not cont	scribed in g organizationally int rolled dire	section 50 ation and o egrated ectly or ind	09(a)(1) or complete line of the complete line of t	section 5 ines 11e t ype III–No one or mo	509(a)(2). hrough 11 on-function ore disqua	See <b>se</b> Ih. nally int ilified	tegrate	d
f				written determination	from the II	RS that it	is a Type	I. Type II.	or Type II	I supporti	na		
•			check this box.										
g				he organization accept	ed any git	t or contri	ibution fro	m any of t	he				
		following per											
				or indirectly controls, ei								Yes	No
				erning body of the supperson described in (i)							11g(i) 11g(ii)		
				of a person described in (i)							11g(iii)		
h				tion about the supporte							119(11)		
		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the o	organization sted in your document?	the organ	rou notify nization in of your port?	organizat (i) organi	Is the tion in col. zed in the S.?	(vii) An	nount of mo support	onetary
					Yes	No	Yes	No	Yes	No			
(A)													
(B)										-			
				~~~~									
(C)													
(D)	· · · · · · · · · · · · · · · · · · ·												
(E)													
Tota	ı		production of the second										0

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🛛 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	513,336	320,134	461,603	287,267	1,315,111	2,897,451
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	513,336	320,134	461,603	287,267	1,315,111	2,897,451
5	The portion of total contributions by each					46.50	
	person (other than a governmental unit						
	or publicly supported organization)			100		and the same	
	included on line 1 that exceeds 2%			100			
	of the amount shown on line 11,						
	column (f)	1.040.00				47	
6	Public support. Subtract line 5 from line 4.						2,897,451
Sect	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	513,336	320,134	461,603	287,267	1,315,111	2,897,451
8	Gross income from interest, dividends,					.,	
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	48,116	20,523	16,010	19,664	29,712	134,025
9	Net income from unrelated business	,		•		,	
	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets					1	
	(Explain in Part IV.)			-9,533	-9,988	-6,148	-25,669
11	Total support. Add lines 7 through 10						3,005,807
12	Gross receipts from related activities, etc. (se	e instructions).				12	
13	First five years. If the Form 990 is for the org						_
	organization, check this box and stop here .						▶ 🔲
Sect	ion C. Computation of Public Support	Percentage	,				
14	Public support percentage for 2012 (line 6, co	olumn (f) divided	by line 11, co	lumn (f))		14	96.40%
15	Public support percentage from 2011 Schedu	ile A, Part II, line	e 14			15	94.92%
16a	33 1/3% support test—2012. If the organizat						
	and stop here. The organization qualifies as	a publicly suppo	orted organizat	ion			<b>▶</b> X
b	33 1/3% support test—2011. If the organizat						
	box and stop here. The organization qualifies	s as a publicly s	upported organ	nization			▶ []
17a	10%-facts-and-circumstances test—2012.	If the organizati	on did not ched	ck a box on line	13, 16a, or 16t	o, and line 14	
	is 10% or more, and if the organization meets	s the "facts-and-	circumstances	" test, check th	is box and <b>stop</b>	here. Explain i	n
	Part IV how the organization meets the "facts						
	organization						▶ 🗍
b	10%-facts-and-circumstances test-2011.						
	15 is 10% or more, and if the organization me						ain in
	Part IV how the organization meets the "facts						
	supported organization						▶ □
18	<b>Private foundation.</b> If the organization did no						
	instructions			. 52,, 01 11			

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the			1			
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						•
	amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						0
Caa	line 6.)						
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Calc	indar year (or riscar year beginning in)	(a) 2000	(b) 2009	(6) 2010	(u) 2011	(e) 2012	
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,						_
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						0
•	Add lines 10a and 10b	0	0	0	0	0	
С 11	Net income from unrelated business	<u> </u>		0		<u> </u>	
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or			* ***			
	loss from the sale of capital assets						
	(Explain in Part IV.)						0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organiz.					1	
	organization, check this box and <b>stop here</b>						▶ □
Sec	tion C. Computation of Public Support					verse	
15	Public support percentage for 2012 (line 8, column		13 column (f)	•		15	0.00%
16	Public support percentage from 2011 Schedule A,	•				16	0.00%
	tion D. Computation of Investment Inco				·	1	0.0070
17	Investment income percentage for 2012 (line 10c,			mn (fl)		17	0.00%
18	Investment income percentage from 2011 Schedul	• • •	•			18	0.00%
19a	33 1/3% support tests—2012. If the organization						3.3370
							. —
		ere. The organize	ation qualifies as	a publicly suppo	rted organizatio	n	🕨 📗
b	not more than 33 1/3%, check this box and stop h						▶ [
b		did not check a b	oox on line 14 or	line 19a, and line	e 16 is more tha	n 33 1/3%, and	<del></del>

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	······································
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#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

201

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Employer identification number

THE A	ABILENE EDUCATION FOUNDATION		31-1741496
Part	Organizations Maintaining Don	or Advised Funds or Other Similar	Funds or Accounts. Complete if
	the organization answered "Yes"	to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do		
^	funds are the organization's property, subject		
6	Did the organization inform all grantees, done		
	used only for charitable purposes and not for purpose conferring impermissible private ber		
	· · · · · · · · · · · · · · · · · · ·		
Part		plete if the organization answered "Y	es to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held I		
	Preservation of land for public use (e.g., reci		on of an historically important land area
	Protection of natural habitat	Preservat	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year.		Distribution of the state of th
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation eas		
C	Number of conservation easements on a cer		
d	Number of conservation easements included		1 1
2	historic structure listed in the National Regist		
3	Number of conservation easements modified during the tax year	i, transferred, released, extinguished, or to	erminated by the organization
4	Number of states where property subject to d	conservation easement is located	
5	Does the organization have a written policy r		on handling of
•	violations, and enforcement of the conservat	- · ·	
6	Staff and volunteer hours devoted to monitor		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring,	nspecting, and enforcing conservation ea	sements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported		
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the		inancial statements that describes
Part	the organization's accounting for conservation	ns of Art, Historical Treasures, or Othe	r Similar Accate
M. M. III.	Complete if the organization answered		i Silillai Assets.
1a	If the organization elected, as permitted under works of art, historical treasures, or other sin		
	of public service, provide, in Part XIII, the tex	•	
b	If the organization elected, as permitted under		
~	works of art, historical treasures, or other sin		
	of public service, provide the following amou	•	and the second of the fall to the second of
	(i) Revenues included in Form 990, Part VIII		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of		
	following amounts required to be reported ur	ider SFAS 116 (ASC 958) relating to thes	e items:
а	Revenues included in Form 990, Part VIII, lir	ne 1	<b>&gt; \$</b>
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

Lar	Organizations Maintaining	g Collections of A	Art, Hist	torical Tr	easures, o	r Other	Similar Asset	s (cor	ntinue	d)
3	Using the organization's acquisition, a	ccession, and other	records,	check any	of the follow	ing that	are a significant	.5 (55)		<u> </u>
	use of its collection items (check all th	at apply):		1						
а	Public exhibition		d	Loan	or exchange	program	S			
b	Scholarly research		e	Other				. ~ ~ ~ ~ ~ = = -		
С	Preservation for future generation									
4	Provide a description of the organizati Part XIII.	on's collections and	explain h	iow they fu	urther the org	anizatior	n's exempt purpo	se in		
5	During the year, did the organization s assets to be sold to raise funds rather	olicit or receive don	ations of	art, historio	cal treasures,	or other	r similar	□ v.	es 🗀	ا الما
Pati										No
مديران الما	IV, line 9, or reported an am	ount on Form 990	) Part X	line 21	IIZaliUII aliS	werea	res to Form 9	90, Pa	3TT	
1a	Is the organization an agent, trustee, or				ributions or of	ther acc	atc not			
	included on Form 990, Part X?		itermediai	y loi colla	induloris of O	11101 0556	515 1101	☐ Ye	. [	No
b	If "Yes," explain the arrangement in Pa	art XIII and complete	the follow	wing table	· · · · ·			"י ע	,	140
	,	,					T A	mount		
С	Beginning balance					1c				0
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				0
2a	Did the organization include an amour	nt on Form 990, Part	X, line 2	1?				Ye	es X	No
b	If "Yes," explain the arrangement in Pa								Ħ	
Part										
		(a) Current year		or year	(c) Two years		(d) Three years back	(e) Fo	our years	back
1a	Beginning of year balance	70,557		28,597	1	5,317	12,689			1,521
b	Contributions	301,180		43,723		0,949	0			5,713
С	Net investment earnings, gains,									
	and losses	23,414		-1,457		2,475	2,710			4,438
d	Grants or scholarships	1,600				0	0			
е	Other expenditures for facilities							ĺ		
_	and programs	1,993		306		144	82			
f	Administrative expenses	004.550	**************************************							
g 2	End of year balance	391,558	l I /	70,557	2	8,597	15,317		2	1,672
a	Provide the estimated percentage of the Board designated or quasi-endowmen	te current year end i		line 1g, co	iumn (a)) nei	d as:				
b	Permanent endowment	86%	10%							
c	Temporarily restricted endowment	<b>&gt;</b> 4%								
	The percentages in lines 2a, 2b, and 2		%							
За	Are there endowment funds not in the	possession of the o	rganizatio	n that are	held and adr	ninistere	d for the			
	organization by:	•	J				4 101 110	1	Yes	No
	(i) unrelated organizations							3a(i)	X	
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(ii), are the related organized	zations listed as req	uired on S	Schedule F	₹?			3b		
4	Describe in Part XIII the intended uses							· · · · · · · · · · · · · · · · · · ·		
Part		pment. See Form	1990, Pa	art X, line	10.					
	Description of property	(a) Cost or oth (investme			st or other s (other)		ccumulated preciation	( <b>d)</b> Bo	ook value	;
1a	Land		0		0	3				0
b	Buildings		0		0		0			0
C	Leasehold improvements		0		0		0			0
d	Equipment		0		34,811		21,776		1:	3,035
e Total	Other		0		0		0			0
iotal	. Add lines 1a through 1e. <i>(Column (d) r</i>	nust equal Form 990	J, Part X,	column (E	3), line 10(c).)		. , . <b>&gt;</b>		1:	3,035

Part VII	Investments—Other Securit	ies. See Form 990, Part A,	line 12.
(a	) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	derivatives	0	
	eld equity interests	0	
		-	
(C)		-	
		-	And the second s
(G)			
(H)		-	
(I)			
	) must equal Form 990, Part X, col. (B) line 12.)	0	
Part VIII	Investments—Program Rela	ated. See Form 990, Part X	, line 13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	Namuet agreet Form 000, Part V and (P) line 12	•	
Total. (Column (b	o) must equal Form 990, Part X, col. (B) line 13.)		
	Other Assets. See Form 990. Part X, col. (B) line 13.)	), Part X, line 15.	(b) Book value
Part IX	Other Assets. See Form 990		(b) Book value
Part IX  (1) Deposi	Other Assets. See Form 990	), Part X, line 15.	(b) Book value
Part IX  (1) Deposi	Other Assets. See Form 990	), Part X, line 15.	(b) Book value
Part IX  (1) Deposi (2) AEF Er	Other Assets. See Form 990	), Part X, line 15.	(b) Book value
Part IX  (1) Deposi (2) AEF Er (3)	Other Assets. See Form 990	), Part X, line 15.	(b) Book value
Total. (Column (b Part IX  (1) Deposi (2) AEF Er (3) (4)	Other Assets. See Form 990	), Part X, line 15.	(b) Book value
(1) Deposi (2) AEF Er (3) (4) (5)	Other Assets. See Form 990	), Part X, line 15.	(b) Book value
(1) Deposi (2) AEF Er (3) (4) (5) (6) (7)	Other Assets. See Form 990	), Part X, line 15.	(b) Book value
(1) Deposi (2) AEF Er (3) (4) (5) (6) (7) (8) (9)	Other Assets. See Form 990	), Part X, line 15.	(b) Book value
(1) Deposi (2) AEF Er (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990 t - Safe Deposit Box Key ndowment Fund Held by CFA	), Part X, line 15. (a) Description	(b) Book value  10  391,559
(1) Deposi (2) AEF Er (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columnia)	Other Assets. See Form 990 t - Safe Deposit Box Key ndowment Fund Held by CFA	D, Part X, line 15.  (a) Description  col. (B) line 15.)	(b) Book value  10  391,559
(1) Deposi (2) AEF Er (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990  t - Safe Deposit Box Key  Indowment Fund Held by CFA  Imm (b) must equal Form 990, Part X,  Other Liabilities. See Form	col. (B) line 15.)	(b) Book value  10  391,559
(1) Deposi (2) AEF Er (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column total X ) (Col	Other Assets. See Form 990  t - Safe Deposit Box Key  Indowment Fund Held by CFA  Imm (b) must equal Form 990, Part X,  Other Liabilities. See Form  (a) Description of liability	col. (B) line 15.)  990, Part X, line 25.  (b) Book value	(b) Book value  10 391,559
(1) Deposi (2) AEF Er (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu Part X 1. (1) Federa	Other Assets. See Form 990  t - Safe Deposit Box Key  Indowment Fund Held by CFA  Imm (b) must equal Form 990, Part X,  Other Liabilities. See Form  (a) Description of liability  al income taxes	col. (B) line 15.)  990, Part X, line 25.  (b) Book value	(b) Book value  10 391,559
(1) Deposi (2) AEF Er (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columnal Columnal Col	Other Assets. See Form 990  t - Safe Deposit Box Key  Indowment Fund Held by CFA  Imm (b) must equal Form 990, Part X,  Other Liabilities. See Form  (a) Description of liability  al income taxes  Liabilities	col. (B) line 15.)	(b) Book value  10 391,555
(1) Deposi (2) AEF Er (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column total (2) Payroll (3) Schola	Other Assets. See Form 990  t - Safe Deposit Box Key  Indowment Fund Held by CFA  Imm (b) must equal Form 990, Part X,  Other Liabilities. See Form  (a) Description of liability  al income taxes  Liabilities  rship Liabilities	col. (B) line 15.)	(b) Book value  10 391,559
(1) Deposi (2) AEF Er (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colument No. 1) Part X 1. (1) Federal (2) Payroll (3) Schola (4) Profess	Other Assets. See Form 990  t - Safe Deposit Box Key  Indowment Fund Held by CFA  Imm (b) must equal Form 990, Part X,  Other Liabilities. See Form  (a) Description of liability  al income taxes  Liabilities	col. (B) line 15.)	(b) Book value  11  391,55
(1) Deposi (2) AEF Er (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column total) (2) Payroll (3) Schola (4) Profess (5)	Other Assets. See Form 990  t - Safe Deposit Box Key  Indowment Fund Held by CFA  Imm (b) must equal Form 990, Part X,  Other Liabilities. See Form  (a) Description of liability  al income taxes  Liabilities  rship Liabilities	col. (B) line 15.)	(b) Book value  11  391,55
(1) Deposi (2) AEF Er (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colument No. 1) Part X 1. (1) Federal (2) Payroll (3) Schola (4) Profess	Other Assets. See Form 990  t - Safe Deposit Box Key  Indowment Fund Held by CFA  Imm (b) must equal Form 990, Part X,  Other Liabilities. See Form  (a) Description of liability  al income taxes  Liabilities  rship Liabilities	col. (B) line 15.)	(b) Book value  1 391,55
(1) Deposi (2) AEF Er (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columnation of the columnation of the columna	Other Assets. See Form 990  t - Safe Deposit Box Key  Indowment Fund Held by CFA  Imm (b) must equal Form 990, Part X,  Other Liabilities. See Form  (a) Description of liability  al income taxes  Liabilities  rship Liabilities	col. (B) line 15.)	(b) Book value  1 391,55
(1) Deposi (2) AEF Er (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column total) (2) Part X 1. (1) Federa (2) Payroll (3) Schola (4) Profess (5) (6) (7)	Other Assets. See Form 990  t - Safe Deposit Box Key  Indowment Fund Held by CFA  Imm (b) must equal Form 990, Part X,  Other Liabilities. See Form  (a) Description of liability  al income taxes  Liabilities  rship Liabilities	col. (B) line 15.)	(b) Book value  1 391,55
(1) Deposi (2) AEF Er (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column total) (2) Part X 1. (1) Federa (2) Payroll (3) Schola (4) Profess (5) (6) (7) (8)	Other Assets. See Form 990  t - Safe Deposit Box Key  Indowment Fund Held by CFA  Imm (b) must equal Form 990, Part X,  Other Liabilities. See Form  (a) Description of liability  al income taxes  Liabilities  rship Liabilities	col. (B) line 15.)	(b) Book value  11  391,55
(1) Deposi (2) AEF Er (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b Part X) 1. (1) Federa (2) Payroll (3) Schola (4) Profess (5) (6) (7) (8) (9)	Other Assets. See Form 990  t - Safe Deposit Box Key Indowment Fund Held by CFA  Imm (b) must equal Form 990, Part X,  Other Liabilities. See Form  (a) Description of liability Il income taxes Liabilities Institute of the second of the seco	col. (B) line 15.)	(b) Book value  10 391,556

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return	
1	Total revenue, gains, and other support per audited financial statements	1	1,366,852
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	7	
е	Add lines 2a through 2d	2e	28,177
3	Subtract line 2e from line 1	3	1,338,675
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	C
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	1,338,675
SA FOCAS INCOME	Reconciliation of Expenses per Audited Financial Statements With Expenses	oer Returr	
1	Total expenses and losses per audited financial statements	1	505,432
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
C	Other losses		
d	Other (Describe in Part XIII.)	- CANCEL SECTION 1	
e	Add lines 2a through 2d	2e	28,177
3	Subtract line 2e from line 1	3	477,255
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	477,200
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	-	
C	Add lines <b>4a</b> and <b>4b</b>	4c	(
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	477,255
CO TOWNS COMMON		131	477,200
	Supplemental Information		
	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I		and 20;
	V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	ovide any	
addit	tional information.		
Part	XI Line 2d Fundraising event direct expense recorded on Form 990, Line 11 and		
i dit.	At Life 2d Fundraising event direct expense recorded on Form 990, Line 11 and		
Sche	edule G, Part II, as required.		
Part	VII Line 2d Fundraising event direct expense recorded on Form 990, Line 11 and		
Sche	edule G, Part II, as required.		
	•		
		~	

Schedule D (Form 99	90) 2012 Tł	HE ABILENE E	DUCATION F	OUNDATION	٧		31-1741496	Page <b>5</b>
Part XIII	Suppleme	ental Informa	ation (contin	nued)				
	Сиррісти		1000				 	
						~		
		• <b></b>					 	
			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				 	

#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No. 1545-0047

Inspection

Name c	of the organization					Employer identification	on number
THE A	ABILENE EDUCATION FOUNDATION	N .				31-174	
Par	Fundraising Activities.	Complete if the			ered "Yes" to For	ກ 990, Part IV, lir	ne 17.
	Form 990-EZ filers are no Indicate whether the organization r	t required to co	omplete th	is part.	a activities. Check	all that apply	
1 a	Mail solicitations	aised iurius triiot			f non-government g		
_	Internet and email solicitations		=		of government grants		
b					raising events	,	
С.	Phone solicitations		g S <sub>l</sub>	beciai iunu	raising events		
d	In-person solicitations				/in abouting a <b>cc</b> ine as a		-
2a	Did the organization have a written key employees listed in Form 990,	Part VII) or entity	y in connec	tion with pr	ofessional fundraisi	ng services? [	Yes No
b	If "Yes," list the ten highest paid inc to be compensated at least \$5,000			sers) pursu	ant to agreements ι	under which the fund	draiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		001. (1)	
1			162	NO	ļ		
•					o	О	0
2							
					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10							
				<u> </u>	0	0	0
Total				▶	0	0	0
3	List all states in which the organiza	ation is registered	d or license	d to solicit	contributions or has	been notified it is e	exempt from
	registration or licensing.						
					~~~~~~~~		
	~~~~~						

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events (add col. (a) through NONE 2013 Crawfish Boil col. (c)) (total number) (event type) (event type) Revenue Gross receipts . . . . . 67,176 67,176 45,147 45,147 2 Less: Contributions . . . Gross income (line 1 22,029 22,029 minus line 2) . . . . . . 0 0 Cash prizes . . . . . 0 0 5 Noncash prizes . . . . . Direct Expenses 0 2,200 6 Rent/facility costs . . . . 2,200 0 Food and beverages . . . 11,627 11,627 0 Entertainment . . . . . 0 9 Other direct expenses . . 14,350 14,350 28.177) Net income summary. Combine line 3, column (d), and line 10. -6,14811 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 0 Gross revenue. . Direct Expenses 2 Cash prizes . . . . . . Noncash prizes . . . . . 0 Rent/facility costs . . . . 0 Other direct expenses . 0 Yes Yes Yes % Volunteer labor . . . . 6 No No 0) Net gaming income summary. Combine line 1, column d, and line 7 . . . . . . . . . . . . . . . . . . 0 Enter the state(s) in which the organization operates gaming activities: If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . **b** If "Yes," explain:

Schedu	ile G (Form 990 or 990-EZ) 2012 THE ABILENE EDUCATION FOUNDATION	31-	174149	6	Page 3
11	Does the organization operate gaming activities with nonmembers?	[	Yes		No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	[	Yes		No
13	Indicate the percentage of gaming activity operated in:	Ì			
а		13a			%
b	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ▶				
	Address ►				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	; 🔲	No
b	If "Yes," enter the amount of gaming revenue received by the organization   \$\bigset\$ 0 and the amount of gaming revenue retained by the third party   \$\bigset\$ 0 .				
С	If "Yes," enter name and address of the third party:				
	Name ▶				
	Address ►				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ▶ \$0				
	Description of services provided •				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Yes	\$ <u></u>	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations				_
Part		art I,	line 2b	, colu	<u>0</u> umns
	(iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also comp	lete tl	his part	to	
	provide any additional information (see instructions).				
	***************************************				

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Open to Public

▶ Attach to Form 990.

Employer identification number 31-1741496 å

1 Does the organization maint the selection criteria used to Describe in Part IV the organ
2 Describe in Part IV the organ
the selection criteria used t
<ol> <li>Does the organization mail</li> </ol>

General Information on Grants and Assistance

THE ABILENE EDUCATION FOUNDATION

Part l

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990 ∑ Xes X ain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ization's procedures for monitoring the use of grant funds in the United States. award the grants or assistance?

Part IV, line 21, for any recipient that received mor	any recipient t	hat received more	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	can be duplicated	if additional space is	ganization answere needed.	1 res to roim 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Abilene Indep. School District PO Box 981, Abilene, TX 79604			140,234				Campus Counselors
(2) Abilene Indep. School District PO Box 981, Abilene, TX 79604			12,160				Education Promotion
(3)							
(4)							
(9)							
(9)							
(7)							
(8)							
(6)							Total of
(10)							
(11)							
(12)							
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.</li> <li>3 Enter total number of other organizations listed in the line 1 table.</li> </ul>	501(c)(3) and gr ganizations liste	overnment organiza	tions listed in the line 1	table		<b>A</b>	2

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

31-1741496

Schedule I (Form 990) (2012)

SALES SELECTION OF THE PROPERTY OF THE PERSON OF THE PERSO						•
	Grants and Other Assistance to Individuels in		1 - 1 - 1			Page 2
			united States. Com	plete if the organiz	ation answered "Yes" to	the United States. Complete if the organization answered "Yes" to Form 990, Part IV. line 22.
	Fan III can be duplicated if additional space is needed.	space is needed				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal other)	(f) Description of non-cash assistance
1 Scholarships	ships	22	26,000			
2 START	2 STAR Teacher Grants	54	47,180			
3 GIFT Ne	3 GIFT New Teacher Grants	58	8,700			
4 PASS fc	4 PASS for Success Program	4-	2,050			
5 Million-V	5 Million-Word Readers Program	-	200			
6 Achievel	6 Achievement Grants	4	5,000			
7 Art Outre	7 Art Outreach Educational Grant	<b>~</b>	5,000			
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	e this part to prov	ide the information r	equired in Part I, III	ie 2, Part III, column (b)	), and any other additional

Part I Line 2 Grant and assistance in the United States that are granted to the Abilene Independent School District (AISD) are
monitored by wage and benefits approval of the four on-campus college counselors, first by AISD and then reviewed and acceptance by
AEF. Comparative analysis is performed with similar schools whenever adjustments are recommended.
Part I Line 2 Grant and assistance in the United States that are granted to high school students via the numerous programs offered by
AEF is by committee selection, grant writing: review and approval, or judged art competition, it is monitored by writing checks
directly to the appropriate college of the awarded student. Campus counselors follow up on awarded students as to their status and
needs. AEF has a strong desire to keep students in college and monitors their status and progress through graduation.
Part I Line 2 Grant and assistance in the United States that are awarded to teachers are by grant writing and committee review and
selection base on available funds. New teachers receiving the one time GIFT grant are identified and verified by school officials as to

their status which qualifies them for the grant.

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(h) Purpose of grant or assistance Page 1 of Employer identification number (g) Description of non-cash assistance 31-1741496 (f) Method of valuation (book, FMV, appraisal, other) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (e) Amount of non-cash assistance (d) Amount of cash (c) IRC section if applicable (b) EIN THE ABILENE EDUCATION FOUNDATION (22) (a) Name and address of organization or government Name of the organization (24) (13) (14) (15) (16) (17) (18) (19) (50) (53) (23) (56) (28) (53) (25) (27)

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	Continuati	Continuation Sheet for Schedule I (Form 990)	schedule I (F	orm 990)	Page 1 of 1
Name of the organization					tification number
Part III Continuation of Grants and Other Assistance to		Individuals in the United States	ited States		31-1/41496
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
8 Young Musicians	1	2,300			
9 P-16 Council Readers	1	1,500	ŗ		
10 Young Audiences of Abilene		1,000			
11					
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#### SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

THE ABILENE EDUCATION FOUNDATION 31-1741496 Form 990, Part III, Line 4d: Program Service Expenses: 2,106, Grants and allocations: 0, Revenue: 0 Alumni Scholarship Endowment Program - Beginning in February 2008 monies for the program are used to fund an endowment where earnings are awarded via college scholarships to seniors. The amount of the scholarships varies depending on the donations and earnings from investments. These scholarship funds are generated by the alumni of the two high schools in the district. Funds are held by the Community Foundation of Abilene for investment and remain there as a permanent (asset) endowment for future scholarships. Alumni Scholarship Funds - Funds in the AEF Scholarship Endowment Program are designated and split between the two high school; they consist of permanently restricted donations and as well as board restricted funds. Other funds added to the program will be shared equally by both unless restricted by the donor. Two \$1,000 scholarships were awarded in 2012. Form 990, Part III, Line 4d: Program Service Expenses: 12,250, Grants and allocations: 0, Revenue: 0 AEF Donor Directed Scholarships are given by donors for specific scholarships for students at both Abilene High School and Cooper High School. These scholarships vary in criteria and amount as per the request of the donor. Twelve scholarships were awarded during 2012 for a total of \$12,500. Form 990, Part III, Line 4d: Program Service Expenses: 8,000, Grants and allocations: 0, Revenue: 0 Abilene Education Foundation also raised funds for AEF Scholarships for both Abilene High School and Cooper High School on an annual basis. In 2012 AEF awarded four \$2,000 scholarships to two seniors from each of the two high schools. Form 990, Part III, Line 4d: Program Service Expenses: 5,000, Grants and allocations: 0, Revenue: 0 AEF received donations from Edwin and Agnes Jennings to provide a Teaching Excellence Awards Program. The Teaching Excellence Awards consist of four awards -Outstanding Elementary Teacher, Outstanding Secondary Teacher, Outstanding Math Teacher and Outstanding Science Teacher. AEF establishs a committee to evaluate the nominees, determine

the recipients of the Teaching Awards and plans the awards ceremony.