

**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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2009 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization <b>THE ABILENE EDUCATION FOUNDATION</b>		<b>D</b> Employer identification number 31-1741496
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number 325-677-8589
		P. O. BOX 1999		<b>F</b> Group Exemption Number . . . ▶ N/A
		City, town, or country	State ZIP + 4 ABILENE TX 79604-1999	

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting Method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ www.abileneeducationfoundation.org

**J** Tax-exempt status (check only one)—  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 419,157

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	320,134
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	20,523
	<b>4</b> Investment income . . . . .	<b>4</b>	0
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	0
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	0
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ 0 of contributions reported on line 1) . . . . .	<b>6a</b>	0
<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	0	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	0	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	0	
<b>8</b> Other revenue (describe ▶ See Attached Statement )	<b>8</b>	78,500	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶	<b>9</b>	419,157	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	0
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	56,186
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	10,574
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	4,050
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	2,336
	<b>16</b> Other expenses (describe ▶ See Attached Statement )	<b>16</b>	202,829
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	275,975	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	143,182
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	340,820
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	484,002

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	676,910	566,532
<b>23</b> Land and buildings . . . . .	6,559	10,649
<b>24</b> Other assets (describe ▶ See Attached Statement )	32,017	67,097
<b>25 Total assets</b> . . . . .	715,486	644,278
<b>26 Total liabilities</b> (describe ▶ See Attached Statement )	374,666	160,276
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	340,820	484,002

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <u>SEE SCHEDULE O</u>		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
<b>28</b>	<b>ABILENE COOL PROGRAM (COLLEGE OPPORTUNITIES FOR LIFE)</b> SEE SCHEDULE O  (Grants \$ <u>203,285</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	122,014
<b>29</b>	<b>STAR TEACHERS' GRANT PROGRAM</b> SEE SCHEDULE O  (Grants \$ <u>32,293</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	33,626
<b>30</b>	<b>AEF 'PRESENT AND ACCOUNTED FOR' PROGRAM</b> SEE SCHEDULE O  (Grants \$ <u>7,825</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	15,462
<b>31</b>	<b>Other program services (attach schedule)</b> (Grants \$ <u>21,467</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	14,418
<b>32</b>	<b>Total program service expenses.</b> (add lines 28a through 31a)	<b>32</b>	185,520

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KIM SNYDER 1426 ELMWOOD ABILENE TX 79605	Title PRESIDENT Hr/WK 17.00	0	0	0
ROLAND ORR 17 LAMAR CIRCLE ABILENE TX 79601	Title VICE-PRESIDENT Hr/WK 10.00	0	0	0
KAYE PRICE-HAWKINS 2401 SO WILLIS STE 108 ABILENE TX	Title SECRETARY Hr/WK 5.00	0	0	0
JEAN McMILLON 1810 SYLVAN DR ABILENE TX	Title EXE-DIRECTOR Hr/WK 40.00	50,000	0	0
E.B. DOTSON, III, CPA 425 CYPRESS ABILENE TX	Title TREASURER Hr/WK 5.00	0	0	0
CAROLYN BECKHAM 2149 OLD ORCHARD RD ABILENE TX	Title DIRECTOR Hr/WK 1.00	0	0	0
JEAN GOODNIGHT 1427 TANGLEWOOD ABILENE TX 79605	Title DIRECTOR Hr/WK 1.00	0	0	0
RANDY POOL 5513 NORTH 1ST ST ABILENE TX 79603	Title DIRECTOR Hr/WK 1.00	0	0	0
ANGIE WILEY 4325 SOUTH 20TH ABILENE TX	Title DIRECTOR Hr/WK 1.00	0	0	0
MELODY HUNT 1341 SYLVAN DRIVE ABILENE TX	Title DIRECTOR Hr/WK 1.00	0	0	0
SUE SMITH 2609 MEADOW LAKE ABILENE TX	Title DIRECTOR Hr/WK 1.00	0	0	0
DANIEL ORTIZ 400 PINE ST. ABILENE TX	Title DIRECTOR Hr/WK 1.00	0	0	0
MICHELLE MICKEY 1357 AMARILLO STREET ABILENE TX 79602	Title DIRECTOR Hr/WK 1.00	0	0	0
BUDDY NAPIER PO BOX 3293 ABILENE TX 79604	Title DIRECTOR Hr/WK 1.00	0	0	0
LINDA ROARK 2410 SHORELINE DRIVE ABILENE TX 79602	Title DIRECTOR Hr/WK 1.00	0	0	0
LISA HARP 3234 WOODHOLLOW CR ABILENE TX 79606	Title DIRECTOR Hr/WK 1.00	0	0	0
MIKE THOMSEN 549 AVE F ABILENE TX 79601	Title DIRECTOR Hr/WK 1.00	0	0	0
ROBERTA WARNER 14686 US HWY 277 SOUTH WINGATE TX 79566	Title DIRECTOR Hr/WK 1.00	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.	X	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b 0		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39a		
b	Gross receipts, included on line 9, for public use of club facilities. 39b		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 990-EZ? If "Yes," complete Schedule L, Part I.		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41	List the states with which a copy of this return is filed. ▶		
42 a	The organization's books are in care of ▶ E. B. DOTSON III, CPA Telephone no. ▶ 325-677-8589 Located at ▶ 425 CYPRESS STREET City ABILENE ST TX ZIP + 4 ▶ 79601-5101		
b	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 account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	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.	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		X
49 b	If "Yes," was the related organization a section 527 organization? . . . . .		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None City ST ZIP	Title Hr/WK	.00 0	0	0
Name City ST ZIP	Title Hr/WK	.00 0	0	0
Name City ST ZIP	Title Hr/WK	.00 0	0	0
Name City ST ZIP	Title Hr/WK	.00 0	0	0
Name City ST ZIP	Title Hr/WK	.00 0	0	0

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		

d Total number of other independent contractors each receiving over \$100,000 . . . . .

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer: *E.B. Dotson III* Date: 10/29/10  
 E.B. DOTSON III, CPA TREASURER  
 Type or print name and title.

**Paid Preparer's Use Only** Preparer's signature: *Linda F. Sissel CPA* Date: 10/8/2010 Check if self-employed:  Preparer's identifying number (See instructions): P00719597  
 Firm's name (or yours if self-employed), address, and ZIP + 4: LINDA F. SISSEL, CPA  
 425 CYPRESS STREET; ABILENE, TX 79601-5101 EIN: Phone no.: (325) 677-8589

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**Part III, Line 31 (990-EZ) - Other Program Services**

			Program Service Expenses
YOUNG MASTERS ART PROGRAM SEE SCHEDULE O			
(Grants and allocations \$	12,450	) If this amount includes foreign grants, check here <input type="checkbox"/>	9,738
ALIMNI SCHOLARSHIPS SEE SCHEDULE O			
(Grants and allocations \$	6,197	) If this amount includes foreign grants, check here <input type="checkbox"/>	1,010
MADISON MIDDLE SCHOOL BOYS TO MEN PROGRAM SEE SCHEDULE O			
(Grants and allocations \$	1,320	) If this amount includes foreign grants, check here <input type="checkbox"/>	1,320
SCIENCE MAGNET SUMMER CAMP SEE SCHEDULE O			
(Grants and allocations \$	1,500	) If this amount includes foreign grants, check here <input type="checkbox"/>	1,500
GIFT GRANTS - NEW TEACHERS SEE SCHEDULE O			
(Grants and allocations \$	0	) If this amount includes foreign grants, check here <input type="checkbox"/>	850
(Grants and allocations \$	0	) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0	) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0	) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0	) If this amount includes foreign grants, check here <input type="checkbox"/>	0
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(Grants and allocations \$	0	) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0	) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0	) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0	) If this amount includes foreign grants, check here <input type="checkbox"/>	0
Total		21,467	Total 14,418

**Public Charity Status and Public Support**

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization <b>THE ABILENE EDUCATION FOUNDATION</b>	Employer identification number <b>31-1741496</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

**h Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
									0
<b>Total</b>									<b>0</b>

**Part II 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	513,846	342,099	344,821	513,336	320,134	2,034,236
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0				0
4 <b>Total.</b> Add lines 1 through 3 . . . . .	513,846	342,099	344,821	513,336	320,134	2,034,236
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4.						2,034,236

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	513,846	342,099	344,821	513,336	320,134	2,034,236
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	340	0	18,352	48,116	20,523	87,331
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 (Explain in Part IV.) . . . . .	0	0				0
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						2,121,567
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	95.88%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	96.38%
16a <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
b <b>33 1/3% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	0	0				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	0				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	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0				0
6 <b>Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						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
c Add lines 7a and 7b . . . . .	0	0	0	0	0	0
8 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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
c Add lines 10a and 10b . . . . .	0	0	0	0	0	0
11 Net income from unrelated business 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	0				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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	0.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	0.00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	0.00%

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .





### Supplemental Information to Form 990

2009

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

▶ Attach to Form 990.

Name of the organization

Employer identification number

THE ABILENE EDUCATION FOUNDATION

31-1741496

FORM 990EZ PART III

PRIMARY EXEMPT PURPOSE: TO PROMOTE AND ENHANCE AN EXEMPLARY EDUCATION FOR THE STUDENTS OF THE  
ABILENE INDEPENDENT SCHOOL DISTRICT (AISD) THROUGH ENRICHMENT OF ITS PROGRAMS

FORM 990EZ PART III LINE 28

#### Abilene COOL Program (College Opportunities for Life)

Beginning with the 2007-2008 school year, Abilene Education Foundation placed a full-time college advisor at each AISD high school campus to work in conjunction with high school counselors. Generously funded by the Shelton Family Foundation, these advisors assist students who are underserved or who will be the first in their families to attend college. They also help students with financial aid, college applications and college visits. More specifically, college advisors will:

- help students locate and apply for scholarships and financial aid.
- assist students to complete the FAFSA form and the Texas Common Application.
- assist students with essays for college admissions and work with English teachers on essay topics.
- meet with parents to share information about colleges and the college admissions process.
- establish and maintain relationships with admissions and financial aid departments of colleges.
- host campus tours of colleges of interest.
- encourage and support students through the college experience

FORM 990EZ PART III LINE 29

#### STAR Teacher Grants

The AEF raises money each year to honor outstanding AISD teachers with classroom and instructional grants. **STAR (Supporting Teachers with Academic Resources) Teacher Grants** are awarded in September of each year for classroom projects that support curriculum and enrichment activities. The STAR Teacher Grants are funded by the AISD Payroll Deduction Donation Campaign and matching funds from Kaye Price-Hawkins Priceless Literacy and The Greathouse Foundation.

Name of the organization

Employer identification number

THE ABILENE EDUCATION FOUNDATION

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## FORM 990EZ PART III LINE 29 - CONTINUED

During the fifth year of the STAR Teacher Grants program, approximately \$35,000 was awarded in September 2010 as AEF board members and AISD administrators participated in an AEF Prize Parade to the surprise of many excited teachers and students. Individual grants were awarded for classroom projects, field trips, school equipment, supplies, instructional materials, calculators, microscopes, games, creative/innovative enrichment activities and many other items.

AEF has given over \$200,000 in total grants over the STAR Teacher Grant history.

Thirty-eight different grants were chosen by fifty community-based volunteer grant readers from approximately 55 grant applications. These grants were awarded to teachers on 20 different campuses. Over 70 teachers received grant money which in turn will impact approximately 12,000 students, more than half of the total student population of Abilene ISD.

## FORM 990EZ PART III, LINE 30

**AEF Present and Accounted For Program**

The AEF currently administers donor directed funds for "Present and Accounted For program. This innovative began in 2005 and encourages students to maintain good attendance which helps not only in student academic performance but also in enrollment based State-funding allocations for AISD schools. It is based on a schedule of incentives designed to reward students for improvements in attendance each six weeks. Funds are raised by a community committee and treated by the AEF as a donor directed initiative. Donors include a wide variety of local businesses and individuals. The AEF gave away Laptop computers at Abilene High School and Cooper High School in a drawing of student's names, that had perfect or near perfect attendance the first semester of school. They also gave away Wii Games at the middle schools and Mall of Abilene Gift Certificates at all the schools in the district.

## FORM 990EZ PART III, LINE 31

**Young Masters Juried Art Exhibition**

The Abilene Education Foundation was pleased to present the third annual AEF Young Masters Juried Art Exhibit for Advanced Placement Art students in April 2010. The Grace Museum, in collaboration with AEF and AISD, celebrates young master artists and their dedicated teachers for demonstrating excellence in artistic education with a quality museum art exhibition.

The Young Masters exhibition extends the supporting role of AEF with AISD, and will impact the future of not only the students selected for the show, but all AP art students by inspiring them to reach their full potential. Additionally, it provides students acclamation

Name of the organization	Employer identification number
THE ABILENE EDUCATION FOUNDATION	31-1741496

## FORM 990EZ PART III LINE 31 - CONTINUED

that may further enhance opportunities for acceptance into premier higher education art programs. The project was supported by a grant from the Abilene Cultural Affairs Council, the City of Abilene, and Taylor County with additional assistance provided by AISD, Abilene Frame-N-Art Shoppe, The Fine Arts Department of Cisco College, and the Community Foundation of Abilene.

Scholarships for the 2010 exhibition were generously funded by Melody Hunt, Kaye Price-Hawkins/Priceless Literacy, The Evelyn Niblo Wednesday Painting Class, Jackie and Bart Cox, Latimer and Bush Ramsey and Judy Godfrey.

### **Alumni Scholarships**

Alumni Scholarship Funds are endowed monies that provide scholarship opportunities for the graduating seniors of AISD. These scholarship funds are generated by the alumni of the two high schools in the district. A permanent record of donors and gifts will be maintained by the AEF, who will also manage the review of scholarships' The Community Foundation of Abilene will manage investment of the contributions to the endowment. This opportunity was begun in 2008 by the AHS class of 1958 and the CHS class of 1978.

### **Madison Middle School Boys to Men Program**

The Madison Middle School implemented the program Boys to Men comprised of a group of 8<sup>th</sup> grade boys and aimed to build leadership skills, promote positive decision-making, and build self confidence. Activities include but are not limited to Dressing for Success, Manners and Etiquette, Building Relationships, and Guest Speakers from the community.

### **Science Magnet Summer Camp**

Called the "future mathematicians and scientists of America", the students of the AISD-McMurry Math/Science 5<sup>th</sup> Grade Magnet School have enjoyed a learning environment rich in "hands-on" experiences in math and science. The Math/Science Magnet School is a one-year program; each of these exceptional students will enter 6<sup>th</sup> grade in the fall at various middle schools throughout AISD, taking with them their newly inspired love of mathematics and science. Due in part to the generosity of the Abilene Education Foundation, in the summer of 2009, the students of the AISD-McMurry Math/Science Magnet School spent four days doing things like building machines and doing science experiments during the first even Math/Science Magnet Summer Camp.



**Part I, Line 8 (990-EZ) - Other Revenue**

78,500

Description		Amount	
1	Reduction of original scholarship donation	1	40,000
2	Write-down of liability due to student drop outs	2	38,500
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	

**Part I, Line 16 (990-EZ) - Other Expenses**

		202,829
1	Travel (College Tours) . . . . .	5,804
2	Meals and entertainment . . . . .	798
3	Fundraising . . . . .	5,884
4	Amortization . . . . .	0
5	Conferences, conventions, and meetings . . . . .	3,893
6	Depreciation . . . . .	3,651
7	Depletion . . . . .	
8	Equipment rental and maintenance . . . . .	
9	Interest . . . . .	
10	Supplies . . . . .	1,730
11	Telephone . . . . .	1,440
12	Unrelated business income taxes . . . . .	0
13	Payroll taxes	4,270
14	Labor - AISD employees	91,553
15	Membership dues	680
16	Program administrative services	2,607
17	College deposits and fees	643
18	Promotional expenses	3,280
19	Scholarships	3,750
20	Educational aids and services	71,402
21	Endowment management fee	82
22	Honorariums	44
23	Insurance	1,187
24	Post office and safe deposit box rental	131
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		

**Part II, Line 24 (990-EZ) - Other Assets**

32,017

67,097

	Description	Beginning	End
1	Accounts receivable	15,656	60,000
2	Endowment income receivable	16,351	7,087
3	Deposits	10	10
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			



**Part II, Line 26 (990-EZ) - Liabilities**

		374,666	160,276
Description		Beginning	End
1	Accrued expenses	4,200	0
2	Scholarship liability	369,500	159,250
3	Payroll liability	966	1,026
4			
5			
6			
7			
8			
9			
10			