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## Form 990-EZ

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

2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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 org- anizations with gross receipts less than \$1.000,000 and total assets less than \$2,500,000 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

_						
Δ	F	For the 2008 calendar year, or tax year beginning $\pm 10/01$ , 2008, and $\epsilon$	ending 9/30			2009
В		Check if applicable C		D Emp	oloyer id	lentification number
Ī	$\neg$	Address change   Please use IRS   Abilene Chamber of Commerce Foundation			•	48959
ŧ	=	label or DO Doy 2201		E Tele		
ħ	=	print or type. Abilene, TX 79604		l		
Ì	=	ermination See Specific		(3	325)	677-7241
	ı	Amended return Instruc-		F Gro	up Ex	emption
1	A	Application pending			nber	<b>&gt;</b>
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts	G Accounting	method	ı X	Cash Accrual
		must attach a completed Schedule A (Form 990 or 990-EZ).	Other (spec		ىي	
			H Check ►	ıf tl	ne org	anization is not
ł	٧	Vebsite: ► N/A	required to	attach	Schec	lule B (Form 990,
J	C	Organization type (check only one) $  X $ 501(c) (3) $\triangleleft$ (insert no) $ 4947(a)(1)$ or $ 527 $	990-EZ, or	990-PF	)	
K		Check ► If the organization is not a section 509(a)(3) supporting organization and it				not more than
	\$	525,000 Å return is not required, but if the organization chooses to file a return, be sure	e to file a complet	te returi	1	
L	. /	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, fil	e Form 990			05 600
<u></u>		nstead of Form 990-EZ	(0		<b>►</b> \$	85,680.
U	Par		nces (See the	<u>ınstru</u>	ction	
		1 Contributions, gifts, grants, and similar amounts received		ļ	1	83,367.
		Program service revenue including government fees and contracts		Ļ	2	
		3 Membership dues and assessments		L	3	<del> </del>
		4 Investment income		L	4	2,313.
		5a Gross amount from sale of assets other than inventory 5a				
	- }	b Less cost or other basis and sales expenses 5b				
	R	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch).		$_{\perp}$	5 c	
	R E V E	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, c	heck here			
	ט ט	a Gross revenue (not including \$ of contributions				
	Ĕ	reported on line 1).				
		<b>b</b> Less direct expenses other than fundraising expenses 6b			- 1	
		c Net income or (loss) from special events and activities (Subtract line 6b from line 6a).			6c	
		7a Gross sales of inventory, less returns and allowances. 7a		Γ		
		b Less cost of goods sold 7b				
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7 c	
	- {	8 Other revenue (describe ►		) [	8	
		9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		_, ▶	9	85,680.
-	$\dashv$	10 Grants and similar amounts paid (attach schedule)	·····		10	
		11 Repetits paid to or for members		F	11	
	E	12 Salaries, other compensation, and employee benefits.	EIVED	-	12	
	E X P E N	13 Professional fees and other payments to independent contractors	- r v		13	250.
	Ž	14 Occurrency and oblition and montaneous	SC		14	250.
	S E	15 Dunting authorities and abundance	24 2010		15	15.
	S	16 Other expenses (describe > See Statement 1	[8]	1, F	16	50,715.
		17 Total expenses (add lines 10 through 16)	. 1 - 22	¦′ ▶	17	50,713.
-	$\dashv$		EN, UT	<del>!</del>	18	34,700.
	ام			-	10	34, 100.
ļ	Ş	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must	agree with end-o	t-year	10	101 636
1	SSET	figure reported on prior year's return)  20. Other changes in not assets or find belonges (attach explanation)		<u> </u>	19	181,636.
	s	20 Other changes in net assets or fund balances (attach explanation). 21 Net assets or fund balances at and of year Combine lines 19 through 20			20	216 226
٢	D =	21 Net assets or fund balances at end of year Combine lines 18 through 20	name file Frame 00	<u> </u>	21	216, 336.
L	rai	rt II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or n				
		(See the instructions for Part II )	(A) Beginning			(B) End of year
	22	, , , , , , , , , , , , , , , , , , , ,	181	<u>, 636.</u>		216,336.
	23				23	
	24	Other assets (describe >)		63.5	24	01.6 00.6
	25	Total assets	181	<u>, 636.</u>	25	216,336.
	26		ļ	0.	26	0.
	27	Net assets or fund halances (line 27 of column (R) must agree with line 21)	ι 1Ω1	636	27	216 336

Form 990-EZ (2008)

Form	990 EZ (2008) Abilene Chamber	of Commerce Found	ation	23	-724	8959 Page <b>2</b>
	III . Statement of Program Sei		Expenses			
Descr descr	What is the organization's primary exempt purpose? See Statement 2  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, or other relevant information for each program title.					uired for 501(c)(3) (4) organizations and (a)(1) trusts, optional thers)
	See Statement 3		·- · · · · · · · · · · · · · · · · · ·		10.	
			· <del></del>			
	(Grants \$ ) If th	is amount includes foreign gr	rants, check here		28 a	10,988.
	Hispanic Seniors Banquet					
	accomplishments of Hispan	nic High School Sen	iors. The bang	uet honors		
	all graduating Hispanic s			<b>-</b>	1	
	(Grants \$ ) If th	is amount includes foreign gr	rants, check here	<u></u> _	29 a	10,020.
30	Abilene Community Band -	A concert band whi	ch provides fr	ee		
	concerts for the communit	.y		- <b></b>		
	(Grants \$ ) If th	 iis amount includes foreign gr	rants check here	<del>-</del>	30 a	9,923.
31	Other program services (attach schedule	C) See Statement 4	arks, sheak here		300	2/323.
	(Grants \$ ) If th	iis amount includes foreign gr	rants, check here	_ ▶ □	31 a	19,784.
	Total program service expenses (add In				32	50,715.
Par	IV List of Officers, Directors					sated. See the instrs )
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pla deferred compensa	ns and	(e) Expense account and other allowances
	<u>hael C_McMahan</u>	President			0.	0.
	Avenida De Cortez	40.00				
	lene, TX 79602					
	nces W_Williamson	V P Admin			0.	0.
	Sayles_Blvd	40.00				
	lene, TX 79605					
	Lancaster	Chair			0.	0.
	O Pine St	1.00				
	lene, TX 79601					
	Butler	Chair-elect			0.	0.
	Box _701	1.00				
	lene, TX 79604	Doob Chada				
	ol_Dupree	Past Chair			0.	0.
	E Industrial Blvd lene, TX 79602	1.00				
	ona Brogan	Sec/Treas	0.		0.	0.
	Box 7078	1.00				
Abi	lene, TX 79608					
	· <b>-</b>					
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		<u> </u>				
	<b></b>	-				
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		ļ				
		1				

Fai	t v -   Other information (Note the statement requirement in General instruction v.)		Vac	NIa
33`	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of		Yes	No
34	each activity  Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	33		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 your reason for not reporting the income on Form 990-T			
ā	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		х
t	of 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36	ļ	х
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	X
38 8	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		x
t	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
	501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9	1	ļ	
	o Gross receipts, included on line 9, for public use of club facilities.  8 F01(a)(3) assentiations. Factor amount of tay imposed on the assentiation divine the user under			
40 4	section 4911 ► 0., section 4912 ► 0., section 4915 ► 0.			
,	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the	-	<u> </u>	
	year or did it become aware of an excess benefit transaction from a prior year?  If 'Yes,' complete Schedule L, Part I	40 b		х
•	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	year under sections 4912, 4955, and 4958  6 Enter amount of tax on line 40c reimbursed by the organization  O.			
		1		
•	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	40 e	-	X
41	List the states with which a copy of this return is filed None		_	
	Telephone no. > 325-6  Located at > 174 Cypress St., Suite 200 Abilene TX ZIP + 4 > 79601  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.	77-7 42b	Yes	No X
•	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts 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.	42 c	_	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		► <u></u>	N/A
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	Yes	No 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	45		х
BAA		rm <b>99</b> 0	D-EZ	

Form 990-EZ (2008) Abilene Chamber of Commerce Foundation 23-7248959 Page 4 Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement Yes No 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 46 X Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E X 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization(s) a section 527 organization? 49b Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization of the five highest compensation (d) Contributions to employee benefit plans and deferred compensation (b) Title and average hours per week devoted to position (c) Compensation (e) Expense account and other allowances (a) Name and address of each employee paid more than \$100,000 None ▶ Total number of other employees paid over \$100,000 Complete this table for the 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 None Total number of other independent contractors 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 5-17-10 Sign Date Here Presid Type or print name and title Preparer's Identifying Number (See instructions) Date Check if self-Preparer's Paid signature 0028*2134* employed Pre-MERRITT MCLANE & HAMBY Firm's name (or parer's yours if self employed), address, and ZIP + 4 CYPRESS ST STE 20-2271305 401 303 Use EIN (325) 672-9323 Only ABILENE 79601-5146 Рһоле по ►X Yes No May the IRS discuss this return with the preparer shown above? See instructions

BAA

Form 990-EZ (2008)

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

**Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047 2008

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Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number Abilene Chamber of Commerce Foundation 23-7248959 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 (Please check only one organization) 1 A church, convention of churches or association of churches described in section 170(bX1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) X 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 9 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). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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. 11 b Type II С Type III — Functionally integrated Type III- Other 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) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No 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? (i) 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the organizations the organization supports (iii) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in col (i) of (vi) is the organization in col (i) organized in the US? (i) Name of Supported Organization (II) EIN (iv) Is the (vii) Amount of Support organization in col (i) listed in your your support? governing document? (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990 EZ) 2008 Abilene Chamber of Commerce Foundation 23-7248959 Page 2 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 (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) È Gifts, grants, contributions and membership fees received (Do not include 'unusual grants '). 97,760. 71,227 75,463. 74,513. 83,367. 402,330. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge 75,463 97,760 74,513. 71,227 83,367 402 330. Total. Add lines 1-3 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) 113,697. Public support. Subtract line 5 from line 4 288,633. Section B. Total Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) 75,463. 97,760. 71,227 74,513. 83,367 402,330. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 2,884. 3,912 4,555. 3,791 2,313. 17,455. similar sources. Net income form unrelated business activities, whether or not the business is regularly 0. carried on 10 Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) 0. Total support. Add lines 7 through 10 419,785. 0. Gross receipts from related activities, etc. (see instructions) 12 12 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) 13 organization, check this box and stop here S

ec	ection C. Computation of Public Support Percentage					
14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)	14	68.8%			
15	Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	63.3%			

16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box

b 33-1/3 support test – 2007. 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

17 a 10%-facts-and-circumstances test - 2008. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

b	10%-facts-and-circumstances test – 2007. 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.	▶ [	Г
	Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions	-	Г

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23-7248959 Page 3 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 yr beginning in) ► (a) 2004 **(b)** 2005 (c) 2006 **(d)** 2007 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1-5 7a Amounts included on lines 1 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support (a) 2004 **(b)** 2005 Calendar year (or fiscal yr beginning in) (c) 2006 (d) 2007 **(e)** 2008 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 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 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g. 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33-1/3 support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or 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

Part IV .	Supplemen Part II, line	tal Informat 17a or 17b;	ion. Complete or Part III, lin	this part to per the table to tab	provide the exp any other add	planation requir litional informat	ed by Part II, Iir ion. (see instru	Page 4 ne 10; ctions)
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TEEA0404L 10/07/08

Schedule A (Form 990 or 990-EZ) 2008

BAA

2008	Federal Statements		Page 1
Client 120C	Abilene Chamber of Commerce Foundation		23-7248959
5/13/10  Statement 1  Form 990-EZ, Part I, Line 16 Other Expenses			08 07AM
Program Expenses		Total \$	50,715. 50,715.

#### Statement 2 Form 990-EZ, Part III Organization's Primary Exempt Purpose

The Abilene Chamber of Commerce Foundation is under the control of the Abilene Chamber of Commerce. Its purpose is to provide knowledge and understanding of economics, matters of public concern, finance, education and training, housing human relations, problems of minority groups, science and technology, economic planning and development, international relations, and other subjects related to improved efficiency, development, and acceleration of both the quality and quantity of economic growth and employment opportunities.

# Statement 3 Form 990-EZ, Part III, Line 28 Statement of Program Service Accomplishments

Abilene Sports Alliance - a program to bring sporting events to Abilene, providing economic growth through increase sales and hotel occupancy taxes. Proceeds are used to provide college scholarships for local athletes.

# Statement 4 Form 990-EZ, Part III, Line 31 Statement of Program Service Accomplishments

Description	0. Grants	Program Service Expenses
Hispanic Business Committee - A program to provide seminars, networking opportunities and other growth opportunities for the Hispanic business community.  Includes Foreign Grants: No Continuing Education - Support provided to enhance		2,500.
educational opportunites in the ares of organizational and leadership growth.		2,175.
Includes Foreign Grants: No Miscellanneous pass through grants and contributions Includes Foreign Grants: No		3,293.
Malcolm Meek Estate Includes Foreign Grants: No		3,500.
Spotlight On Teachers Banquet - A program to recognize those teachers who have made an impact on their school as		
well as their students.  Includes Foreign Grants: No		6,316.
Chamber Banquet - Recognition of all organizations that are part of the Abilene Chamber of Commerce		2,000.
Includes Foreign Grants: No Total	0.	\$ 19,784.

. . . . . . 2008-**Federal Statements** Page 2 Client 120C **Abilene Chamber of Commerce Foundation** 23-7248959 5/13/10 08 07AM Statement 5 Form 990-EZ, Part VI Regarding Transfers Associated with Personal Benefit Contracts (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No No