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Form **990-EZ**

Short Form 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 \$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.

OMB No 1545-1150

2008Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 10/01, 2008, and ending 9/30, 2009

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Please use IRS label or print or type. See Specific Instructions.
 Abilene Chamber of Commerce Foundation
 PO Box 2281
 Abilene, TX 79604

D Employer identification number
23-7248959

E Telephone number
(325) 677-7241

F Group Exemption Number

G Accounting method ☒ Cash ☐ Accrual
Other (specify) _____

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Organization type (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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 85,680.

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

| | | | | |
|----------|---|--|---------|----------|
| REVENUE | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 83,367. |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | 2,313. |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | 5b | Less cost or other basis and sales expenses | 5b | |
| | 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch.) | 5c | |
| | 6 | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/> | 6 | |
| | 6a | Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | |
| 6b | Less direct expenses other than fundraising expenses | 6b | | |
| 6c | 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 | | |
| 7b | Less cost of goods sold | 7b | | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 | Other revenue (describe _____) | 8 | | |
| 9 | Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | 9 | 85,680. | |
| EXPENSES | 10 | Grants and similar amounts paid (attach schedule) | 10 | |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | |
| | 13 | Professional fees and other payments to independent contractors | 13 | 250. |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 | Printing, publications, postage, and shipping | 15 | 15. |
| | 16 | Other expenses (describe See Statement 1) | 16 | 50,715. |
| | 17 | Total expenses (add lines 10 through 16) | 17 | 50,980. |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 34,700. | |
| ASSETS | 19 | 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) | 19 | 181,636. |
| | 20 | Other changes in net assets or fund balances (attach explanation) | 20 | |
| | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 216,336. |

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.)

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 181,636. | 216,336. |
| 23 Land and buildings | | |
| 24 Other assets (describe _____) | | |
| 25 Total assets | 181,636. | 216,336. |
| 26 Total liabilities (describe _____) | 0. | 0. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 181,636. | 216,336. |

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

Form 990-EZ (2008)

TEEA0803L 09/18/08

SCANNED JUL 22 2010

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Part V Other Information (Note the statement requirement in General Instruction 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 but not reported to the IRS? 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 your reason for not reporting the income on Form 990-T | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or 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 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0. | | |
| b Did the organization file Form 1120-POL for this year? | | X |
| 38a 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 unpaid at the start of the period covered by this return? | | X |
| b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A | | |
| 39 501(c)(7) organizations Enter | | |
| a Initiation fees and capital contributions included on line 9 39a N/A | | |
| b Gross receipts, included on line 9, for public use of club facilities. 39b N/A | | |
| 40a 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 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I | | X |
| c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0. | | |
| d Enter amount of tax on line 40c reimbursed by the organization ▶ 0. | | |
| 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 ▶ <u>None</u> | | |

42a The books are in care of ▶ Frances Williamson Telephone no. ▶ 325-677-7241
 Located at ▶ 174 Cypress St., Suite 200 Abilene TX ZIP + 4 ▶ 79601

| | Yes | No |
|---|-----|----|
| 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. ▶ _____ | | X |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts | | |
| 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 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ ☐ N/A
▶ **43** N/A

| | Yes | No |
|---|-----|----|
| 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 only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 5

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

50 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. 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 and deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$100,000 | | | | |

51 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.

Sign Here

Signature of officer: Michael C McMahon, President Date: 5-17-10

Type or print name and title: Michael C McMahon, President

Paid Preparer's Use Only

Preparer's signature: Cheryl Merritt Date: 5/13/10 Check if self-employed: ☐ Preparer's Identifying Number (See instructions): 100282734

Firm's name (or yours if self-employed), address, and ZIP + 4: MERRITT, MCLANE & HAMBY
401 CYPRESS ST STE 303
ABILENE, TX 79601-5146

EIN: 20-2271305 Phone no: (325) 672-9323

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

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) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.) | 75,463. | 97,760. | 74,513. | 71,227. | 83,367. | 402,330. |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | 0. |
| 3 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. | | | | | | 0. |
| 4 Total. Add lines 1-3 | 75,463. | 97,760. | 74,513. | 71,227. | 83,367. | 402,330. |
| 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) | | | | | | 113,697. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 288,633. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 75,463. | 97,760. | 74,513. | 71,227. | 83,367. | 402,330. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | 2,884. | 3,912. | 4,555. | 3,791. | 2,313. | 17,455. |
| 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. |
| 11 Total support. Add lines 7 through 10 | | | | | | 419,785. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 0. |

13 **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

| | | |
|---|----|--------|
| 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 and stop here. The organization qualifies as a publicly supported organization. ☒

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 and stop here. The organization qualifies as a publicly supported organization. ☐

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

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

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 |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.") | | | | | | |
| 2 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 | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 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

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2004 | (b) 2005 | (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 from 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 on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 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 <input type="checkbox"/> | | | | | | |

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 <input type="checkbox"/> | | |
| 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 <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/> | | |

Part IV . Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

[illegible]

2008.

Federal Statements

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Client 120C

Abilene Chamber of Commerce Foundation

23-7248959

5/13/10

08 07AM

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

Program Expenses

| | | |
|-------|----|----------------|
| Total | \$ | 50,715. |
| | \$ | <u>50,715.</u> |

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 | | 2,500. |
| Continuing Education - Support provided to enhance educational opportunities in the areas of organizational and leadership growth. Includes Foreign Grants: No | | 2,175. |
| Miscellaneous 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 Includes Foreign Grants: No | | 2,000. |
| Total | \$ 0. | \$ <u>19,784.</u> |

2008

Federal Statements

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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