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**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)

OMB No 1545-0047 2008

6-13

Open to Public Inspection

| Depa<br>Interr                 | rtment<br>nal Rev | of the Treasury<br>enue Service                               |   | ► The organization     | on may have to use a co                                | py of this retur  | n to satisfy state repor | ting requiren   | nents               | Open to             | Public Inspection                      |  |  |
|--------------------------------|-------------------|---|---|------------------------|--|-------------------|--------------------------|-----------------|---------------------|---------------------|--|--|--|
| _                              | For t             | ne 2008 calen   | dar year,   | or tax year begi       | nning 10/01  |                   | , 2008, and endir        | ng 9/           | 30                  | , 20                | 009                                    |  |  |
| В                              | Check             | ıf applicable   |   |                        |  |                   |                          |                 | D Employer          | dentification       | on Number                              |  |  |
|                                | □ Ac              | ddress change   | Please use<br>IRS label   | Abilene C              | hamber of Co   | mmerce            |                          |                 | 75-01               | 01260               | )                                      |  |  |
|                                | H                 | ame change  | or print<br>or type.  | P.O. Box :             | 2281   |                   |                          |                 | E Telephone         | number              |  |  |  |
|                                | $\vdash$          | itial return  | Sée<br>specific   | Abilene, '             | IX 79604   |                   |                          |                 | 325-6               | 77-72               | 41                                     |  |  |
|                                | $\vdash$          | ermination  | Instruc-  |                        |  |                   |                          |                 |                     |                     |  |  |  |
|                                | $\vdash$          |   | tions   |                        |  |                   |                          |                 | G Gross rece        | inte ¢              | 3,264,819.                             |  |  |
|                                | $\vdash$          | mended return   | E Nome  | and address of princip | and officer Migha                                      | el C Mc           | Mahan                    | H(a) is this    | a group return fo   |                     |  |  |  |
|                                | L                 | pplication pending  |   | , ,                    |  | er c Mci          | Maliali                  |                 | affiliates include  |                     | Yes X No                               |  |  |
|                                |                   | <del></del>   |   | As C Above             |  | 10474             |                          | 1 ''            | attach a list (se   |                     |  |  |  |
| <u>!</u>                       |                   | -exempt statu   |   |                        | (insert no.)   | 4947(a)(          | 1) or 527                | }               |                     |                     |  |  |  |
| <u>1</u>                       |                   |   |   | enechamber             | :.com  |                   | <del></del>              |                 | exemption numb      |                     |  |  |  |
| K                              |                   | of organization   | X Corpor  | ation Trust            | Association Otl  | her >             | L Year of Forma          | tion 194        | 1 M Stat            | e of legal d        | domicile TX                            |  |  |
| Pa                             |                   | Summa   |   | <del></del>            | <del></del>  |                   | <u>-</u>                 |                 |                     |                     | <del></del>                            |  |  |
|                                | 1                 |   |   |                        | sion or most signif                                    |                   |                          |                 |                     |                     |  |  |  |
| e<br>S                         |                   |   |   |                        | by providin  |                   |                          |                 |                     |                     |  |  |  |
| ğ                              |                   |   | pportunities, economic development activities, and by promoting Abilene as a ravel_destination, promoting local cultural activities and organizations |                        |  |                   |                          |                 |                     |                     |  |  |  |
| /er                            |                   |   |   |                        |  |                   |                          |                 |                     |                     | s <u>.</u>                             |  |  |
| GO.                            | 2                 |   |   |                        | ion discontinued its                                   |                   | or disposed of m         | ore than 2      | 25% of its as       | sets                | 40                                     |  |  |
| ∞ಶ                             | 3<br>4            |   |   |                        | erning body (Part '<br>ers of the governing            |                   | EVI line 1b)             |                 | <u> </u>            | 4                   | 40                                     |  |  |
| les                            | 5                 |   |   | yees (Part V, I        |  | y body (Fai       | ( VI, IIIIe ID)          |                 |                     | 5                   | 36                                     |  |  |
| Activities & Governance        | 6                 |   |   | teers (estimate        |  |                   |                          |                 | <u></u>             | 6                   | 400                                    |  |  |
| Ac                             | 7 a               |   |   | •                      | ie from Part VIII, li                                  | ne 12. colur      | nn (C)                   |                 | <u> </u>            | 7a                  | 20,310.                                |  |  |
|                                |                   |   |   |                        | e from Form 990-T                                      |                   | (5)                      |                 |                     | 7b                  | 0.                                     |  |  |
|                                |                   |   |   |                        |  | · <del>·</del>    |                          |                 | Prior Year          |                     | Current Year                           |  |  |
|                                | 8                 | Contributions   | and orac  | <u>-</u>               | 196,12   | 1.                | 170,724.                 |                 |                     |                     |  |  |  |
| ŭ                              | 9                 |   |   |                        |  |                   |                          |                 |                     | 7.                  | 3,039,755.                             |  |  |
| Revenue                        | 10                | Investment income (Part VIII, column (A), lines 3, 4, and 7d) |   |                        |  |                   |                          |                 |                     | 9.                  | 12,113.                                |  |  |
| æ                              | 11                |   |   |                        |  |                   |                          |                 |                     | 9.                  | 42,227.                                |  |  |
|                                | 12                |   |   |                        | 1 (must equal Par                                      |                   |                          |                 | 3,349,72            |                     | 3,264,819.                             |  |  |
|                                | 13                |   |   |                        | t IX, column (A), lı                                   |                   |                          |                 | 211,60              |                     | 159,114.                               |  |  |
|                                | 14                |   |   | members (Part          |  |                   |                          |                 |                     |                     |  |  |  |
|                                | 15                | •   |   |                        | ee benefits (Part I                                    |                   | A), lines 5-10)          |                 | 1,158,22            | 0.                  | 1,160,613.                             |  |  |
| ses                            | 1                 |   | ,   |                        | , column (A), line                                     |                   | ,, <b>,</b>              |                 |                     |                     |  |  |  |
| Expenses                       |                   |   |   |                        |  |                   |                          | 280             | S                   | *                   | · · · · · · · · · · · · · · · · · · ·  |  |  |
| Ř                              | l .               |   |   |                        | column (D), line 25                                    |                   |                          |                 |                     |                     |  |  |  |
|                                | 17                | Other expens  | ses (Part   | IX, column (A),        | lines 11a-11d, 11f                                     | -241)             |                          |                 | 1,809,86            |                     | 1,861,621.                             |  |  |
|                                |                   | Total expens  | ses Add I   | ines 13-17 (mus        | t ealter the   |                   | ne 25)                   | <u> </u>        | 3,179,68            |                     | 3,181,348.                             |  |  |
|                                | 19                | Revenue less  | s expense   |                        | 18 from line 12  |                   |                          |                 | 170,04              | 5.                  | 83,471.                                |  |  |
| Net Assets or<br>Fund Balancos |                   |   |   | 167                    | MAV 9 4 ac   | 030-53            |                          |                 | nning of Yea        |                     | End of Year                            |  |  |
| 30 al                          | 20                | Total assets  | •   | ine (6)                | MAY 2 4 20   | ။ 및               |                          |                 | 1,474,12            |                     | 1,674,441.                             |  |  |
| a P                            | 21                | Total liabilitie  | •   |                        |  |                   |                          |                 | <u>273,41</u>       | 2.                  | 390,260.                               |  |  |
|                                | 22                |   |   |                        | INDEEDEMINDE   | 297               |                          |                 | 1,200,71            | 0                   | 1,284,181.                             |  |  |
| Pa                             | rt II             | Signat  | ure Blo   | ck                     |  |                   |                          |                 |                     |                     |  |  |  |
|                                |                   | Under penalti   | es of perjury   | I declare that I have  | examined this return, in<br>parer (other than officer) | cluding accomp    | anying schedules and st  | atements, an    | d to the best of r  | ny knowled          | lge and belief, it is                  |  |  |
|                                |                   | . Confect   | and complet   |                        | arer (other than officer)                              | is based on all i | mornation of which prep  | Jaiei ilas ally | Kilowiedge          |                     |  |  |  |
| Sig                            | gn                | - /   | 11  |                        |  |                   |                          |                 |                     | 2-1                 | 7-10                                   |  |  |
| He                             | re                | Signature   | orofficer   | - V                    | ١  |                   | 0- 1                     |                 | ate                 |                     |  |  |  |
|                                |                   | > 1V  | 11ch  | <del></del>            | N - Moha   | n                 | 150 siden                | 1               |                     |                     |  |  |  |
|                                |                   | Type or p   | orint name ai   | nd title               |  |                   |                          |                 |                     |                     |  |  |  |
|                                |                   |   |   | <i>~</i>               | 1 11/1   | 2                 | Date                     |                 | Check if            | Prepare<br>(see in: | er's identifying number<br>structions) |  |  |
| Paid Preparer's                |                   |   |   |                        |  |                   | 1/10                     |                 | self-<br>employed ► |                     |  |  |  |
| Pr                             |                   | signature   |   | Mull                   | 1/4/   |                   | 5/17                     | 110             |                     |                     | 01027649                               |  |  |
| pa<br>Us                       | rer's             | Firm's name   | (or MEI   | RITT, MC               | LANE & HAMBY   |                   |                          |                 | ·                   |                     | <del></del>                            |  |  |
| Or                             |                   | yours if self-<br>employed),                                  | ▶ 401   | CYPRESS S              | ST STE 303   |                   |                          |                 | EIN ► 20            | -2271               | 305                                    |  |  |
| -                              |                   | employed),<br>address, and<br>ZIP + 4                         | AB  |                        | 79601-5146   |                   |                          | ı               |                     | (325)               | 672-9323                               |  |  |
| Ma                             | y the             |   |   |                        | er shown above?  | (see instruct     | ions)                    |                 | <del></del>         |                     | Yes No                                 |  |  |
|                                |                   |   |   |                        | on Act Notice, see                                     |                   |                          |                 | TEEA0112L           |                     | Form <b>990</b> (2008)                 |  |  |

|             | 990 (2008) Abilene Chamber of Commerce   | 75-0101260   | Page 2                     |
|-------------|--|--|----------------------------|
| <u>,Par</u> |  |  |                            |
| 1           | Briefly describe the organization's mission  The mission of the Abilene Chamber of Commerce is to promote the end of life in Abilene, Texas.   |  |                            |
|             | of life in Abilene, Texas.   |  |                            |
| 2           | Did the organization undertake any significant program services during the year which were not listed on t   | · — —  |                            |
|             | Form 990 or 990-EZ?  If 'Yes,' describe these new services on Schedule O   | ∐ Ye   | s X No                     |
| 3           | Did the organization cease conducting, or make significant changes in how it conducts, any program serving 'Yes,' describe these changes on Schedule O   | ices? Ye   | s X No                     |
| 4           | Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported  | by expenses Section<br>allocations to others   | 1 501(c)(3)<br>, the total |
| 4 &         | a (Code (Cod | nct with iformation about the promote tour thereby the contract of the contrac | ism.                       |
|             |  |  |                            |
| 41          | b (Code   ) (Expenses \$   Including grants of \$   ) (F   Economic Development - Programs designed to promote Abilene as an new industries and to enhance expansion by existing industries and Expenses \$687,962 Revenue \$688,051   | industrial s   | ) ite_for                  |
|             |  |  |                            |
| 4.          | c (Code (Cod | Arts by making<br>ts series and  | an                         |
|             |  |  |                            |
| 4           | d Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$  |  | )                          |
|             | e Total program service expenses ► \$ (Must equal Part IX, Line 25, column (E  |  |                            |
|             |  |  |                            |

|          |  |          | 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        |              | X          |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2        | Χ            |            |
| 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        |              | Х          |
| 4        | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II   | 4        |              |            |
| 5        | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III  | 5        | Х            |            |
| 6        | Did the organization maintain any donor advised funds or any accounts where 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        |              | _X_        |
| 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? If 'Yes,' complete Schedule D, Part III  | 8        |              | <u>X</u> _ |
| 9        | Did the organization report an amount in Part X, line 21, 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 hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V  | 10       |              | X          |
| 11       | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable  | 11       | Х            |            |
| 12       | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII  | 12       |              | Х          |
|          | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  | 13       |              | Χ          |
| 14 a     | Did the organization maintain an office, employees, or agents outside of the US?   | 14a      |              | <u>X</u>   |
| t        | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I   | 14b      |              | <u>x</u>   |
| 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? <i>If 'Yes,' complete Schedule F, Part II</i>   | 15       |              | x          |
| 16       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III.   | 16       |              | _X_        |
| 17       | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I   | 17       |              | X          |
| 18       | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III   | 18<br>19 |              | - X<br>- X |
| 19<br>20 | Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H  | 20       |              | X          |
| 21       | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II  | 21       | X            |            |
| 22       | Did the organization report more than \$5,000 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, questions 3, 4, or 5? If 'Yes,' complete Schedule J  | 23       |              | х          |
| 24       | Did the exceptation have a toy except hand acres with an extended acres of the discount for |          |              |            |
| 248      | a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25   | 24a      |              | х          |
| t        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b      |              |            |
| •        | 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      |              |            |
| •        | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  | 24d      |              |            |
| 25 8     | a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I  | 25a      |              |            |
| ı        | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I   | 25b      |              |            |
| 26       | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II   | 26       |              | х          |
| 27<br>—  | contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III   | 27       |              | Х          |
| BAA      |  | Form     | 1 <b>990</b> | (2008)     |

Form 990 (2008) Abilene Chamber of Commerce

Part IV | Checklist of Required Schedules (continued)

|            |  |      | Yes | No      |
|------------|--|------|-----|---------|
| 28         | During the tax year, did any person who is a current or former officer, director, trustee, or key employee   |      |     |         |
| i          | a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee),<br>or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively |      |     | ا ــــا |
|            | with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV  | 28a  | _X_ |         |
| I          | have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV  | 28b  |     | _X_     |
| (          | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV                                | 28c  | х   |         |
| 29         | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M   | 29   |     | _x_     |
| 30         | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M   | 30   | ··  | Х       |
|            |  |      |     |         |
| 31         | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I   | 31   |     | _X_     |
| <b>3</b> 2 | 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   |     | х       |
| 34         | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1  | 34   | _ X |         |
| 35         | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2  | 35   | Х   |         |
| 36         | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2   | 36   |     |         |
| 37         | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI                      | 37   |     | Х       |
| BA         |  | Form | 990 | (2008)  |

| Part V Statements Regarding Other IRS Filings and Tax Compliance   | 3101200                                |               |          | age :         |
|--|--|---------------|----------|---------------|
|  |  | $\Box$        | Yes      | No            |
| 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S Information Returns Enter -0- if not applicable  | 41                                     |               |          |               |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   | 0                                      | į             |          |               |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gambling) winnings to prize winners?   | aming                                  | 1 c           | - X      |               |
| 2 a 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  2 a   | 36                                     |               |          |               |
| 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  |  | 2b            | X        |               |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instruction   |  |               |          |               |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  |  | 3a            | X        |               |
| <b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O   |  | 3b            | Х        |               |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority (financial account in a foreign country (such as a bank account, securities account, or other financial account)?   |  | 4a            |          | Х             |
| <b>b</b> If 'Yes,' enter the name of the foreign country ►   |  |               |          | , 2,          |
| See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts   | ************************************** |               | S        | rí            |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | [,                                     | 5 a           |          | X             |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |  | 5b            |          | Х             |
| c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding<br>Prohibited Tax Shelter Transaction?  | 1                                      | 5 c           |          |               |
| 6a Did the organization solicit any contributions that were not tax deductible?  |  | 6a            | Х        |               |
| <b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts deductible?  | were not                               | 6Ь            | х        |               |
| 7 Organizations that may receive deductible contributions under section 170(c).  | 7.3                                    | $\rightarrow$ |          |               |
| a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?  | ,                                      | 7a            | .s       | • •           |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  |  | 7b            |          |               |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required<br>Form 8282?  | d to file                              | 7 c           |          |               |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d   |  |               |          | 3 .5 .        |
| e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal<br>benefit contract?   | ,                                      | 7e            | <u> </u> |               |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |  | 7f            |          |               |
| g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?   |  | 7g            |          |               |
| h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as rec  |  | 7h            |          |               |
| 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, excess business holdings at any time during the year? | have -                                 | 8             |          | ° §           |
| 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  | .59                                    | *             |          |               |
| a Did the organization make any taxable distributions under section 4966?  |  | 9a            | £        | ~~ ~~~~~<br>I |
| <b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?  | <u> </u>                               | 9b            |          |               |
| 10 Section 501(c)(7) organizations. Enter  | Ţ.                                     | 33<br>3%      |          | 3 ;           |
| a Initiation fees and capital contributions included on Part VIII, line 12   |  |               |          | ڊ" '<br>پ     |
| <b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  |  | 3             | 2 3      |               |
| 11 Section 501(c)(12) organizations. Enter   |  | ľ             | ~ ^      |               |
| a Gross income from other 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?   | 1                                      | 12a           |          |               |
| <b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b   |  |               |          |               |
| BAA  | F                                      | orm           | 990 (    | 2008          |

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Se | ction A.                          | Governing Body and Management  |  |        |              |                  |
|----|-----------------------------------|--|--|--------|--------------|------------------|
|    | For each processe                 | 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, s, or changes in Schedule O See instructions   | describe the circumstances,                                    |        | Yes          | No               |
| 1  | a Enter the                       | number of voting members of the governing body   | 1a 40  | ļ      |              | į                |
|    | <b>b</b> Enter the                | number of voting members that are independent  | 1b 40  |        |              | ļ                |
| 2  | Did any o<br>officer, d           | officer, director, trustee, or key employee have a family relationship or a business reference, trustee or key employee?   | elationship with any other                                     | 2      | - <u>x</u> - |                  |
| 3  | Did the o                         | rganization delegate control over management duties customarily performed by or its, directors or trustees, or key employees to a management company or other pers   | under the direct supervision                                   | 3      |              | Х                |
| 4  |                                   | rganization make any significant changes to its organizational documents prior Form 990 was filed?   |  | 4      |              | X                |
| 5  |                                   | prior Form 950 was filed?<br>rganization become aware during the year of a material diversion of the organization  | nic perete?  | 5      | ļ            | Х                |
| 6  |                                   | organization have members or stockholders?   | 113 033613:  | 6      | Х            |                  |
|    | _                                 | organization have members, stockholders, or other persons who may elect one or   | more members of the  | 7a     | х            |                  |
|    | <b>b</b> Are any                  | decisions of the governing body subject to approval by members, stockholders, or o   | ther persons?  | 7 b    | Х            |                  |
| 8  | Did the c                         | rganization contemporaneously document the meetings held or written actions undi   | ertaken during the year by                                     | -      |              |                  |
|    | a The gove                        | rning body?  |  | 8a     | X            |                  |
|    | <b>b</b> Each cor                 | nmittee with authority to act on behalf of the governing body?   |  | 8ь     | Χ            |                  |
| 9  | a Does the                        | organization have local chapters, branches, or affiliates?   |  | 9a     |              | X                |
|    | <b>b</b> If 'Yes,' o<br>and bran  | does the organization have written policies and procedures governing the activities ches to ensure their operations are consistent with those of the organization?   | of such chapters, affiliates,                                  | 9b     |              | ·····            |
| 10 | Was a co                          | ppy of the Form 990 provided to the organization's governing body before it was file in Schedule O the process, if any, the organization uses to review the Form 990   | d? All organizations must<br>lee Schedule 0                    | 10     | х            |                  |
| 11 | Is there a<br>organiza            | any officer, director or trustee, or key employee listed in Part VII, Section A, who ca<br>tion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule Q</i>                              | innot be reached at the  | 11     |              | X                |
| Se | ction B.                          | Policies   |  |        |              |                  |
|    |                                   |  |  |        | Yes          | No               |
| 12 | a Does the                        | organization have a written conflict of interest policy? If 'No,' go to line 13  |  | 12 a   | X            |                  |
|    | <b>b</b> Are office<br>to conflic | ers, directors or trustees, and key employees required to disclose annually interests $^{\circ}$   | that could give rise   | 12b    |              | X                |
|    | c Does the<br>Schedule            | organization regularly and consistently monitor and enforce compliance with the preson this is done  | olicy? If 'Yes,' describe in                                   | 12 c   | X            |                  |
| 13 | Does the                          | organization have a written whistleblower policy?  |  | 13     | X            |                  |
| 14 | Does the                          | organization have a written document retention and destruction policy?   |  | 14     | X            | · ,              |
| 15 | Did the p<br>persons,             | process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de   | approval by independent ecision                                |        | <u></u>      | * 3              |
|    | -                                 | inization's CEO, Executive Director, or top management official?   |  | 15 a   |              |                  |
|    |                                   | ficers of key employees of the organization?   |  | 15 b   | X            | <del>, , ,</del> |
|    |                                   | the process in Schedule O (see instructions)   |  | 1 5 m  | 3 4 2 %      | , i              |
| 16 |                                   | organization invest in, contribute assets to, or participate in a joint venture or simila<br>iring the year?   | r arrangement with a taxable                                   | 16a    |              | X                |
|    | ın joint v<br>status w            | has the organization adopted a written policy or procedure requiring the organizatio<br>enture arrangements under applicable federal tax law, and taken steps to safeguar<br>ith respect to such arrangements? | n to evaluate its participation<br>d the organization's exempt | 16b    | Κ,           |                  |
|    | ction C.                          | Disclosures  |  |        |              |                  |
| 17 | List the                          | states with which a copy of this Form 990 is required to be filed $ ightharpoonup None$  |  |        |              |                  |
| 18 | 3 Section<br>inspection           | 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply   | and 990-T (501(c)(3)s only) a                                  | vaılab | le for       | public           |
| ,  | ∐ Own                             | website X Another's website X Upon request   |  |        |              |                  |
| 19 | Describe statement                | nn Schedule O whether (and if so, how) the organization makes its governing docunts available to the public  | ments, conflict of interest pol                                | ісу, а | nd fina      | ancıal           |
| 20 |                                   | e name, physical address, and telephone number of the person who possesses the es Williamson, CPA P.O. Box 2281 Abilene TX 79604 (   |  | anızat | non          |                  |
| BA |                                   |  |  | Form   | 99n          | (2008)           |
|    |                                   |  |  |        |              | (-JJ)            |

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or 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

| (A)                   | (B)               | (B) (c) Average Position (check all th |                       |         |   |                              |        | (D)  | <b>(E)</b>   | <b>(F)</b>   |  |
|-----------------------|-------------------|--|-----------------------|---------|---|------------------------------|--------|--|--|--|--|
| Name and Title        | hours<br>per week | Individual trustee or director         | Institutional trustee | Officer |   | Highest compensated employee | Former | Reportable<br>compensation from<br>the organization<br>(W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099 MISC) | Estimated amount of other compensation from the organization and related organizations |  |
| Michael C. McMahan    |                   |  |                       |         |   |                              |        |  |  |  |  |
| President             | 40                |  |                       | X       |   |                              |        | 134,845.   | 0.   | 0  |  |
| Frances W. Williamson |                   |  |                       |         |   |                              |        |  |  |  |  |
| Vice President        | 40                |  |                       | Х       |   |                              |        | 59,211.  | 0.   | 0  |  |
| William J. Ehrie      |                   |  |                       |         |   |                              |        |  | <u> </u>   |  |  |
| President             |                   |  |                       |         | Х |                              |        | 113,414.   | 0.   | 0  |  |
| Tim Lancaster         |                   |  |                       |         |   |                              |        |  |  |  |  |
| Chairman              |                   |  |                       | Х       |   |                              |        | 0.   | 0.   | 0  |  |
| Ron Butler            |                   |  |                       |         |   |                              |        |  |  |  |  |
| Chairman-Elect        | <b>-</b>          |  |                       | Х       |   |                              |        | 0.   | 0.   | 0  |  |
| Carol Dupree          |                   |  |                       |         |   |                              |        |  |  |  |  |
| Chairman/Past         | -                 |  |                       | Х       |   |                              |        | 0.   | 0.   | 0  |  |
| Romona Brogan         |                   |  |                       |         |   |                              |        |  |  |  |  |
| Treasurer             |                   |  |                       | Х       |   |                              |        | 0.   | 0.   | 0  |  |
| Katie Alford          |                   |  |                       |         |   |                              |        |  |  |  |  |
| Director              | 1                 | Х                                      |                       |         |   |                              |        | 0.   | 0.   | 0  |  |
| Joe Allen             |                   |  | <u> </u>              |         |   |                              |        |  |  |  |  |
| Director              | - <sub>1</sub>    | X                                      |                       |         |   |                              |        | 0.   | 0.   | 0  |  |
| Jamie Belz            | l.                |  |                       |         |   |                              |        |  |  |  |  |
| Director              | 1                 | X                                      |                       |         |   |                              |        | 0.   | 0.   | 0  |  |
| Charlie Black         |                   |  |                       |         |   |                              |        |  |  |  |  |
| Director              |                   | Х                                      |                       |         |   |                              |        | 0.   | 0.   | 0  |  |
| Robert O. Briley      |                   |  |                       |         |   |                              |        |  |  |  |  |
| Director              | 1                 | Х                                      | ١                     |         |   |                              |        | 0.   | 0.   | 0  |  |
| Carolyn Cockerell     |                   |  |                       |         |   |                              |        |  |  |  |  |
| Director              | 1                 | Х                                      |                       |         |   |                              |        | 0.   | 0.   | 0  |  |
| Tim Collard           |                   |  |                       |         |   |                              |        |  |  |  |  |
| Director              | 1                 | X                                      |                       |         | 1 |                              |        | 0.   | 0.   | 0  |  |
| Dave Dalzell          |                   |  |                       | Γ       |   |                              |        |  |  |  |  |
| <u>Director</u>       | 5                 | Х                                      |                       |         |   |                              |        | 0.   | 0.   | 0  |  |
| Will Dugger           | _                 |  |                       |         |   |                              |        |  |  | · · · · · · · · · · · · · · · ·  |  |
| Director              | 1                 | Х                                      |                       |         |   |                              |        | 0.   | 0.   | 0  |  |
| Deonna Galbraith      | · · - ·           |  |                       |         |   |                              |        |  |  | <del></del>  |  |
| Director              | <sup>-</sup> 1    | X                                      |                       |         |   |                              |        | 0.   | 0.   | 0  |  |

| Part VII   Section A. Officers, Directors, Trust   | tees, F                      | (ey                           | Em                   | plo     | ye | es,                            | and         | d Highest Con   | pensated Emp   | loyees (cont.)   |
|--|------------------------------|-------------------------------|----------------------|---------|----|--------------------------------|-------------|---|--|--|
| (A)  | (B)                          |                               |                      | (0      | c) |                                |             | (D)   | (E)  | (F)  |
| Name and Title   | Average<br>hours<br>per week | ndividual trustee or director | nstitutional trustee | Officer |    | a Highest compensated employee | Former      | Reportable compensation from the organization (W-2/1099 MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| Gary Glenn Director  | 1                            | Х                             |                      |         |    |                                |             | 0.  | 0.   | 0.   |
| Gary Grubbs Director   | 5                            | Х                             |                      |         |    |                                |             | 0.  | 0.   | 0.   |
| John D. Havard Director  | 1                            | Х                             |                      |         |    |                                |             | 0.  | 0.   | 0.   |
| Mark Haynes Director   | 1                            | Х                             |                      |         |    |                                |             | 0.  | 0.   | 0.   |
| James D. Webster Director  | 5                            | X                             |                      |         |    |                                |             | 0.  | 0.   | 0.   |
| Michael Hernandez Director   | 1                            | Х                             |                      |         |    |                                |             | 0.  | 0.   | 0.   |
| Valentin Hernandez Director  | 1                            | х                             |                      |         |    |                                |             | 0.  | 0.   | 0.   |
| Scott Hibbs Director   | 1                            | Х                             |                      |         |    |                                |             | 0.  | 0.   | 0.   |
| Doug Hodel Director  | 5                            | Х                             |                      |         |    |                                |             | 0.  | 0.   | 0.   |
| Kristina E. Jones Director   | 5                            | х                             |                      |         |    |                                |             | 0.  | 0.   | 0.   |
| Kelly Kinard Director  | 1                            | х                             |                      |         |    |                                |             | 0.  | 0.   | 0.   |
| Brian LaCroix Director   | 1                            | х                             |                      | ı       |    |                                |             | 0.  | 0.   | 0.   |
| Jim Leonard Director   | 1                            | х                             |                      |         |    |                                |             | 0.  | 0.   | 0.   |
| 1 b Total  |                              |                               |                      |         |    |                                | <b>&gt;</b> | 307,470.  | 0.   | 0.   |
| 2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the |                              |                               |                      |         |    |                                |             |   |  |  |

organization > 2

|   |   |   | Yes       | No |
|---|---|---|-----------|----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  | 3 |           | X  |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual |   | m namona. |    |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person                                    | 5 |           | X  |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| <b>(A)</b><br>Name and business address   | (B) Description of Services    | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| NONE ,  |                                |                     |
|   |                                |                     |
|   |                                |                     |
|   |                                |                     |
|   |                                | <del></del>         |
| 2 Total number of independent contractors (including those in 1) who r compensation from the organization ► 0 | eceived more than \$100,000 in |                     |

| Par   | t VIII   Statement of Revenue   |                                  |  | <del></del>  |  |
|---|---|----------------------------------|--|--|--|
|   |   | (A)<br>Total revenue             | (B) Related or exempt function revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue   | (D) Revenue excluded from tax under sections 512, 513, or 514  |
| CONTRIBUTIONS, GIFTS, GRANTS<br>AND OTHER SIMILAR AMOUNTS | 1a Federated campaigns1ab Membership dues1bc Fundraising events1cd Related organizations1d  |                                  |  |  |  |
| IBUTIONS, G   | e Government grants (contributions)  1 e 55,579  f All other contributions, gifts, grants, and similar amounts not included above  1 f 115,145              |                                  |  |  |  |
|   | g Noncash contribns included in lns 1a-1f \$ h Total. Add lines 1a-1f   | 170,724.                         | *                                      |  |  |
| EVENUE  | 2a Membership Dues 900099   | 428,873.                         | 428,873.                               |  |  |
| RVICER  | b Contracts with Government 900099 c Trade Shows 900099 d Performing Arts Series 900099   | 2,314,567.<br>85,789.<br>72,033. | 2,314,567.<br>85,789.<br>72,033.       |  |  |
| PROGRAM SERVICE REVENUE                                   | d Performing Arts Series 900099 e Transfer from Affiliate 900099 f All other program service revenue  | 51,552.<br>86,941.               | 51,552.<br>86,941.                     |  |  |
| PRO   | · •   | ► 3,039,755.                     | 00, 541.                               |  |  |
|   | <ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> </ul> | 12,113.                          |  |  | 12,113.  |
|   | 5 Royalties (i) Real (ii) Personal  | 7,131.                           | 7,131.                                 |  |  |
|   | 6a Gross Rents b Less rental expenses   |                                  |  |  | Total designation of the second secon |
|   | c Rental income or (loss) d Net rental income or (loss)   | <b>&gt;</b>                      |  |  |  |
|   | 7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other  | <u> </u>                         | ş .                                    | \$   |  |
|   | b Less cost or other basis and sales expenses c Gain or (loss)  | *                                | -                                      | -  | i  |
|   | d Net gain or (loss)  8a Gross income from fundraising events   | <b>P</b>                         | * *                                    |  |  |
| OTHER REVENUE   | of contributions reported on line 1c)  See Part IV, line 18   |                                  | ^                                      |  |  |
| OTHE  | b Less direct expenses c Net income or (loss) from fundraising events   | <b>&gt;</b>                      |  |  |  |
|   | 9a Gross income from gaming activities<br>See Part IV, line 19  |                                  |  |  |  |
|   | b Less direct expenses  c Net income or (loss) from gaming activities   | <b>&gt;</b>                      |  |  |  |
|   | 10 a Gross sales of inventory, less returns and allowances  |                                  |  |  |  |
|   | b Less cost of goods sold c Net income or (loss) from sales of inventory  | <b>•</b>                         |  | And the second s | _  |
|   | Miscellaneous Revenue Business Code   |                                  |  |  |  |
|   | b Miscellaneous 900099  | 14,786.                          | <del></del>                            | 20 210   |  |
|   | c Newsletter Advertising 511190 d All other revenue   | 20,310.                          |  | 20,310   | •  |
|   | e Total. Add lines 11a-11d  12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c   | 35,096.                          |  |  |  |
|   | 10c, and 11e  | <b>→</b> 3,264,819.              | 3,061,672.                             | 20,310   | . 12,113.  |

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) but are not required to complete columns (B), (C), and (D).

|    |  | <del></del>           | (B)                      |                                     | (D)                     |
|----|--|-----------------------|--------------------------|-------------------------------------|-------------------------|
|    | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | Program service expenses | (C) Management and general expenses | Fundraising<br>expenses |
| 1  | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21  | 159,114.              |                          |                                     |                         |
| 2  | Grants and other assistance to individuals in the U.S. See Part IV, line 22  |                       |                          |                                     |                         |
| 3  | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16   |                       |                          |                                     |                         |
| 4  | Benefits paid to or for members  |                       |                          |                                     |                         |
| 5  | Compensation of current officers, directors, trustees, and key employees   | 197,722.              |                          |                                     |                         |
| 6  | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)   | 0.                    |                          |                                     |                         |
| 7  | Other salaries and wages   | 736,707.              |                          |                                     |                         |
| 8  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  | 73,352.               |                          |                                     |                         |
| 9  | Other employee benefits  | 81,680.               |                          |                                     |                         |
| 10 | Payroll taxes  | 71,152.               |                          |                                     |                         |
| 11 | Fees for services (non-employees)  |                       |                          |                                     |                         |
| ;  | a Management   |                       |                          |                                     | <u> </u>                |
| 1  | Legal  | 6,575.                |                          |                                     |                         |
| (  | Accounting   | 14,859.               |                          |                                     |                         |
|    | d Lobbying.  |                       |                          |                                     |                         |
|    | Prof fundraising svcs See Part IV, In 17   |                       | •                        |                                     |                         |
| 1  | Investment management fees   |                       |                          |                                     |                         |
|    | g Other  | 233,836.              |                          |                                     |                         |
| 12 | Advertising and promotion  | 701,538.              |                          |                                     |                         |
| 13 | Office expenses  | 123,113.              |                          |                                     |                         |
| 14 | Information technology   | 20,048.               |                          |                                     |                         |
| 15 | Royalties  |                       |                          |                                     |                         |
| 16 | Occupancy  | 133,116.              |                          |                                     |                         |
| 17 | Travel   | 39,711.               |                          |                                     |                         |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                          |                                     |                         |
| 19 | Conferences, conventions, and meetings   |                       |                          |                                     |                         |
| 20 | Interest   |                       |                          |                                     |                         |
|    | Payments to affiliates   |                       |                          |                                     |                         |
| 22 | Depreciation, depletion, and amortization  | 40,128.               | <u> </u>                 | ļ                                   |                         |
|    | Insurance  | 8,265.                |                          | <del> </del>                        | ļ                       |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)                              | >                     | *                        |                                     |                         |
|    | a Performing Arts  | 200,780.              |                          |                                     |                         |
|    | b Convention and visitor service   | 133,839.              |                          |                                     |                         |
|    | c_Military_Affairs   | 87,645.               |                          |                                     |                         |
|    | d_Business_Services  | 55,959.               |                          |                                     |                         |
|    | e Miscellaneous  | 45,528.               |                          |                                     |                         |
|    | f All other expenses   | 16,681.               | <u> </u>                 | <del> </del>                        |                         |
|    | Total functional expenses Add lines 1 through 24f  | 3,181,348.            |                          | ļ                                   | <del></del>             |
| 26 | Joint Costs. Check here ► If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                          |                                     |                         |
| BA |  | •                     | •                        |                                     | Form <b>990</b> (2008)  |

| Part X Balance Sheet |             |  |                           |          |                           |  |  |
|----------------------|-------------|--|---------------------------|----------|---------------------------|--|--|
|                      |             |  | (A)<br>Beginning of year  |          | <b>(B)</b><br>End of year |  |  |
|                      | 1           | Cash — non-interest-bearing  |                           | 1        |                           |  |  |
|                      | 2           | Savings and temporary cash investments   | 988,137.                  | 2        | 1,235,310.                |  |  |
|                      | 3           | Pledges and grants receivable, net   |                           | 3        |                           |  |  |
|                      | 4           | Accounts receivable, net   | 311,347.                  | 4        | 268,770.                  |  |  |
|                      | 5           | Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L                                   |                           | 5        |                           |  |  |
|                      | 6           | Receivables from other disqualified persons (as defined under section 4958(f)(1))  |                           |          |                           |  |  |
|                      |             | and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L   | 6                         |          |                           |  |  |
| S                    | 7           | Notes and loans receivable, net  |                           | 7        |                           |  |  |
| A S E T S            | 8           | Inventories for sale or use  |                           | 8        |                           |  |  |
| s                    | 9           | Prepaid expenses and deferred charges  | 30,983.                   | 9        | 34,388.                   |  |  |
|                      | 10 a        | Land, buildings, and equipment cost basis 10a 461,139.   | -                         |          |                           |  |  |
|                      | b           | Less accumulated depreciation. Complete Part VI of   | ř                         |          |                           |  |  |
|                      |             | Schedule D 10b 362, 639.   | 122,792.                  | 10 c     | 98,500.                   |  |  |
|                      | 11          | Investments — publicly-traded securities   | 20,722.                   | 11       | 37,332.                   |  |  |
|                      | 12          | Investments – other securities See Part IV, line 11  | 141.                      | 12       | 141.                      |  |  |
|                      | 13          | Investments - program-related See Part IV, line 11   |                           | 13       |                           |  |  |
|                      | 14          | Intangible assets 14   |                           |          |                           |  |  |
|                      | 15          | Other assets See Part IV, line 11  |                           | 15       |                           |  |  |
|                      | 16          | Total assets Add lines 1 through 15 (must equal line 34)   | 1,474,122.<br>213,351.    | 16       | 1,674,441.                |  |  |
|                      | 17          | Accounts payable and accrued expenses  | 17                        | 258,530. |                           |  |  |
|                      | 18          |  |                           |          |                           |  |  |
|                      | 19          | Deferred revenue   | 39,339.                   | 19       | 94,398.                   |  |  |
| į                    | 20          | Tax-exempt bond liabilities  |                           | 20       |                           |  |  |
| B                    | 21          |  |                           |          |                           |  |  |
| LIABILITIES          | 22          | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II                       |                           |          |                           |  |  |
| Ė                    |             | of Schedule L  |                           | 22       |                           |  |  |
| S                    | 23          | Secured mortgages and notes payable to unrelated third parties.  |                           | 23       | ·                         |  |  |
|                      | 24          | Unsecured notes and loans payable  |                           | 24       |                           |  |  |
|                      | 25          | Other liabilities Complete Part X of Schedule D  | 20,722.                   | 25       | 37,332.                   |  |  |
|                      | 26          | Total liabilities. Add lines 17 through 25   | 273,412.                  | 26       | 390,260.                  |  |  |
| N<br>E<br>T          |             | Organizations that follow SFAS 117, check here ► X and complete lines  | ,                         |          | ^ !                       |  |  |
|                      |             | 27 through 29 and lines 33 and 34.   | 1 000 510                 |          | 1 004 104                 |  |  |
| A<br>S<br>S<br>E     | l .         | Unrestricted net assets  | 1,200,710.                | 27       | 1,284,181.                |  |  |
| Ē<br>S               | l           | Temporarily restricted net assets  |                           | 28       |                           |  |  |
| O<br>R               | 29          | Permanently restricted net assets  |                           | 29       |                           |  |  |
|                      |             | Organizations that do not follow SFAS 117, check here ► and complete   |                           |          |                           |  |  |
| FDZD                 | 20          | lines 30 through 34.   |                           |          |                           |  |  |
|                      | 30          | Capital stock or trust principal, or current funds   |                           | 30       |                           |  |  |
| Ã                    | 31          | Paid-in or capital surplus, or land, building, and equipment fund  |                           | 31       | <del></del> .             |  |  |
| Ň                    | 32          | Retained earnings, endowment, accumulated income, or other funds   | 1 200 710                 | 32       | 1 204 101                 |  |  |
| B々しくことにの             | 33<br>34    | Total net assets or fund balances.  Total liabilities and net assets/fund balances.  | 1,200,710.                | 33       | 1,284,181.                |  |  |
|                      | rt X        |  | 1,474,122.                | 34       | 1,674,441.                |  |  |
|                      | ii t X      | Tillancial Statements and Reporting  |                           |          | Vac No                    |  |  |
| 1                    | Ace         | counting method used to prepare the Form 990 Cash Accrual X  | Other                     |          | Yes No                    |  |  |
| 2                    | a We        | re the organization's financial statements compiled or reviewed by an independent  | accountant?               |          | 2a X                      |  |  |
|                      | <b>b</b> We | re the organization's financial statements audited by an independent accountant?   |                           |          | 2b X                      |  |  |
|                      |             | Yes' to 2a or 2b, does the organization have a committee that assumes responsibilities, or compilation of its financial statements and selection of an independent according |                           |          | 2c X                      |  |  |
| 3                    | a As        | a result of a federal award, was the organization required to undergo an audit or a<br>dit Act and OMB Circular A-133?   | udits as set forth in the | Single   |                           |  |  |
|                      |             | Yes,' did the organization undergo the required audit or audits?   |                           |          | 3a X                      |  |  |
| BA                   | BAA Form    |  |                           |          |                           |  |  |

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

#### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 **2008** 

Department of the Treasury Internal Revenue Service

► To be completed by organizations described below.

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2008

► Attach to Form 990 or Form 990-EZ. If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations complete Part I-A only

#### If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete

| f the organization answered 'Yes,' to Form 990, Part IV, line! | i (Prox | v Tax), then |
|--|---------|--------------|
|--|---------|--------------|

| • 5  | Section 501(c)(4), (5), or (6) o                       | rganizations Complete Part III.  |                           |  |  |
|------|--|--|---------------------------|--|--|
| Name | of organization  |  |                           | Employer identifica  | tion number  |
| Abi  | llene Chamber of Co                                    | mmerce   |                           | 75-0101260   |  |
| Par  | To be completed See the instruction                    | by all organizations exempt under<br>ns for Schedule C for details.  | section 501(c) a          | nd section 527 org   | anizations.  |
| 1    | Provide a description of the                           | organization's direct and indirect political c   | ampaign activities in     | Part IV  |  |
| 2    | Political expenditures                                 |  |                           | <b>►</b> \$  |  |
|      | Volunteer hours  |  |                           |  |  |
| Par  | To be completed See the instruction                    | by all organizations exempt under<br>ns for Schedule C for details.  | section 501(c)(3          | 3).  |  |
| 1    | Enter the amount of any exc                            | ise tax incurred by the organization under   | section 4955              | <b>▶</b> \$  |  |
| 2    | Enter the amount of any exc                            | ise tax incurred by organization managers  | under section 4955        | <b>►</b> \$  |  |
| 3    | If the organization incurred a                         | a section 4955 tax, did it file Form 4720 for  | this year?                |  | Yes No   |
| 4 8  | a Was a correction made?                               |  |                           |  | Yes No   |
|      | o If 'Yes,' describe in Part IV                        |  |                           |  |  |
| Pai  | To be completed See the instructio                     | by all organizations exempt under<br>ns for Schedule C for details.  | section 501(c),           | except section 501   | (c)(3).  |
| 1    | Enter the amount directly ex                           | pended by the filing organization for section  | n 527 exempt function     | on activities.   |  |
| 2    | Enter the amount of the filin function activities      | g organization's funds contributed to other  | organizations for sec     | tion 527 exempt  |  |
| 3    | Total of direct and indirect e Form 1120-POL, line 17b | xempt function expenditures Add lines 1 a  | and 2 and enter here      | and on ►\$   |  |
| 4    | Did the filing organization fil-                       | e Form 1120-POL for this year?   |                           | ·  | Yes X No   |
| 5    | made Enter the amount par                              | and employer identification number (EIN)<br>d and indicate if the amount was paid from<br>directly delivered to a separate political orgi<br>nal space is needed, provide information in | i the filing organization | on's funds or were politic   | cal contributions  |
|      | (a) Name   | ( <b>b</b> ) Address   | (c) EIN                   | (d) Amount paid from filing organization's own internal funds if none, enter-0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|      |  |  |                           |  |  |
|      |  |  |                           |  |  |
|      |  |  |                           |  |  |
|      |  |  |                           |  |  |
|      |  |  |                           |  |  |
|      |  |  |                           |  |  |

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

| Schedule C (Form 990 or 990-EZ) 2008                                 | Abilene Char                          | mber of Commerce  |                          | 75-010                           | 1260 Page <b>2</b>          |
|--|---------------------------------------|---|--------------------------|----------------------------------|-----------------------------|
| Part II-A To be comple   | eted by organiz                       | ations exempt under   | section 501(c)(3) 1      | hat filed Form 576               |                             |
|  |                                       | ne instructions for Sc  | hedule C for details     | S.                               |                             |
|  |                                       | ngs to an affiliated group  |                          |                                  |                             |
|  |                                       | ked box A and 'limited cor  |                          |                                  | <del></del>                 |
| (The term '  | expenditures' mear                    | g Expenditures —<br>ns amounts paid or incurr   | ed.)                     | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a Total lobbying expenditu   | ires to influence put                 | olic opinion (grass roots lo  | bbying)                  |                                  |                             |
| <b>b</b> Total lobbying expenditu                                    | ires to influence a le                | egislative body (direct lobb  | yıng)                    |                                  |                             |
| c Total lobbying expenditu   | ires (add lines 1a ai                 | nd 1b)  |                          |                                  |                             |
| <b>d</b> Other exempt purpose e                                      | xpenditures                           | •   | •                        |                                  |                             |
| e Total exempt purpose ex  | xpenditures (add lin                  | es 1c and 1d)   |                          |                                  | <del></del>                 |
| f Lobbying nontaxable am<br>both columns                             | nount Enter the ame                   | ount from the following tab   | ole in                   |                                  |                             |
| If the amount on line 1e, colu                                       | ımn (a) or (b) ıs 🏻 🕇                 | he lobbying nontaxable a  | mount is                 |                                  |                             |
| Not over \$500,000   | 2                                     | 0% of the amount on line 1e   |                          |                                  |                             |
| Over \$500,000 but not over \$1,0                                    | 000,000 \$                            | 100,000 plus 15% of the excess o  | ver \$500,000            |                                  |                             |
| Over \$1,000,000 but not over \$                                     | 1,500,000 \$                          | 175,000 plus 10% of the excess o  | over \$1,000,000         |                                  |                             |
| Over \$1,500,000 but not over \$                                     | 17,000,000 \$                         | 225,000 plus 5% of the excess ov  | ver \$1,500,000          |                                  |                             |
| Over \$17,000,000  | <del></del>                           | 1,000,000.  |                          |                                  |                             |
| <b>g</b> Grassroots nontaxable a                                     | · · · · · · · · · · · · · · · · · · · | · ·   |                          |                                  |                             |
| h Subtract line 1g from lin  | e 1a Enter -0- ıf lır                 | ne g is more than line a  |                          |                                  |                             |
| i Subtract line 1f from line   | e 1c Enter -0- if line                | e f is more than line c   |                          |                                  |                             |
| j If there is an amount of<br>section 4911 tax for this              | ner than zero on eit<br>year?         | her line 1h or line 1i, did t   | he organization file For | m 4720 reporting                 | Yes No                      |
| (Some  | e organizations tha                   | 4-Year Averaging Period L<br>t made a section 501(h) el<br>s below. See the instruction | ection do not have to c  | complete all of the five h 2f.)  |                             |
|  | Lobb                                  | ying Expenditures During  | 4-Year Averaging Peri    | od                               |                             |
| Calendar year (or fiscal<br>year beginning in)                       | (a) 2005                              | <b>(b)</b> 2006   | <b>(c)</b> 2007          | <b>(d)</b> 2008                  | (e) Total                   |
| 2a Lobbying non-taxable amount                                       |                                       |   |                          |                                  |                             |
| <b>b</b> Lobbying ceiling<br>amount (150% of line<br>2a, column (e)) |                                       | ,   | ,                        |                                  |                             |
| c Total lobbying expenditures  |                                       |   |                          |                                  |                             |

f Grassroots lobbying expenditures

BAA

**d** Grassroots non-taxable amount

e Grassroots ceiling amount (150% of line 2d, column (e))

Schedule C (Form 990 or 990-EZ) 2008

| Schedule C (Form 990 or 990-EZ) 2008 Abilene Chamber of Commerce  Part II-B To be completed by organizations exempt under section 501(c)(3) that have  |             | 75-0101260<br>e NOT filed Form 576            |            |  |
|--|-------------|---|------------|--|
| (election under section 501(h)). See the instructions for Schedule C for det   | <del></del> | <u>.                                     </u> | (b)        |  |
|  | Yes         | No  | (b) Amount |  |
| During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |             |   |            |  |

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of
a Volunteers?
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
c Media advertisements?
d Mailings to members, legislators, or the public?
e Publications, or published or broadcast statements?
f Grants to other organizations for lobbying purposes?
g Direct contact with legislators, their staffs, government officials, or a legislative body?
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?
i Other activities? If 'Yes,' describe in Part IV
j Total lines 1c through 1:
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
b If 'Yes,' enter the amount of any tax incurred under section 4912
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

|   |  |   | Yes | No |
|---|--|---|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members?                     | 1 |     | X  |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less?                | 2 |     | Х  |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 |     | X  |
|   |  |   |     |    |

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, question 3 is answered 'Yes.' See Schedule C Instructions for details.

| 1 Dues, assessments and similar amounts from members   | 1              | 428,873. |
|--|----------------|----------|
| 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  | ı. <del></del> |          |
| a Current year   | _2a            | 23,955.  |
| <b>b</b> Carryover from last year  | _2b            |          |
| c Total  | 2 c            | 23,955.  |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | _3             | 25,732.  |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4              | 0.       |
| 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)  | 5              | 0.       |
| Part IV   Supplemental Information   |                |          |

| - |
|---|

# SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

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Schedule **D** (Form 990) 2008

| Name | or the organization   |  |   | Employer identification number  |
|------|---|--|---|---|
| Abi  | lene Chamber of Commerce  |  |   | 75-0101260  |
| Par  | tl Organizations Maintaining Dono the organization answered 'Yes' t   | r Advised Funds or Other<br>o Form 990, Part IV, line  | r <mark>Similar Funds or Acc</mark><br>6.                   | counts Complete If  |
|      |   | (a) Donor advised fu   | unds (b) I  | 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  | nor advisors in writing that the a to the organization's exclusive   | assets held in donor advised<br>legal control?              | Yes No  |
| 6    | Did the organization inform all grantees, dono<br>used only for charitable purposes and not for<br>impermissible private benefit??                      | ors, and donor advisors in writing the benefit of the donor or donor the benefit of the donor or donor | g that grant funds may be<br>or advisor or other            | ☐Yes ☐ No   |
| Par  | t II   Conservation Easements Compl   | ete if the organization ans  | swered 'Yes' to Form 9                                      |   |
| 1    | Purpose(s) of conservation easements held b   |  |   |   |
|      | Preservation of land for public use (e.g.,  | _  | Preservation of an historic                                 | cally important land area   |
|      | Protection of natural habitat   | ·  | Preservation of certified h                                 | • •   |
|      | Preservation of open space  |  | _   |   |
| 2    | Complete lines 2a-2d if the organization held of the tax year   | a qualified conservation contrib   | ution in the form of a conse                                | ervation easement on the last day                                     |
|      |   |  |   | Held at the End of the Year   |
| á    | Total number of conservation easements  |  | _ 2a  |   |
| ŀ    | Total acreage restricted by conservation ease   | ements   | _ 2 b   |   |
| C    | Number of conservation easements on a cert  | ified historic structure included i  | in (a) 2c   |   |
| (    | Number of conservation easements included   | ın (c) acquired after 8/17/06  | 2d  |   |
| 3    | Number of conservation easements modified year ►  | transferred, released, extinguis   | shed, or terminated by the c                                | organization during the taxable                                       |
| 4    | Number of states where property subject to c  | onservation easement is located  | d <b>►</b>  |   |
| 5    | Does the organization have a written policy re<br>enforcement of the conservation easement it   | egarding the periodic monitoring holds?  | g, inspection, violations, and                              | Yes No  |
| 6    | Staff or volunteer hours devoted to monitorin   | g, inspecting, and enforcing eas   | sements during the year 🟲                                   |   |
| 7    | Amount of expenses incurred in monitoring, i  | nspecting, and enforcing easem   | nents during the year 🕨 \$                                  |   |
| 8    | Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?   | on line 2(d) above satisfy the rec   | quirements of section                                       | Yes No  |
| 9    | In Part XIV, describe how the organization repor<br>include, if applicable, the text of the footnote<br>conservation easements                          | ts conservation easements in its reto the organization's financial s   | evenue and expense statemer<br>statements that describes th | nt, and balance sheet, and<br>e organization's accounting for         |
| Pai  | Organizations Maintaining Colle<br>Complete if the organization and   | ections of Art, Historical 3<br>swered 'Yes' to Form 990,  | Treasures, or Other Si<br>Part IV, line 8.                  | milar Assets  |
| 1    | a If the organization elected, as permitted unde<br>treasures, or other similar assets held for pul<br>the text of the footnote to its financial statem | olic exhibition, education, or res   | earch in furtherance of publ                                | ance sheet works of art, historical ic service, provide, in Part XIV, |
| ļ    | b If the organization elected, as permitted unde<br>treasures, or other similar assets held for pul<br>amounts relating to these items                  | olic exhibition, education, or res   | revenue statement and bal<br>earch in furtherance of publ   | lic service, provide the following                                    |
|      | (i) Revenues included in Form 990, Part VII   | l, line 1  |   | ►\$<br>►\$  |
|      | (ii) Assets included in Form 990, Part X  |  |   | <b>▶</b> \$   |
|      | If the organization received or held works of amounts required to be reported under SFAS  | 116 relating to these items  | r sımılar assets for fınancıal                              |   |
| ;    | a Revenues included in Form 990, Part VIII, Im  | e 1  |   | <b>-</b> \$   |
| -    | <b>b</b> Assets included in Form 990, Part X  |  |   | <b>-</b> \$   |

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

| •  |                                       |                                       |                                       |                      |                      |              |
|--|---------------------------------------|---------------------------------------|---------------------------------------|----------------------|----------------------|--------------|
| Schedule D (Form 990) 2008 Abile   |                                       |                                       |                                       | 75-010               |                      | Page 2       |
| Part III Organizations Mainta  | ining Colle                           | ctions of Art, His                    | torical Treasures, o                  | r Other Similar Ass  | ets (cont            | tınued)      |
| <ol> <li>Using the organization's accession that apply)</li> </ol>         | on and other re                       |                                       |                                       |                      | ection item          | s (check all |
| a Public exhibition  |                                       | <b>d</b> Loa                          | n or exchange programs<br>er          |                      |                      |              |
| <b>b</b> Scholarly research  |                                       | e Oth                                 | er                                    |                      |                      |              |
| c Preservation for future gener  |                                       |                                       |                                       |                      |                      |              |
| 4 Provide a description of the orga<br>Part XIV                            |                                       |                                       |                                       |                      | se in                |              |
| 5 During the year, did the organiza<br>assets to be sold to raise funds in |                                       |                                       |                                       |                      | Yes                  | No           |
| Part IV Trust, Escrow and Cu<br>IV, line 9, or reported                    | istodial Arr<br>an amount             | angements Compon Form 990, Pa         | olete if organization irt X, line 21. | answered 'Yes' to F  | <sup>-</sup> orm 990 | , Part       |
| 1 a Is the organization an agent, trus<br>included on Form 990, Part X?    | stee, custodiai                       | n, or other intermedia                | ry for contributions or other         | her assets not       | Yes                  | □No          |
| b If 'Yes,' explain the arrangement  |                                       |                                       |                                       | '                    |                      |              |
|  |                                       | vop.o.to tito tono                    | g table                               |                      | Amount               |              |
| c Beginning balance  |                                       |                                       |                                       | 1c                   | 7 1110 4111          |              |
| <b>d</b> Additions during the year   |                                       |                                       |                                       | 1 d                  |                      |              |
| e Distributions during the year  |                                       |                                       |                                       | 1 e                  |                      |              |
| f Ending balance   |                                       |                                       |                                       | 16                   |                      |              |
| 2a Did the organization include an a                                       | amount on For                         | m 990 Part X line 2                   | 17                                    | <u> </u>             | Yes                  | No           |
| b If 'Yes,' explain the arrangement  |                                       | 711 330, 1 are x1, 11110 2            | •                                     |                      |                      | □•           |
| Part V Endowment Funds Co  |                                       | rganization answe                     | ered 'Yes' to Form 9                  | 90 Part IV line 10   |                      |              |
| Turk V Elizabilition Turks 05  | (a) Current                           | <del></del>                           |                                       |                      |                      | r years back |
| 1 a Beginning of year balance  | (0) 00//0//                           | (2) (2)                               | (0) / 1/0 / 04/0 24/0                 | (a) Three years book | 1 (0) 1 541          | Jours Buok   |
| <b>b</b> Contributions   |                                       |                                       |                                       |                      |                      |              |
| c Investment earnings or losses.   |                                       |                                       |                                       |                      | <del> </del>         |              |
| d Grants or scholarships   |                                       |                                       |                                       |                      |                      |              |
| e Other expenditures for facilities and programs                           |                                       | ) 1-2-171 *** *** ****                |                                       |                      |                      | <u> </u>     |
| f Administrative expenses  |                                       |                                       |                                       |                      | 1                    |              |
| g End of year balance  |                                       |                                       |                                       |                      |                      |              |
| 2 Provide the estimated percentage   | e of the year                         | end balance held as:                  | <u> </u>                              |                      |                      |              |
| a Board designated or quasi-endo   | =                                     | 8                                     |                                       |                      |                      |              |
| <b>b</b> Permanent endowment ►   |                                       |                                       |                                       |                      |                      |              |
| c Term endowment ►   | * * * * * * * * * * * * * * * * * * * |                                       |                                       |                      |                      |              |
| 3a Are there endowment funds not<br>organization by                        | in the possess                        | sion of the organizati                | on that are held and adm              | inistered for the    | Υ                    | 'es No       |
| (i) unrelated organizations  |                                       |                                       |                                       |                      | 3a(i)                |              |
| (ii) related organizations   |                                       |                                       |                                       |                      | 3a(ii)               |              |
| b If 'Yes' to 3a(II), are the related                                      | organizations                         | listed as required on                 | Schedule R? .                         |                      | 3b                   |              |
| 4 Describe in Part XIV the intende   | d uses of the                         | organization's endow                  | ment funds.                           |                      |                      |              |
| Part VI Investments-Land, E  | Buildings, a                          | nd Equipment. S                       | ee Form 990, Part X                   | (, line 10.          |                      |              |
| Description of investmen   | it                                    | (a) Cost or other bas<br>(investment) | (b) Cost or other basis (other)       | (c) Depreciation     | ( <b>d)</b> Boo      | ok Value     |
| 1a Land  |                                       |                                       |                                       |                      |                      |              |
| <b>b</b> Buildings   |                                       |                                       |                                       |                      |                      |              |

 ${\bf c} \ {\bf Leasehold} \ {\bf improvements}$ 362,639. 98,500. 461,139. **d** Equipment e Other 98,500. Schedule **D** (Form 990) 2008 Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))

BAA

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| ocneanie D                                | (Form 990) 2008 Abilene Chamber o  | f Commerce   |  |
|---|--|--|--|
| Part VII                                  | Investments-Other Securities See F   | orm 990, Part X, line 1                                    | 2. N/A   |
|   | (a) Description of security or category<br>(including name of security)  | (b) Book value   | (c) Method of valuation Cost or end-of-year market value |
| Financial d                               | erivatives and other financial products  |  |  |
| Closely-hel                               | d equity interests   |  |  |
| Other                                     |  |  |  |
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|   |  |  |  |
|   | mn (b) should equal Form 990 Part X, col (B) line 12)  |  |  |
| Part VIII                                 | Investments-Program Related (See   | Form 990, Part X, line                                     | 13) N/A  |
|   | (a) Description of investment type   | (b) Book value   | (c) Method of valuation                                  |
|   |  |  | Cost or end-of-year market value                         |
|   |  | <del> </del>   |  |
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|   |  | <del>         </del>                                       |  |
|   | in (b)(should equal Form 990, Part X, Col (B) line 13)   |  |  |
| Total Colum<br>Part IX                    | Other Assets (See Form 990, Part X   | line 15) N/A   | 420-1  |
|   | Other Assets (See Form 990, Part X   |  | (b) Book value   |
|   | Other Assets (See Form 990, Part X   | line 15) N/A   | (b) Book value   |
|   | Other Assets (See Form 990, Part X   | line 15) N/A   | (b) Book value   |
|   | Other Assets (See Form 990, Part X   | line 15) N/A   | (b) Book value   |
|   | Other Assets (See Form 990, Part X   | line 15) N/A   | (b) Book value   |
|   | Other Assets (See Form 990, Part X   | line 15) N/A   | (b) Book value   |
|   | Other Assets (See Form 990, Part X   | line 15) N/A   | (b) Book value   |
|   | Other Assets (See Form 990, Part X   | line 15) N/A   | (b) Book value   |
|   | Other Assets (See Form 990, Part X   | line 15) N/A   | (b) Book value   |
|   | Other Assets (See Form 990, Part X   | line 15) N/A   | (b) Book value   |
| Part IX                                   | Other Assets (See Form 990, Part X (a) D   | line 15) N/A escription                                    |  |
| Part IX                                   | Other Assets (See Form 990, Part X (a) D   | line 15) N/A escription  col (B), line 15)                 | (b) Book value   |
| Part IX                                   | Other Assets (See Form 990, Part X (a) D   | escription  N/A escription  ol (B), line 15) t X, line 25) |  |
| Total. Cold                               | Umn (b) Total (should equal Form 990, Part X, or Other Liabilities (See Form 990, Part X, or (a) Description of Liability  | line 15) N/A escription  col (B), line 15)                 |  |
| Total. Cold<br>Part X                     | Other Assets (See Form 990, Part X, (a) D  umn (b) Total (should equal Form 990, Part X, of Other Liabilities (See Form 990, Part X, of Other Liabilities) (See Form 990, Part X, of Other Liability) (See Form 990, Part X, of Other Liability | tol (B), line 15) t X, line 25) (b) Amount                 |  |
| Total. Cole Part X Federal In             | Umn (b) Total (should equal Form 990, Part X, or Other Liabilities (See Form 990, Part X, or (a) Description of Liability  | escription  N/A escription  ol (B), line 15) t X, line 25) |  |
| Total. Cole Part X Federal In             | Other Assets (See Form 990, Part X, (a) D  umn (b) Total (should equal Form 990, Part X, of Other Liabilities (See Form 990, Part X, of Other Liabilities) (See Form 990, Part X, of Other Liability) (See Form 990, Part X, of Other Liability | tol (B), line 15) t X, line 25) (b) Amount                 |  |
| Total. Cole Part X  Federal In            | Other Assets (See Form 990, Part X, (a) D  umn (b) Total (should equal Form 990, Part X, of Other Liabilities (See Form 990, Part X, of Other Liabilities) (See Form 990, Part X, of Other Liability) (See Form 990, Part X, of Other Liability | tol (B), line 15) t X, line 25) (b) Amount                 |  |
| Total. Cole Part X  Federal In            | Other Assets (See Form 990, Part X, (a) D  umn (b) Total (should equal Form 990, Part X, of Other Liabilities (See Form 990, Part X, of Other Liabilities) (See Form 990, Part X, of Other Liability) (See Form 990, Part X, of Other Liability | tol (B), line 15) t X, line 25) (b) Amount                 |  |
| Total. Cole Part X  Federal In            | Other Assets (See Form 990, Part X, (a) D  umn (b) Total (should equal Form 990, Part X, of Other Liabilities (See Form 990, Part X, of Other Liabilities) (See Form 990, Part X, of Other Liability) (See Form 990, Part X, of Other Liability | tol (B), line 15) t X, line 25) (b) Amount                 |  |
| Total. Cole Part X  Federal In            | Other Assets (See Form 990, Part X, (a) D  umn (b) Total (should equal Form 990, Part X, of Other Liabilities (See Form 990, Part X, of Other Liabilities) (See Form 990, Part X, of Other Liability) (See Form 990, Part X, of Other Liability | tol (B), line 15) t X, line 25) (b) Amount                 |  |
| Total. Cole Part X  Federal In            | Other Assets (See Form 990, Part X, (a) D  umn (b) Total (should equal Form 990, Part X, of Other Liabilities (See Form 990, Part X, of Other Liabilities) (See Form 990, Part X, of Other Liability) (See Form 990, Part X, of Other Liability | tol (B), line 15) t X, line 25) (b) Amount                 |  |
| Total. Cole Part X  Federal In            | Other Assets (See Form 990, Part X, (a) D  umn (b) Total (should equal Form 990, Part X, of Other Liabilities (See Form 990, Part X, of Other Liabilities) (See Form 990, Part X, of Other Liability) (See Form 990, Part X, of Other Liability | tol (B), line 15) t X, line 25) (b) Amount                 |  |
| Total. Cole Part X  Federal In            | Other Assets (See Form 990, Part X, (a) D  umn (b) Total (should equal Form 990, Part X, of Other Liabilities (See Form 990, Part X, of Other Liabilities) (See Form 990, Part X, of Other Liability) (See Form 990, Part X, of Other Liability | tol (B), line 15) t X, line 25) (b) Amount                 |  |
| Total. Colo<br>Part X Federal In<br>Other | Other Assets (See Form 990, Part X, (a) D  umn (b) Total (should equal Form 990, Part X, of Other Liabilities (See Form 990, Part X, of Other Liabilities) (See Form 990, Part X, of Other Liability) (See Form 990, Part X, of Other Liability | tol (B), line 15) t X, line 25) (b) Amount                 |  |

| _   |   | 75-010         | )1260          | Page 4      |
|-----|---|----------------|----------------|-------------|
| Par | t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements   |                | N/A            |             |
| 1   | Total revenue (Form 990, Part VIII,column (A), line 12)   |                |                |             |
| 2   | Total expenses (Form 990, Part IX, column (A), line 25)   |                |                |             |
| 3   | Excess or (deficit) for the year Subtract line 2 from line 1  |                |                |             |
| 4   | Net unrealized gains (losses) on investments  |                |                |             |
| 5   | Donated services and use of facilities  |                |                | <del></del> |
| 6   | Investment expenses   |                |                |             |
| 7   | Prior period adjustments  |                |                |             |
| _   | Other (Describe in Part XIV)  |                |                |             |
| 8   | Total adjustments (net) Add lines 4-8   |                |                | <del></del> |
| 9   |   |                |                |             |
| 10  | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9  | Dation         | 17.73          |             |
|     | t XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per   | Return         | N/A            |             |
|     | Total revenue, gains, and other support per audited financial statements  | 1              |                |             |
|     | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   | ļ              |                |             |
| a   | Net unrealized gains on investments   | '              |                |             |
| t   | Donated services and use of facilities. 2b  |                |                |             |
| C   | Recoveries of prior year grants   |                |                |             |
| C   | Other (Describe in Part XIV)  |                |                |             |
| e   | Add lines 2a through 2d   | 2e             | }              |             |
| 3   | Subtract line 2e from line 1 .  | 3              |                |             |
| 4   | Amounts included on Form 990, Part VIII, line 12, but not on line 1   |                | Ī              |             |
|     | Investments expenses not included on Form 990, Part VIII, line 7b   |                |                |             |
|     | Other (Describe in Part XIV)  | ヿ              |                |             |
|     | : Add lines <b>4a</b> and <b>4b</b>   | 4c             |                |             |
|     | Total revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12.)  | 5              |                |             |
|     | t XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses p  |                | Irn N/A        |             |
|     | Total expenses and losses per audited financial statements  | 1              | III N/A        |             |
|     |   | <del>'</del>   |                |             |
|     | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |                |                |             |
|     | a Donated services and use of facilities.   |                |                |             |
|     | Prior year adjustments 2b   | → '            | 1              |             |
|     | CLosses reported on Form 990, Part IX, line 25.   |                |                |             |
|     | d Other (Describe in Part XIV)  |                | -              |             |
|     | e Add lines 2a through 2d   | 2e             |                |             |
| 3   | Subtract line 2e from line 1 .  | 3              |                |             |
| 4   | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |                |                |             |
|     | Investments expenses not included on Form 990, Part VIII, line 7b   |                |                |             |
| ١   | Other (Describe in Part XIV)  |                |                |             |
| (   | Add lines <b>4a</b> and <b>4b</b>   | 4c             | :              |             |
| 5   | Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)   | 5              |                |             |
| Pa  | t XIV Supplemental Information  |                |                |             |
| Com | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b | : IV, lines    | s 1b and 2b, F | Part V,     |
|     |   |                |                |             |
|     |   |                |                |             |
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TEEA3304L 12/23/08

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Schedule **D** (Form 990) 2008

#### **SCHEDULE J-2** (Form 990)

#### **Continuation Sheet for Form 990**

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

Name of the Organization

Employler Identification number

Abilene Chamber of Commerce Part | Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated

75-0101260

| (A)                           | (B)                       |                               |                       |                  | C)    |                              |        | (D)   | (E)  | (F)  |
|-------------------------------|---------------------------|-------------------------------|-----------------------|------------------|-------|------------------------------|--------|---|--|--|
| Name and Title                | Average hours<br>per week | ndividual trustee or director |                       | oneck<br>Officer |       | hat employee                 | Former | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
|                               |                           | 1 trustee                     | Institutional trustee | L                | loyee | Highest compensated employee |        |   |  | organizations  |
| Windell Lowe<br>Director      | 1                         | X                             |                       |                  |       |                              |        | 0.  | 0.   | 0.   |
| Kyle R. McAlister<br>Director | 5                         | х                             |                       |                  |       |                              |        | 0.  | 0.   | 0.   |
| Doug McIntyre Director        | 5                         | x_                            |                       |                  |       |                              |        | 0.  | 0.   | 0.   |
| Amy Milam Director            | 11                        | x                             |                       |                  |       |                              |        | 0.  | 0.   | 0.   |
| Kim Nussbaum Director         | 1                         | Х                             |                       |                  |       |                              |        | 0.  | 0.   | 0.   |
| Daniel Ortiz Director         | 1                         | Х                             |                       |                  |       |                              |        | 0.  | 0.   | 0.   |
| Liz Phariss Director          | 5                         | х                             |                       |                  |       |                              |        | 0.  | 0.   | 0.   |
| Don Pittman Director          | 1                         | Х                             |                       |                  |       |                              |        | 0.  | 0.   | 0  |
| Darren Postelwait<br>Director | 1                         | х                             |                       |                  |       |                              |        | 0.  | 0.   | 0  |
| Phil Schubert Director        | 11                        | х                             |                       |                  |       |                              |        | 0.  | 0.   | 0  |
| Richard L. Spalding           | 1                         | Х                             |                       |                  |       |                              |        | 0.  | 0.   | 0  |
| Deidre Stockard<br>Director   | 1                         | Х                             |                       |                  |       | 1                            |        | 0.  | 0.   | 0  |
| Mike Warren<br>Director       | 5                         | х                             |                       |                  |       |                              |        | 0.  | 0.   | 0  |
|                               |                           |                               |                       |                  |       |                              |        |   |  |  |
|                               |                           |                               |                       |                  |       |                              |        |   |  |  |
|                               |                           |                               |                       |                  |       |                              |        |   |  |  |
|                               |                           |                               |                       |                  |       |                              |        |   |  |  |
|                               |                           |                               |                       |                  |       |                              |        |   |  |  |
|                               |                           |                               |                       |                  |       |                              |        |   |  |  |
|                               |                           |                               |                       |                  |       |                              |        |   |  |  |
|                               |                           |                               |                       |                  |       |                              |        |   |  |  |

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

2008

OMB No 1545 0047

Open to Public Inspection

**ջ** □ (h) Purpose of grant or assistance See Part IV Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form Employer identification number X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 75-0101260 (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? N/A N/A N/A N/A N/A (f) Method of valuation (book, FMV, appraisal, other) N/A N/A N/A 0. N/A 0. N/A (e) Amount of non-cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 36,050. 9,500. 20,600. 23,750 16,250. (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations Part I General Information on Grants and Assistance 75-0851900 75-6004978 75-2290138 75-6026849 75-2733048 (b) EIN 3 Enter total number of other organizations Abilene Chamber of Commerce 1 (a) Name and address of organization or government Abilene Philharmonic Orchestra 1 Center for Contemorary Arts Abilene Christian University I | | | | Name of the organization I ACU Box 29100 Grace Museum 102 Cypress 402 Cypress 220 Cypress Abilene, TX Abilene, TX Abilene, TX | | | | Abilene, TX Abilene, TX 102 Cedar NCCIL

Schedule I (Form 990) 2008

TEEA3901L 12/19/08

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Schedule I (Form 990) 2008

Part III

(f) Description of non cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Abilene Christian University - Grants assisted with a downtown art gallery, annual Part 1,2 - Procedures for monitoring the use of grant funds in the United States. \_\_Organizations\_are\_required\_to\_submit\_an\_evaluation\_within\_30\_days\_of\_the\_projects\_ Grants are only made to organizations that promote cultural tourism in the local The evaluation reports include a project budget along with actual revenues and expenditures along with demographic information about the audiences served. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients area or for cultural events in the area. - Part II - Purpose of grant or assistance Part IV - Additional Supplemental Information Sing Song and Shakespeare Festival. (a) Type of grant or assistance completion.

Schedule I (Form 990) 2008

2008

#### Schedule I, Part IV - Supplemental Information

Page 3

Client 120A

**Abilene Chamber of Commerce** 

75-0101260

5/17/10

09 05AM

#### Part IV - Additional Supplemental Information (continued)

Abilene Philharmonic Orchestra - Grants assisted with season and guest artist support and a music education program.

Center for Contemporary Arts - Grants assisted with organization support, marketing efforts and ArtReach program.

Grace Museum - Grants assisted with exhibition support, marketing efforts and school tours.

NCCIL (National Center for Children's Illustrated Literature) - Grants assisted with exhibit and organizational support.

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

Department of the Treasury Internal Revenue Service

**Transactions with Interested Persons** 

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Schedule L (Form 990 or 990-EZ) 2008

| iame of the organization   |                       |   |                                |                             |                         |                               | ployer id         |  |                           | mber     |                |                               |
|--|-----------------------|---|--------------------------------|-----------------------------|-------------------------|-------------------------------|-------------------|--|---------------------------|----------|----------------|-------------------------------|
| Abilene Chamber of Commerce  |                       |   |                                |                             |                         |                               | -010              |  |                           |          |                |                               |
| Part I Excess Benefit Transaction To be completed by organizations                 | ns (sect<br>that answ | ion 501<br>ered 'Yes'                         | (c)(3) ar<br>on Form 9         | nd section<br>190, Part IV, | 501(c)(4<br>line 25a oi | 4) organiza<br>r 25b, or Forn | ations<br>n 990-l | only<br>Z, Pa                          | ′).<br>rt V, lı           | ne 40    | b.             |                               |
| d (a) Name of discussional assume  | _                     |   |                                |                             |                         |                               |                   |  |                           |          | (c) Cor        | rected?                       |
| 1 (a) Name of disqualified person  | <u> </u>              |   |                                |                             | (b) Descriptio          | n of transaction              |                   |  | _                         |          | Yes            | No                            |
|  |                       |   |                                |                             |                         | <del>-</del>                  |                   |  |                           |          |                |                               |
|  |                       |   |                                |                             |                         | -                             |                   |  |                           |          |                |                               |
|  |                       |   |                                |                             |                         |                               |                   |  |                           |          |                |                               |
| 2 Enter the amount of tax imposed on th  | e organiza            | tion mana                                     | agers or d                     | squalified p                | ersons du               | ring the year                 | under             |  | _                         |          |                |                               |
| section 4958  3 Enter the amount of tax, if any, on line                           |                       |   |                                |                             |                         |                               |                   | ► \$<br>► \$                           |                           |          |                | _                             |
| Part II Loans to and/or From Inte<br>To be completed by organ<br>Part V, line 38a. | rested P              | ersons  | i.                             |                             |                         | Part IV, II                   | ne 26             |  | orm                       | 990      | EZ,            |                               |
| (a) Name of interested person and purpose  |                       | to or from<br>anization?                      | (c) C<br>principa              | Original<br>al amount       | ( <b>d)</b> B           | alance due                    | (e) In d          | efault?                                | (f) App<br>by box<br>comm | ard or   | (g) W<br>agree | ritten<br>ment?               |
|  | То                    | From  |                                |                             |                         |                               | Yes No            |  | Yes No                    |          | Yes            | No                            |
|  |                       |   | <del>-</del>                   |                             |                         |                               |                   |  |                           |          |                |                               |
|  |                       |   |                                |                             |                         |                               |                   |  |                           |          |                |                               |
|  |                       |   |                                |                             |                         |                               |                   |  |                           |          |                |                               |
|  |                       |   |                                | <b>▶</b> \$                 | l                       |                               | ļ                 |  |                           |          |                |                               |
| Part III Grants or Assistance Ben To be completed by organ                         | efitting l            | nterest<br>that ans                           | ed Person                      | ons.                        | orm 990                 | Part IV, I                    | ne 27             | ······································ |                           | •        | <u> </u>       |                               |
| (a) Name of interested person  |                       | (b) Relations                                 | the organiz                    | nterested persor<br>ation   | and                     | (c) A                         | mount of          | grant o                                | r type o                  | f assist | ance           |                               |
|  |                       |   |                                |                             |                         |                               |                   |  | -                         |          |                |                               |
|  |                       |   |                                |                             |                         |                               |                   |  |                           |          |                |                               |
|  |                       |   |                                |                             |                         |                               |                   |  |                           |          |                |                               |
|  |                       |   |                                |                             |                         |                               |                   |  |                           |          |                |                               |
| Part IV Business Transactions In To be completed by organ                          | volving l<br>izations | I <b>nterest</b><br>that ans                  | t <b>ed Pers</b> e<br>swered ' | <b>ons.</b><br>Yes' on Fo   | orm 990                 | , Part IV, I                  | ne 28             | 3a, 2                                  | 8b, o                     | r 28     | c.             |                               |
| (a) Name of interested person  | (b) R                 | telationship t<br>ested person<br>organizatio | and the                        | (c) Amou<br>transacti       | int of<br>on \$         | ( <b>d</b> ) Des              | cription          | of trans                               | action                    |          | organi         | aring of<br>zation's<br>nues? |
|  |                       |   |                                |                             |                         |                               |                   |  |                           |          | Yes            | No                            |
| No transactions meet the   |                       |   |                                |                             |                         |                               |                   |  |                           |          |                | Х                             |
| reporting thresholds   |                       |   |                                |                             |                         |                               |                   |  |                           |          |                | X                             |
|  |                       | _   |                                |                             |                         |                               |                   | -                                      |                           |          | <u> </u>       |                               |
|  | -                     |   |                                |                             |                         |                               |                   | 11                                     | _                         |          | <del> </del>   |                               |

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SCHEDULE R (Form 990)

Abilene Chamber of Commerce

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

2008

OMB No 1545-0047

Open to Public Inspection

Employer identification number 75-0101260

| Part I Identification of Disregarded Entities  |                          |   |                             |  |                               |
|--|--------------------------|---|-----------------------------|--|-------------------------------|
| (A) Name, address, and EIN of disregarded entity   | (B)<br>Primary activity  | (C) Legal domicile (state or foreign country) | ( <b>D)</b><br>Total income | (E)<br>End-of-year assets                        | (F) Direct controlling entity |
|  |                          |   |                             |  |                               |
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| Part II Identification of Related Tax-Exempt Organizations                                 | ıns                      |   |                             |  |                               |
| (A) Name, address, and EIN of related organization   | (B)<br>Primary activity  | (C) Legal domicile (state or foreign country) | (D)<br>Exempt Code section  | (E) Public charity status (if section 501(c)(3)) | (F) Direct controlling entity |
| Abilene Chamber of Commerce Foundation P.O. Box 2281                                       |                          |   |                             |  |                               |
| 1 (1).   | Promote economy          | XI  | 501 (c) (3)                 | 11a  | N/A                           |
| Abilene Industrial Foundation P.O. Box 2281  |                          |   |                             |  |                               |
| <u>Abilene, IX</u>   | Economic Dev.            |   | 501 (c) (6)                 | N/A  | N/A                           |
| No Transactions meet the reporting thresholds  |                          |   |                             |  |                               |
| <u>Abilene, TX</u>   | N/A                      | ΧŢ  |                             | (d), (n), (m)                                    | N/A                           |
|  |                          |   |                             |  |                               |
| BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | structions for Form 990. | 176   | TEEA5001L 12/23/08          | Schedu   | Schedule R (Form 990) (2008)  |

Schedule R (Form 990) 2008 Abilene Chamber of Commerce

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| (J)<br>General or<br>managing<br>partner?  | ٥<br>N      |       |   |  |                   |   |  |  |
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| Gener<br>mana<br>partr   | Yes         |       |   |  |                   |   |  |  |
| Code V-UBI<br>amount in Box<br>20 of Schedule<br>K-1   | (Form 1065) |       |   |  |                   | - |  |  |
| D<br>opor-<br>ate<br>nons?   | ž           |       |   |  |                   |   |  |  |
| Dispration tion  | Yes         |       |   |  |                   |   |  |  |
| (F) Share of total income Share of end-of-year Disproporassets  (G)  (H)  Disproporationale assets  allocations? |             |       |   |  |                   |   |  |  |
| (F)<br>Share of total income   |             | -44-4 |   |  |                   |   |  |  |
| (E) Predominant income (related, investment, unrelated)  |             |       |   |  |                   |   |  |  |
| (C) (D) Legal Direct domicile controlling entity (state or foreign   |             |       |   |  |                   |   |  |  |
| (C) Legal domicile (state or   | country)    |       |   |  |                   |   |  |  |
| (B) Primary Activity   |             |       |   |  |                   |   |  |  |
| (A) Name, address, and EIN of related organization   |             |       | 1 |  | 1 1 1 1 1 1 1 1 1 |   |  |  |

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|---|----------------------|---|------------------------------|-----------------------------------|-----------------------|---|-------------------------|
| ( <b>A)</b> Name, address, and EIN of related organization                                  | (b) Primary Activity | (C) Legal domicile (state or foreign country) | Direct<br>Controlling entity | Type of entity (C corp, or trust) | Share of total income | Primary Activity Legal domicile Direct Type of entity (C corp., S corp., S corp.)  (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | Percentage<br>ownership |
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| Commerce   | us.  |  |
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| o f  | atio   |  |
| Chamber  | l Organiza                                     |  |
| Abilene  | ith Related                                    |  |
| Schedule R (Form 990) 2008 Abilene Chamber of Commerce | Part V Transactions With Related Organizations |  |

| Note Complete line 1 if any entity is listed in Parts II, III, or IV  |                              | _                      | Yes      | ŝ   |
|---|------------------------------|------------------------|----------|-----|
| 1 During the tax year did the prognization engage in any of the following transactions with one or more related organizations listed in Parts II-IV                           | >                            |                        | _        | -   |
| e   |                              | 1a                     |          | ×   |
| b Citi grant or capital contribution to other organization(s)   |                              | 1<br>P                 |          | ×   |
| c C.H. crapt or capital contribution from other organization(s)   |                              | 10                     | ×        |     |
| יין, שומוני, כו כמסיום כסונים מתוכים של מיין מיין מיין מיין מיין מיין מיין מיי  |                              | 7                      |          | >   |
| d Loans or loan guarantees to or for other organization(s)  |                              | 2                      |          | : ۵ |
| e Loans or loan guarantees by other organization(s)   |                              | 9                      |          | ×   |
|   |                              |                        | 1        | -   |
| f Sale of assets to other organization(s)   |                              | 1                      |          | ×   |
|   |                              | ,                      |          | >   |
| g Purchase of assets from other organization(s)   |                              | S :                    | +        | ; > |
| h Exchange of assets  |                              | _                      | +        | ×   |
| i Lease of facilities, equipment, or other assets to other organization(s)  |                              | =                      |          | ×   |
|   |                              |                        |          | -   |
| i Lease of facilities, equipment, or other assets from other organization(s)  |                              | 1j                     |          | ×   |
| k Performance of services or membership or fundraising solicitations for other organization(s)  |                              | <b>+</b>               |          | ×   |
|   |                              | F                      | <u> </u> | ×   |
| B Charmon of facilities equipment, mailton lists or other assets  |                              | E                      | ×        |     |
|   |                              | ,                      | >        |     |
| n Sharing of paid employees   |                              | =                      | 4        | Γ   |
|   |                              | ,                      | - -      | >   |
| o Reimbursement paid to other organization for expenses   |                              | •                      | +        | <   |
| p Reimbursement paid by other organization for expenses   |                              | Jp                     | ×        |     |
|   |                              |                        |          |     |
| <b>q</b> Other transfer of cash or property to other organization(s)  |                              | 19                     |          | ×   |
| r Other transfer of cash or property from other organization(s)   | •                            | 1                      |          | ×   |
| 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | and transaction threshold    | qs                     |          |     |
|   |                              |                        |          |     |
| (A) Name of other organization  | (B) Transaction / type (a-r) | (C)<br>Amount involved | ivolved  | -   |
| (1) Abilene Industrial Foundation   | O                            | 51                     | 1,552    | 2.  |
|   |                              |                        |          |     |
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| (c)   |                              |                        |          |     |
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Schedule R (Form 990) 2008 Abilene Chamber of Commerce

# Part VI Unrelated Organizations Taxable as a Partnership

| r gross  |   |  |
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| ership through which the organization conducted more than five percent of its activities (measured by total asset or gross |   |  |
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| owing info   | ) that was not a rel                              |  |
| te the foll  | ue) that w  |  |
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| Name address and FIN of entity          | (B) | (C)                           | ( <b>D</b> )<br>Are all part           | ners Share    | (E)<br>Share of end-of-vear | (F)                     | oor- Code V | (G)<br>V-UBI amount          | (H)<br>General or | al or        |
|---|-----|-------------------------------|--|---------------|-----------------------------|-------------------------|-------------|------------------------------|-------------------|--------------|
|   |     | (State or Foreign<br>Country) | section<br>501(c)(3)<br>organizations? | )<br>IIS?     | assets                      | tionate<br>allocations? | te In Sch   | Schedule K-1<br>Form (1065)  | mana<br>partn     | ging<br>ier? |
|   |     |                               | Yes                                    | No            |                             | Yes                     | No<br>No    |                              | Yes               | S<br>S       |
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| ВАА                                     |     | TEEA5004L 01/21/09            |  |               |                             |                         | Sch         | Schedule R (Form 990) (2008) | (066 1            | (2008)       |

# SCHEDULE O (Form 990)

#### **Supplemental Information to Form 990**

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

| Abilene Chamber of Commerce | 75 | 010                                     | 1260                                  |
|-----------------------------|----|---|---------------------------------------|
| On the second of the short  |    |   |                                       |
| See comments attached.      |    |   |                                       |
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#### Form 990, Part III, Line 4d - Other Program Services Description

Military Affairs – A program to promote goodwill between the City and personnel at Dyess Air Force Base. The program sponsors an annual barbecue for active duty military personnel and their families and Department of Defense employees and their families. The program also seeks to increase the mission of the base, thereby creating local jobs and a stable economy. (Expenses \$87,645 including grants of \$-0-) (Revenue \$88,675)

Governmental Affairs – A program to increase the visibility of Abilene in the state legislature and provide timely information about laws or regulations affecting state agencies with locations in Abilene that might impact the local economy and to provide forums to educate the local business community about legislative issues. (Expenses \$43,154 including grants of \$-0-) (Revenue \$-0-).

Business and Member Services – Various programs to provide leadership training, seminars, networking opportunities and other services to promote growth in the local business community. (Expenses \$66,074 including grants of \$-0-) (Revenue \$-0-)

#### Form 990, Part VI, Section A, 1 – Authority delegated by the governing body

The Executive Committee shall act for and on behalf of the Board of Directors when the Board is not in session but shall be accountable to the Board of Directors for its actions. The Executive Committee shall be composed of the Chair, Immediate Past Chair, Chairelect, Secretary / Treasurer, Chair of all Affiliates / Councils / Standing Committees and three members at large appointed by the Chair and approved by the Board of Directors from among the members of the Board. The President is a non-voting member of the Executive Committee.

Form 990, Part VI, Section A, 2 – Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?

Yes - the mission of the Abilene Chamber of Commerce is to promote the economy and quality of life in Abilene, Texas. Abilene is a community with a population of approximately 116,000. The Abilene Chamber of Commerce is a membership organization comprised of about 1,200 businesses with about 1,900 representatives associated with those businesses.

The Abilene Chamber of Commerce Board is a large board of 40 voting members and another 20 ex-officio members who all have the common goal of bettering the community for all businesses and citizens. Therefore, in a community our size, it is inherent that there may be business or family relationships.

#### 75-0101260

Ron Butler, the Chair-Elect of the Chamber, is the President and CEO of First Financial Bank of Abilene. Directors Tim Collard and Daniel Ortiz are employees of First Financial Bank of Abilene.

# Form 990, Part VI, Section A, 6 – Does the organization have members or stockholders?

Yes - the Chamber is a membership based organization. Any person, or any association, corporation, partnership, estate or other legal entity having an interest in the objectives of the Chamber shall be eligible to apply for membership in the Chamber. Applications for membership are in writing and signed by the applicant. Election of member shall be by the Board of Directors at any meeting. Any applicant so elected shall become a member upon payment of the regularly scheduled investment.

# Form 990, Part VI, Section A, 7(a) – Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

Yes - the membership is notified that nominations are requested for all vacancies in positions on the Board of Directors. In addition, the Chair creates a Nominating Committee. The Nominating Committee considers those names submitted by the membership at large and any others who are current member representatives. The Nominating Committee presents to the President a slate of candidates to replace the directors and officers whose regular terms are expiring. Each candidate must be an active member representative in good standing and must have agreed to accept the responsibility of a directorship.

Upon receipt of the report of the Nominating Committee, the President notifies the membership of the names of persons nominated to serve as directors and the right of petition.

Additional names of candidates for directors may be nominated by petition bearing the genuine signatures of at least twenty-five qualified members of the Chamber. The petition shall be accompanied by a signed form stating the nominee's willingness to serve on the Board of Directors. The determination of the Nominating Committee as to the legality of the petition(s) shall be final. If no petition is filed within the designated period, the nominations shall be closed and the nominated slate of directors shall be declared elected by the Board of Directors. If a legal petition shall present additional nominations, the names of all director nominations are arranged on a ballot in alphabetical order.

The President sends this ballot to all active members at least fifteen days before the regular September meeting of the Board of Directors. The ballots are marked in accordance with instructions printed on the ballot and returned to the Chamber office. The Board of Directors at its regular September meeting declares that the director nominees with the greatest number of votes are elected.

#### Abilene Chamber of Commerce Schedule O – Supplemental Information to Form 990

Form 990, Part VI, Section A, 7(b) – Are any decisions of the governing body subject to approval by the members, stockholders or other persons?

Special meetings of the membership may be called by the Chair at any time, or upon petition in writing by any 10% of the existing members in good standing. Notice of special meetings of the membership shall be sent to each member at least five (5) days prior to such meetings.

Form 990, Part VI, Section A, 10 - Was a copy of the form 990 provided to the organization's governing body before it was filed?

The entire governing body did not review the Form 990 before it was filed. However, the Board's Executive Committee authorized the Board Officers (Chair, Chair-Elect, Secretary/Treasurer, Past Chair and President) to review and approve the Form 990 before submission to the Internal Revenue Service by the extended due date of May 17, 2010.

Form 990, Part VI, Section B, 12 (b) – Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? & 12(c) Does the organization regularly and consistently monitor and enforce compliance with the policy?

The Abilene Chamber of Commerce adopted a Conflict of Interest Policy in September 2007 which applies to both members of the Board of Directors and employees. Presently, a new board member is asked to sign a copy of the policy prior to beginning his/her term on the board and employees are asked to sign a copy upon hiring. Annual updates are not required but are intended for the duration of service as a Board member or employment.

Prior to any votes on resources or policies that could lead to a Conflict of Interest, Directors are asked if they have a conflict with any of the financial decisions, policies or issues and, therefore, need to abstain from voting.

Form 990, Part VI, Section B, 15 (b) – Describe the process for determining compensation.

The Board of Directors shall employ a President and shall fix considerations of employment. Annual evaluation, salary and benefits review and adjustments for the President will be conducted by the Chair, Chair-elect and past Chair.

The President shall assign duties and fix salaries and benefits for all employees of the Chamber and its Affiliates in accordance with policies approved by the Board of Directors. Annual salary and benefit adjustments of employees of the Chamber and its Affiliates shall be reviewed by the Chair, Chair-elect and Secretary/Treasurer prior to implementation. Performance and budgetary constraints will be considered in any salary and benefit adjustments.

#### Abilene Chamber of Commerce 75-0101260 Schedule O – Supplemental Information to Form 990

Form 990, Part VI, Section C, 15 (b) – Describe whether (and if so, how), the organization makes its governing documents, conflict of interest policy and financial statements available to the public.

The Abilene Chamber of Commerce will make any of these documents available to the public and its members upon request. Requests are referred to the Vice-President, Administration who responsible for ensuring such requests are met in a timely manner.

#### Form 990, Part XI, 2 (c) - Financial Statements and Reporting

The selection of the independent auditors is approved by the Executive Committee and the engagement is usually for a three year-term. The audited financial statements are presented at the January Board of Directors meeting for approval by the entire governing body.