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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| <u>A</u> | For th | ne 2009 ca | alendar | year, or tax year beginning | 09/01 | , 2009, and e | | | 3/31 | , 20 10 | |
|--------------------------------|-----------|--|----------------------|--|-------------------------------|------------------------------|----------------|-------------|---------------------|---|--------------|
| В | Check if | applicable | Please | C Name of organization America | an Bankers Assoc | . Education | Founda | tion _ | D Emplo | oyer identification num | nber |
| | Address | s change | use IRS label or | Doing Business As | | | | | 83 | 0397856_ | |
| | | change | print or | | is not delivered to street ac | Idress) Roo | m/suite | | E Telepi | hone number | |
| | nitial re | | type See | 1120 CONNECTICUT AVE | , NW | | | | (202) |) 663-5054 | |
| | ermina | | Specific Instruc- | | ıd ZIP + 4 | | _ | | | | |
| | | ed return | tions. | WASHINGTON, DC 20036 | | | | | G Gross | receipts \$ 6,499,6 | 638 |
| | | on pending | F Nan | me and address of principal officer | VIRGINIA DEAN | | 1 | I(a) is the | a oroup rotu | um for affiliates? Yes | |
| | чрысан | on pending | 1 | CONNECTICUT AVE, NW, W | | 20036 | | | | | ⊒No N |
| $\overline{}$ | Tax-ex | empt status | | 501(c) (3)◀ (insert no.) | | | | | | a list (see instructions) | |
| _ | | | | BA.COM/ABAEF/default.htm | | | | | exemption n | | |
| | | | | · · · · · · · · · · · · · · · · · · · | ther > | L Year of fo | | 2004 | | of legal domicile DC | |
| | rt I | Summ | | Granding Host Employment E of | | 1 - 10 - 10 | | 2004 | | | |
| L | _ | | | | | | | | | | |
| | 1 | | | the organization's mission of | | | | | · · · · · · · · · · | | • • |
| ě | | | | BUILD A GENERATION OF | | | | LINDED | CTAND | INC OF BERCONA | |
| au | | | | ANKERS ASSOCIATION ED | •••• | | | | | | <u> </u> |
| ern | | ••••• | | FINANCIAL SERVICES BY | | | | | | JMIC SYSTEMS. | - - |
| ò | 2 | Check this | s box ► l | ☐ If the organization discontinued | its operations or dispos | ed of more than | 25% of its | s net ass | | 1 | |
| æ | 3 | Number (| of votir | ng members of the governing | g body (Part VI, line | e 1a) | | | . 3 | | 12 |
| es | 4 | Number | of inde | pendent voting members of | the governing bod | y (Part VI, lin | e 1b) . | | | <u> </u> | 12 |
| Activities & Governance | 5 | Total nur | mber of | f employees (Part V, line 2a) | | | | | . 5 | | 0 |
| Act | 6 | Total nur | mber of | f volunteers (estimate if nece | essary) | | | | . 6 | 20,0 | 000 |
| ٠, | | | | elated business revenue from | | | | | 7a | | 0 |
| | | | | usiness taxable income from | | | | | 7b | | 0 |
| | | | | 110 | | S | | Pnor Y | ear | Current Year | |
| | 8 | Contribut | tions ar | nd grants (Part VIII, Jine 1h) | | 2,500 | 4,: | 388 | | | |
| Revenue | 0 | Drogram | conuce | e revenue (Part VIII, ine 1h) | 11 1 4 2011 1 | Ġ. | | | 209,166 | | |
| Ven | 9 | Program | Service | revenue (Part VIII) mile 29/C | ! □ . º | <u> </u> | • | | 26,659) | | |
| Re | יטו | investme | int inco | ome (Part VIII, Columni (A), iin | es 3, 4, and | | • | | 56,518 | | 909 |
| | 11 12 | Total reve | venue (I | Part VIII, column (A), lines 5, add lines 8 through 11 (must e | de oc. 9c, juc, a | nd (le) . re#At line 12 ì | . ├── | 12 | 358,475) | · · · · · · · · · · · · · · · · · · · | |
| | | | | \ <u></u> | | | ' | | 20,410/ | 300, | 510 |
| | | | | ilar amounts paid (Part IX, co | | 3) | | | | | |
| ý | | | - | or for members (Part IX, co | | 244.070 | 240 | 404 | | | |
| Expenses | | | | ompensation, employee benefi | | 314,670 | 340,4 | 491 | | | |
| çpe | 16a | Profession | onal fun | ıdraısıng fees (Part IX, column | (A), line 11e) | | ļ | | | | , |
| Œ | b | Total fund | draising | g expenses (Part IX, column (D) |), line 25) ▶ | | | | | | |
| | 17 | Other exp | penses | s (Part IX, column (A), lines 1 | 1a-11d, 11f-24f) . | | | | 291,107 | | |
| | | | | . Add lines 13-17 (must equa | | A), line 25). | . — | | 605,777 | | |
| | 19 | Revenue | less exp | penses. Subtract line 18 from | line 12 | | - | | 964,252) | | <u>678</u> |
| s or | | | | | | | Begin | ning of C | urrent Year | r End of Year | |
| set | 20 | Total ass | ets (Pa | art X, line 16) | | | | 6, | <u>517,452</u> | 6,495, | <u> 306</u> |
| A P | 21 | Total liab | olities (l | Part X, line 26) | | | | | 111,535 | 56, | 382 |
| Net Assets or Fund Balances | 22 | Net asse | ts or fu | und balances Subtract line 2 | 1 from line 20 | | | 6, | 405,917 | 6,438, | 924 |
| Pa | rt II | Sign | ature | Block | | | | | | | |
| | | Under pe | nalties of | f perjury, I declare that I have examin | ed this return, including | accompanying s | chedules | and stater | ments, and | to the best of my know | ledge |
| | | and belie | et, it is tru | ie correct, and complete Declaratio | n of preparer (other than | officer) is base | d on all inf | rormation | of which p | reparer has any knowle | eage: |
| Sig | n | | Ko | but to lades | | | | 1 6 | 6-23. | -11 | |
| Hei | | Signa | ature of c | officer | | | | Dat | e | | |
| | . • | ▶ Rob | oert G | Eady, CFO | | | | | | | |
| | | — | | name and title | | | | | | | |
| | | • • • • • • • • • • • • • • • • • • • | <u> </u> | | | Date | Check if | f | Preparer's | identifying number | |
| | | Preparer's | | | | 54.0 | self- | | (see instru | | |
| Paid | ! | Jagnature | | | | | employe | ea 🟲 🗀 | | | 1 |
| Prep | arer's | Formula | / | | | | | r | | | ` |
| - | Only | Firm's na | | ours | · · · · · · | | | EIN | | i | 1 |
| | | address, | | + 4 💆 | | | | Phone n | o > (|) | |
| May | / the | IRS discu | use this | s return with the preparer shi | own above? (see ir | estructions) | | | | ☐ Ves ☐ | No |





Form 990 (2009) Page **2**

| Par | t III Statement of Program Service Accomplishments |
|-----|---|
| 1 | Briefly describe the organization's mission: |
| | WORKING TO BUILD A GENERATION OF WELL INFORMED CONSUMERS. |
| | AMERICAN BANKERS ASSOCIATION EDUCATION FOUNDATION (ABAEF) PROMOTES UNDERSTANDING OF |
| | PERSONAL BANKING AND FINANCIAL SERVICES BY ENHANCING THE PUBLIC KNOWLEDGE OF ECONOMIC |
| | SYSTEMS. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes V No |
| | |
| _ | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | services? |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses |
| 7 | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and |
| | allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| | |
| 4a | (Code:) (Expenses \$105,175 including grants of \$) (Revenue \$38,850) |
| | CONSUMER EDUCATION AND TRAINING: |
| | ABA EDUCATION FOUNDATION DEVELOPS BOOKLETS AND MATERIALS THAT HELP BANKERS PROVIDE |
| | FINANCIAL EDUCATION IN THEIR COMMUNITIES. AS THE BANKING INDUSTRY HAS EVOLVED, SO HAVE THE |
| | PRODUCTS OFFERED AND THE NUMBER OF PRODUCTS. IT IS IMPORTANT FOR CONSUMERS TO UNDERSTAND |
| | THEIR CHOICES. |
| | THESE ACTIVITIES EDUCATE AND INFORM MEMBERS ABOUT THE BANKING INDUSTRY, CHANGES IN BANKING |
| | PRACTICES AND ISSUES REGARDING PERSONAL FINANCE AND THE RECESSION, NEW CREDIT CARD ACT. |
| | HOMEOWNERSHIP INFORMATION, AND BANKING SAFETY TIPS INCLUDING ATMS, CURRENT CONSUMER SCAMS, |
| | IDENTITY THEFT, PHISHING SCAMS AND PREDATORY LENDING. |
| | |
| | |
| 4b | (Code:) (Expenses \$ 204,379 including grants of \$) (Revenue \$ 75,494) |
| | TEACH CHILDREN TO SAVE: |
| | THE TEACH CHILDREN TO SAVE PROGRAM HAS PARTNERED BANKS WITH STUDENTS FOR LESSONS ON THE |
| | IMPORTANCE OF SAVINGS. THE PROGRAM'S GOAL IS TO ENCOURAGE BANKERS TO REACH 5 MILLION |
| | STUDENTS BEFORE THE END OF 2011, THE 15TH ANNIVERSARY OF TEACH CHILDREN TO SAVE. |
| | "MONEY TALKS" NEWSLETTER FOR YOUNGSTERS THAT CENTERS ON THE POWER OF SAVING AND BUDGETING |
| | FOR BEGINNERS. IT FEATURES A FUN CROSSWORD PUZZLE, A FAMILY BUDGETING WORK SHEET AND |
| | GLOSSARY. BANKS ARE JOINING IN TO SPREAD THE SAVINGS MESSAGE AT SCHOOLS THROUGHOUT THE |
| | COUNTRY. |
| | |
| | |
| | |
| 40 | (Code:) (Expenses \$ 83,748 including grants of \$) (Revenue \$ 30,935) |
| | GET SMART ABOUT CREDIT: |
| | GET SMART ABOUT CREDIT IS A NATIONAL FINANCIAL EDUCATION PROGRAM THAT HELPS BANKERS TEACH |
| | YOUNG ADULTS THE ABCs OF WISE CREDIT USE. |
| | FOR SEVEN YEARS THE GET SMART ABOUT CREDIT PROGRAM HAS PARTNERED BANKS WITH YOUNG ADULTS |
| | FOR LESSONS ON THE RESPONSIBLE USE OF CREDIT. BANKS ARE JOINING IN TO EDUCATE YOUNG ADULTS |
| | THROUGHOUT THE COUNTRY ON THE RESPONSIBILITIES OF CREDIT. |
| | "MONEY TALKS" NEWSLETTER FOR YOUNG ADULTS THAT FOCUSES ON USING CREDIT RESPONSIBLY |
| | |
| | |
| | |
| | |
| 4d | Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ► 393,302 |

Form 990 (2009) Page **3**

| Pai | The Checklist of Required Schedules | | r | |
|-----------|---|--------------|--|------------|
| | | | 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 | 1 | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | \ |
| 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 | | ✓ |
| 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 | N. | 'A |
| 6 | Did the organization maintain any donor advised funds or any similar funds or 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 | | |
| 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 | | √ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | ✓ |
| 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 | | ✓ |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | ✓. | |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable | 11 | 1 | |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | | 41.6.4. | 2** |
| • | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | , , | 3 % |
| • | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | , *** , 2 |). 10 10 10 10 10 10 10 10 10 10 10 10 10 | - |
| • | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | " " " " " " " " " " " " " " " " " " " | |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | ٠, | , |
| • | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | , ,, | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. | 12 | 5 | √ |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | *** | | |
| 13 14a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? | 13 14a | | √ |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | √ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | 1 |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | <u> </u> |
| 17 | to individuals located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | 16 | | <u>▼</u> |
| 18 | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 17 | | <u>√</u> |
| 19 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | · v |
| 20 | If "Yes," complete Schedule G, Part III | 19 20 | | ✓ |

| Pa | t IV Checklist of Required Schedules (continued) | | | |
|--------|---|------------|-----|------------------|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | 1 |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 1 |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | ✓ | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | 1 |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | ✓_ |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | 1 |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | - |
| 25a | 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 | | 1 |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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 | | 1 |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III. | 27 | | ✓ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | ده الماري مسم |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | √ |
| С | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | 1 |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | ✓ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 30 | | 1 |
| 31 | conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | <u> </u> |
| 20 | | 31 | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | ✓ |
| 33 | sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | ✓ |
| 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 | 1 | |
| 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 | 1 | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | 1 | |
| 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 | | 1 |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note . All Form 990 filers are required to complete Schedule O | 38 | 1 | |

| orm | 990 (2009) | | Р | age 5 |
|-----------|--|------|----------|------------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | | | 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 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | ,: " | | . |
| С | | | 2-2- | لـــا |
| | gaming (gambling) winnings to prize winners? | 1c | ✓ | - |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 7.8 | . २ | - |
| L | Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | N | 'A |
| D | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see | | | - |
| | instructions) | ~, | | ! ! |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by | | | ذ ہے ۔۔ |
| | this return? | 3a | N | <u>√</u> |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | ^ |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | ſ |
| h | If "Yes," enter the name of the foreign country: ► N/A | | - | |
| b | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank | , T | | ĺ |
| | and Financial Accounts. | × | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a_ | | ✓_ |
| b | | 5b | | <u>√</u> |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | N | 'A |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | | <u>√</u> |
| | organization solicit any contributions that were not tax deductible? | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | N/ | A |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | - | , 1 |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | 7a | | |
| | and services provided to the payor? | 7b | N/ | - |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | - ' | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes" indicate the number of Forms 8282 filed during the year. 7d N/A | 7c | | √ |
| | in res, indicate the number of rorms ozoz med during the year | , | | 1 |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | 1 |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | <u>✓</u> |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . | 7g | N | Α |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | N/ | Α |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | 1 |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | - Ñ | <u>_</u> |
| | organization, have excess business holdings at any time during the year? | 8 | - 194 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 9a | - N/ | _ ^{_ ;} |
| a | Did the organization make any taxable distributions under section 4966? | 9b | N/ | |
| ь 10 | Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: | | | |
| a a | Initiation fees and capital contributions included on Part VIII, line 12 | | | ; |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A | | | • |
| 11 | Section 501(c)(12) organizations. Enter: | | | ĺ |
| | Gross income from members or shareholders | ,* | | - |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | _ | | - |
| | amounts due or received from them.) | | | لـــ ، |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b N/A | 12a | N/ | <u>~</u> |

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and

| | for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, Schedule O. See instructions. | or c | hang | es ır |
|----------|--|-------------------|-----------|-------------|
| Sac | tion A. Governing Body and Management | | | |
| <u> </u> | tion A. Governing body and Management | _ | Yes | No |
| 1a | Enter the number of voting members of the governing body | ٠. | 3 | |
| b | Enter the number of voting members that are independent | . , | : | * |
| 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? | 2 | | ✓_ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | _✓ |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | 1 | |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | ✓ |
| 6 | Does the organization have members or stockholders? | 6 | ✓ | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | | | |
| | of the governing body? | 7a | ✓ | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | ✓ | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | , \ | , , | 2 |
| | the year by the following: | م مالگانسا أنف | شست | |
| а | The governing body? | 8a | ✓ | |
| | Each committee with authority to act on behalf of the governing body? | 8b | _ ✓ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | | | |
| | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9a | | _✓_ |
| | tion B. Policies (This Section B requests information about policies not required by the Inte | ernal | | |
| Rev | enue Code.) | | | |
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | |
| þ | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | | N | Α |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | | | , |
| | form? | 11 | | . ✓ |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 10- | | |
| 12a | | 12a | ✓ | |
| ь | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | 406 | / | |
| | rise to conflicts? | 12b | √ | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 12c | 1 | |
| 42 | describe in Schedule O how this is done | 13 | 1 | |
| 13 | Does the organization have a written whistleblower policy? | 14 | 1 | |
| 14 | · · · · · · · · · · · · · · · · · · · | - 2, | , | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | ^ | |
| _ | The organization's CEO, Executive Director, or top management official | 15a | | 1 |
| | Other officers or key employees of the organization | 15b | | <u> </u> |
| U | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | · . · ; | y 18. 19. | _ <u></u> - |
| 162 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 2,-5 | ^, | 3 ~ |
| 100 | with a taxable entity during the year? | 16a | 4 | 1 |
| ь | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | î, , | , | |
| D | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | , | f | |
| | the organization's exempt status with respect to such arrangements? | 16b | N/ | ٩ |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ NONE | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or | :)(3)s | only) | |
| | available for public inspection. Indicate how you make these available. Check all that apply. | | | |
| | Own website Another's website Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict | of inte | erest | |
| | policy, and financial statements available to the public. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and reco organization. Barry Epstein, 1120 Connecticut Ave, NW, Washington, DC 20036 (202)663-5054 | rds o | f the | |

Form 990 (2009) Page **7**

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☑ Check this box if the organization did not compensate any current officer, director, or trustee.

| Check this box if the organization did not co | mpensate (B) | | | | | | | | (D) (E) (F) | | | |
|---|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--|--|--|
| (A) Name and Title | Average | Posit | on /r | | • | that ap | nlv) | Reportable | (E) Reportable | (r) Estimated | | |
| | hours per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations | | |
| Nicki P. Brown Board Member | 1 | 1 | | | | | | 0 | 0 | 0 | | |
| Julie Cripe Board Member | 1 | 1 | | | | | | 0 | 0 | 0 | | |
| Todd Earl Board Member | 1 | 1 | | | | | | 0 | 0 | 0 | | |
| Robert R. Jones, III Board Member | 1 | 1 | | | | | | 0 | 0 | 0 | | |
| Warren K.K. Luke Board Member | 1 | 1 | | | | | | 0 | 0 | 0 | | |
| Erica Opstad Board Member | 1 | 1 | | | | | | 0 | 0 | 0 | | |
| Donna J. Petrocco Board Member | 1 | 1 | | | | | | 0 | 0 | 0 | | |
| Austin L. Roberts, III Board Member | 1 | 1 | | | | | | 0 | 0 | 0 | | |
| Teresa L. Ziebarth Board Member | 1 | 1 | | | | | | 0 | 0 | 0 | | |
| William R. White Board Member | 1 | √ | | | | | | 0 | 0 | 0 | | |
| Natalie Abatemarco Chair | 1 | | | ✓ | | | | 0 | 0 | 0 | | |
| Jennifer Jolley Vice Chair | 1 | | | ✓ | | | | 0 | 0 | 0 | | |
| Virginia Dean Executive Director | 1 | | | | ✓ | | | 0 | 308,385 | 157,689 | | |
| Laura Fisher Director | 19 | | | | | 1 | ! | 0 | 103,179 | 26,244 | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| Part | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | (conti | nued) | | |
|------|---|------------------------------|--------------------------------|-----------------------|-------------|--------------|------------------------------|----------|--|--|--------|--|-------------------------------|
| | (A) | (B) | | | (0 | C) | | | (D) | (E) | | (F) | |
| | Name and title | Average hours per week | | - ` | _ | _ | that ap 일품 | <u> </u> | Reportable compensation from | Reportable compensation from related | | Estima amoun othe | t of |
| | | | Individual trustee or director | institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MIS | • | compens from to organize and reli organize | ation the ation ated |
| | | | | | | | | | | _ | | | |
| | | | | | | • | | | | _ | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | ! | | | | | | |
| 1b T | otal | | . | • | | | | | 0 | 411,5 | 64 | 18 | 3,934 |
| | otal number of individuals (including but i | | | ose | liste | ed a | bove |) wh | no received mo | ore than \$100 | 0,000 | in | |
| | | | | | | | | | | | | Ye | s No |
| | old the organization list any former office imployee on line 1a? If "Yes," complete S | | | | | | | oye | e, or highest c | ompensated | | 3 | - 7 |
| 4 F | for any individual listed on line 1a, is the she organization and related organizations | sum of repo | ortabl ın \$15 | e co 50,0 | omp 100? | ens | ation Yes," | and | d other compe mplete Schedu | nsation from le J for such | | | |
| 5 [| ndividual Did any person listed on line 1a receive | or accrue | comp | pen: | satıo | on f | rom : | any | unrelated org | anization for | | 4 🗸 | |
| | ervices rendered to the organization? If " on B. Independent Contractors | Yes," comp | olete 3 | Scn | eau | ie J | tor s | ucn | person . | · · · | | 5_ | - ✓ |
| 1 (| Complete this table for your five highest compensation from the organization. | ompensate | d ind | ере | nde | nt c | ontra | cto | rs that receive | d more than | \$100, | 000 of | |
| | (A) Name and business add | iress | | | | | | | (B) Description of s | ervices | Co | (C) | on . |
| NON | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | otal number of independent contractors (in nore than \$100,000 in compensation from | | | | | | | liste | ed above) who | received | | | |

| | 90 (20 | | | | | | - | | I | Page 9 |
|--|-----------------------|---|-----------------------|--------------------------------------|--|-----------------------------|--------|--|---|--|
| | t VIII | Statement of Re | evenue | | | (A Total re | | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, gifts, grants and other similar amounts | b c d e f | Federated campaigns Membership dues Fundraising events . Related organizations Government grants (contr All other contributions, gifts, and similar amounts not includ Noncash contributions include Total. Add lines 1a–1f | grants, ided above | 1a 1b 1c 1d 1e 1f: \$ | 4,388 | | 4,388 | | , , | |
| | '' | Total. Add liftes 1a-11 | | | Business Code | | 7,500 | | , , | |
| anu e | | CONSUMER EDUCAT | TION | | 611710 | | 38,850 | 38,850 | | |
| Şe. | 2a | TEACH CHILDREN TO | | | 611710 | | 75,494 | 75,494 | | |
| 9 | b | GET SMART ABOUT | . | | 611710 | | 30,935 | 30,935 | | |
| Ž | C | | | •••• | | | | | | |
| Š | a | | | | | | | * | | |
| Program Service Revenue | e f | All other program servi | ce revenue | , | | | - | | | |
| õ | , . | Total. Add lines 2a-2f | ico revenue | ٠ . ا | • | 1 | 45,279 | 77. | | |
| | 3 | Investment income (incother similar amounts) Income from investment of | | | i, interest, and | | 17,764 | · * | | 217,764 |
| | 5 | Royalties | () () | | () D | - AC 2 % | | 2*40 #% | <u> </u> | £ |
| | b | Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (li | (i) Real | | (ii) Personal | | - | | | |
| | | • | (i) Securitie | | (ii) Other | 5 3 3 | ** * | | | 2 |
| | | Gross amount from sales of assets other than inventory | 6,066 | | (ii) Other | | | | | |
| | С | Less. cost or other basis and sales expenses . Gain or (loss) . Net gain or (loss) | | 5,716 1,036 | • | 5 | 01,036 | | | 501,036 |
| Other Revenue | | Gross income from events (not including \$ of contributions reporte See Part IV, line 18. Less: direct expenses | d on line 1 | c). · a | | · · | | | , | |
| ₹ | С | Net income or (loss) fro | om fundrais | sing e | vents > | The complete de decided and | | | | - Marine Marine Marine Control of the Control of th |
| | | • | | а | N -42 | | | | | |
| | | Less: direct expenses Net income or (loss) from | | b l activi | ities ► | | | | | |
| | b | Gross sales of inverteurns and allowances Less: cost of goods so | s . old | a . b | 65,455 33,546 | 1 | 31.909 | 24.000 | - | |
| | | Net income or (loss) from | | ivento | _ | | 31,909 | 31,909 | | |
| | 11a | Miscellaneous Rev | | | Business Code | | | | - | |
| | ь | | | | | | | | | |
| | С | | | [| | | | | | |
| | | All other revenue | | [| | | | | | |
| | | Total. Add lines 11a-1 Total revenue. See ins | | | <u>: </u> | 9 | 00,376 | 177,188 | | 718,800 |

Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| | All other organizations must complete colu | | | | |
|----------|---|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| | not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | , , %e | , |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 223,486 | 141,150 | 82,336 | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions). | 117,005 | 85,814 | 31,191 | |
| 9 10 | Other employee benefits | | | | |
| 11 | Fees for services (non-employees): | | | | |
| | Management | | | | |
| | Accounting | | | | |
| d | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | 20.055 | | 26.055 | |
| | Investment management fees | 26,955 32,880 | 32,217 | 26,955 | |
| _ | Other | 32,000 | 32,217 | 003 | |
| 12 13 | Advertising and promotion | 9.894 | 2,976 | 6,918 | |
| 14 | Information technology | 25,777 | 18,786 | 6,991 | ••• |
| 15 | Royalties | | | | |
| 16 | Occupancy | 85,060 | 24,295 | 60,765 | |
| 17 | Travel | 20,128 | 5,558 | 14,570 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | 3,157 | | 3,157 | |
| 20 | Interest | | | | |
| 21 22 | Payments to affiliates Depreciation, depletion, and amortization. | | | | - |
| 23 | Insurance | | | | |
| 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.) | | | | |
| а | PRINTING & PUBLICATIONS | 6,372 | 6,372 | | |
| b | OVERHEAD | 62,205 | 37,480 | 24,725 | |
| C | MEMBERSHIP & DUES | 5,000 | | 5,000 | |
| d | SPONSORSHIPS | 1,040 | | 1,040 | |
| е | CHARITABLE CONTRIBUTIONS | 7,460 | 5.400 | 7,460 | |
| | All other expenses MISCELLANEOUS Total functional expenses. Add lines 1 through 24f | 6,279 632,698 | 5,108 359,756 | 1,171 272,942 | |
| 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 | 032,090 | 333,730 | 212,342 | |

Form 990 (2009)

Part X **Balance Sheet** (A) Beginning of year (B) End of year 1 Cash-non-interest-bearing . 356.269 189,607 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 0 1.731 Accounts receivable, net . . . 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 Notes and loans receivable, net . . . 48,238 38,390 8 Inventories for sale or use . . . 0 9 1,223 Prepaid expenses and deferred charges . Land, buildings, and equipment: cost or 10a 10a other basis. Complete Part VI of Schedule D 10c 10b **b** Less: accumulated depreciation . . 6.098,371 11 6.233.962 11 Investments—publicly traded securities . . . 12 12 Investments-other securities. See Part IV, line 11 13 13 Investments-program-related. See Part IV, line 11 14 Intangible assets 14 30,393 14,574 15 15 Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 6,517,452 16 16 6,495,306 44,438 17 17 Accounts payable and accrued expenses 18 Grants payable 18 59,999 19 29,584 19 Deferred revenue 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Pavables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 23 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties . . . 24 7,098 Other liabilities. Complete Part X of Schedule D 25 25 26,798 Total liabilities. Add lines 17 through 25. 111,535 26 56,382 Organizations that follow SFAS 117, check here > 2 and Fund Balances complete lines 27 through 29, and lines 33 and 34. 490,603 27 412,134 Unrestricted net assets 28 28 Temporarily restricted net assets. 5,915,314 29 6,026,790 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ Assets or and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds Set 6,438,924 6,405,917 33 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 6,495,306 6,517,452

Page 12 Form 990 (2009) Part XI Financial Statements and Reporting No Yes ✓ Accrual ☐ Other Accounting method used to prepare the Form 990.

Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . 2b **b** Were the organization's financial statements audited by an independent accountant? c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the NΙΑ required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 2009

Internal Revenue Service Name of the organization

f

g

Open to Public Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Employer identification number 83 AMERICAN BANKERS ASSOCIATION EDUCATION FOUNDATION 0397856 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33%% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c ☐ Type III–Functionally integrated a 🗌 Type I **b** Type II d Type III-Other e 🗹 By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii)

| (i) Name of supported organization | (u) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | in col (i) la | organization sted in your document? | (v) Did y the organ col (i) supp | of your | organizat (i) organi | s the ion in col zed in the S ? | (vii) Amount of support |
|---------------------------------------|------------|--|---------------|---|---|---------|-------------------------|--|-------------------------|
| | | | Yes No | | Yes No | | Yes No | | |
| AMERICAN BANKERS ASSOC. | 52-1001304 | 9 | ✓ | | * | | ✓ | _ | 0 |
| | | | | | | | | | |
| | , | | | | | | _ | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | 0 |

Schedule A (Form 990 or 990-EZ) 2009

N/A

| Pao | е | 2 |
|-----|---|---|
| | | |

| Par | Support Schedule for Org (Complete only if you chec | | | | | and 170(b)(1 | I)(A)(vi) |
|---------|---|---|---------------------------------------|--|---|------------------------------|---------------------|
| Sec | tion A. Public Support | | | | | | |
| Ca | lendar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | in the second | F 7.22 | the control of the co | | | |
| 6 | Public support. Subtract line 5 from line 4. | , | 4 | 4 | ٠ ~ | - * | |
| Sec | tion B. Total Support | | | | | , | |
| Ca | lendar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | _ | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | - | | ₩₽.¥ | , | | |
| 11 | Total support. Add lines 7 through 10 . | | <u> </u> | - | | <u> </u> | |
| 12 | Gross receipts from related activities, etc | • | • | | | 12 | |
| 13 | First five years. If the Form 990 is for organization, check this box and stop he | re | <u> </u> | | | | on 501(c)(3) |
| | tion C. Computation of Public Su | | | | | | 0/ |
| 14 | Public support percentage for 2009 (line | • | • | 1, column (f)) | | 14 | % |
| 15 | Public support percentage from 2008 Sci | | | | | 15 | <u> </u> |
| 16a | 33% % support test—2009. If the organiand stop here. The organization qualifies | | | | | % or more, che | ► □ |
| b | 33% % support test—2008. If the organization qua | | | | | 33⅓ % or more | , check this ▶ □ |
| 17a | 10%-facts-and-circumstances test 20 more, and if the organization meets the "facts-and-circumstances the "facts-and-circumstances" the "facts-and-circums | acts-and-circui | mstances" test, | check this box | and stop here. | Explain in Part | IV how the |
| b 18 | 10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did | facts-and-circun ances" test. The | nstances" test, o organization qua | check this box a alifies as a public | and stop here. cly supported or | Explain in Part ganization . | IV how the |
| - | | | - ·-, · · | , | | | |

N/A

| Sche | dule A (Form 990 or 990-EZ) 2009 | | | | | | Page 3 |
|----------|--|------------------------------------|---------------------------------|---|------------------------------------|---------------------------------------|---------------------------------------|
| Pai | Support Schedule for Orga (Complete only if you checke | nizations De | escribed in S n line 9 of Pa | Section 509(a art I.) |)(2) | | |
| Sec | tion A. Public Support | | | | | | |
| Ca | alendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 200 | 9 (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| | sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 | | | | | | |
| - | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| C | Add lines 7a and 7b | 74 77 78 18 18 18 18 | 1 | BOOM CARBON AND SHOWER | | | 7200 777 |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | tion B. Total Support | (-) 2005 | (h) 0000 | (-) 0007 | (4) 2002 | (=) 000 | 09 (f) Total |
| | alendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008_ | (e) 200 | ig (i) Total |
| 9 10a | Amounts from line 6 | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| 11 | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 | First five years. If the Form 990 is for organization, check this box and stop tion C. Computation of Public Su | here | <i>.</i> | nd, third, fourth | | year as a s | - I |
| _ | | | | no 13 column | (f)\ | 15 | % |
| 15 16 | Public support percentage for 2009 (lin Public support percentage from 2008 S | Schedule A, Pa | art III, line 15 | · · · | \'// · | 16 | <u> </u> |
| Sec | tion D. Computation of Investmen | nt Income P | ercentage | | | · · · · · · · · · · · · · · · · · · · | |
| 17 | Investment income percentage for 200 | • | | - | olumn (f)) . | 17 | % |
| 18 | Investment income percentage from 20 | | | | | 18 | % |
| | 33½ % support tests – 2009. If the org 17 is not more than 33½ %, check this b | oox and stop h | ere. The organ | izatıon qualifies | s as a publicly | supported | organization 🕨 🗆 |
| b | 33\% % support tests - 2008. If the organ line 18 is not more than 33\% %, check the | nization did not s box and stop | here. The orga | n iine 14 or line Inization qualifie | 19a, and line 1 s as a publicly | supported | nan 33/3 %, and organization ► □ |

| | orm 990 or 990-EZ) 20 | D9 | | | | Page 4 |
|---|-----------------------------------|----------------------------|-------------------------------------|--|---|---|
| Part IV | Supplemental Part II, line 17a | Information. or 17b; and I | Complete this Part III, line 12. | part to provide t Provide any other | he explanations require er additional informatio | ed by Part II, line 10; n. See instructions. |
| | | | | | | |
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SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990, ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 0397856 AMERICAN BANKERS ASSOCIATION EDUCATION FOUNDATION 83 N/A Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) . Aggregate value at end of year . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes No purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. N/A Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) . Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year **>** Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. N/A Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

| | iule D (Form 990) 2009 | 0 11 | A + 111 1 1 | (T | Maria Circilian A | rage a |
|---------|--|---------------------------------------|--------------------------------------|---|--|----------------------|
| Par | t III Organizations Maintaini | | | | | |
| 3 | Using the organization's acquisition collection items (check all that appl | | er records, che | ck any of the follo | wing that are a sig | Inificant use of its |
| а | Public exhibition | | d 🔲 L | oan or exchange p | orograms | |
| b | Scholarly research | | e 🗌 O | ther | | |
| C | Preservation for future general | ions | | | | |
| 4 | Provide a description of the organiz Part XIV. | ation's collections a | and explain how | they further the c | rganization's exer | mpt purpose in |
| 5 | During the year, did the organization assets to be sold to raise funds rathe | r than to be maintai <u>n</u> | ed as part of the | organization's coll | ection? | Yes No |
| Par | Escrow and Custodial A IV, line 9, or reported an | arrangements. Cor amount on Form 9 | mplete if the or 90, Part X, line | ganization answe 21. | red "Yes" to Fort | m 990, Part |
| | Is the organization an agent, trusted included on Form 990, Part X? | | | | r other assets not | ☐ Yes ☐ No |
| þ | If "Yes," explain the arrangement in | Part XIV and comp | lete the following | g table: | | nount |
| | | | | - | | nount |
| | Beginning balance | | | | | |
| d | Additions during the year | | | | | |
| е | Distributions during the year | | | | | |
| f | | | | <u>. 1</u> | | □ Vac □ Na |
| | Did the organization include an amilf "Yes," explain the arrangement in | Part XIV. | | | | Yes No |
| Par | t V Endowment Funds. Co | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
| 1a b | Beginning of year balance Contributions | 5,915,314 | 6,613,611 | | , , , , , , , , , , , , , , , , , , , | * > . |
| С | Net investment earnings, gains, and losses | 111,476 | (698,297) | | The state of the s | 7-7-7-7-2 |
| d | Grants or scholarships | | | 3>- | * | - 4 1 1 |
| е | Other expenditures for facilities and programs | · · | | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | 10 7 1 1 1 W |
| f | Administrative expenses | , | • | . 7 3 | | ' |
| | End of year balance | 6,026,790 | 5,915,314 | | <u> </u> | <u> </u> |
| 2 | Provide the estimated percentage of | f the year end bala | nce held as: | | | |
| а | Board designated or quasi-endown | | | | | |
| b | Permanent endowment ▶1 | 00 % · | | | | |
| С | Term endowment ▶ % | Ó | | | | |
| 3a | Are there endowment funds not in thorganization by | e possession of the | organization tha | t are held and adn | ninistered for the | Yes No |
| | (i) unrelated organizations | | | | | 3a(ı) ✓ |
| b | (ii) related organizations If "Yes" to 3a(ii), are the related org | | | | | 3a(ii) ✓ |
| 4 | Describe in Part XIV the intended u | | | | | |
| Par | t VI Investments—Land, Bu | ildings, and Equ | ipment. See F | orm 990, Part X, | line 10. | |
| | Description of investment | (a) Cost or othe (investmen | | | Accumulated epreciation | (d) Book value |
| | Lond | | | | | |
| 1a | Lailu | | | | | |
| | Land | | | | | |
| b | Buildings | | | | | |
| b b | | | | | | |

| nvestments—Other Securit ription of security or category rluding name of security) attives quity interests | ies. See Form 990, Part X (b) Book value | X, line 12. (c) Method of valuation Cost or end-of-year marks | on et value |
|--|--|--|--|
| atives | (b) Book value | (c) Method of valuatii Cost or end-of-year markii | on et value |
| quity interests | | | |
| quity interests | | | |
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| ist equal Form 990, Part X, col. (B) line 12) nvestments—Program Rela | | V line 12 | |
| | | | |
| scription of investment type | (b) Book Value | Cost or end-of-year mark | et value |
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| ust equal Form 990 Part X col. (B) line 13.) | - | | , '] " |
| | | | |
| <u></u> | (a) Description | | (b) Book value |
| | | | |
| | | | 16, |
| ESTMENT SALES | | | 13, |
| | | | |
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| | | | · · · · · |
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| | | | |
| b) must equal Form 990, Part X, ce | ol. (B) line 15.) | | 30 |
| | | | |
| (a) Description of liability | (b) Amount | | |
| taxes | | | |
| ESTMENT PURCHASES | 26,79 | 98 | |
| | 1 | * | |
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| | | | |
| (() | Other Assets. See Form 990, ANCE TEREST /ESTMENT SALES (b) must equal Form 990, Part X, co Other Liabilities. See Form 99 (a) Description of liability | ust equal Form 990, Part X, col. (B) line 13) ► Other Assets. See Form 990, Part X, line 15. (a) Description VANCE ITEREST /ESTMENT SALES (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount | Cost or end-of-year mark ust equal Form 990, Part X, col. (B) line 13) Other Assets. See Form 990, Part X, line 15. (a) Description (ANCE TEREST //ESTMENT SALES (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount |

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

26,798

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶

| Sched | udie D (Form 990) 2009 | | rage - |
|---------------------------|--|---|--------------------|
| Par | T XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S | State | ments |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 900,376 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 632,698 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 267,678 |
| 4 | Net unrealized gains (losses) on investments | 4 | (234,671) |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 10 | (234,671) |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. t XII Reconciliation of Revenue per Audited Financial Statements With Revenue | 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 33,007 |
| | | 1 | |
| 1 | Total revenue, gains, and other support per audited financial statements | · | 033,231 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments (234,67 | 41 | |
| a | The directized gains on investments . | -4 | |
| b | Donated services and use of facilities | | |
| C | necoveries of prior year grants | 46 | |
| d | Other (Describe in Part XIV.) | - 1 ^ · · · | e (201,125) |
| e | | • | 900,376 |
| 3 4 | Subtract line 2e from line 1 | | 000,010 |
| a | 10 | ŀ | ` |
| b | Other (Describe in Part XIV.) | | |
| C | Add lines 4a and 4b | 4 | c |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 900.376 |
| Pai | t XIII Reconciliation of Expenses per Audited Financial Statements With Expen | ses | per Return |
| 1 | Total expenses and losses per audited financial statements | . L1 | 666,244 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | _ | |
| b | Prior year adjustments | | |
| С | Other losses | _ | * |
| d | Other (Describe in Part XIV.) | 46 | |
| е | Add lines 2a through 2d | | e 33,546 |
| 3 | Subtract line 2e from line 1 | ئــا . | 632,698 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | _ | |
| b | Other (Describe in Part XIV.) | <u> </u> | ~ - |
| c | Add lines 4a and 4b | | C |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIV Supplemental Information | | 632,698 |
| Com and this Par | uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a part to provide any additional information. † V, Line 4: | and 41 | o. Also complete |
| | annually determined amount of income from the endowment funds is used for the general of the gen | exem | pt purposes of the |
| org | anization. | | |
| Par | t X, line 2 - FiN 48 Footnote: | | |
| Not | te 1. Nature Of Activities And Significant Accounting Policies | | |
| | cently issued accounting propouncements: On September 1, 2009, the Association adopted | the a | |

| Part XIV | Supplemental Information (continued) |
|---|---|
| on account | ing for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or |
| expected to | be claimed on a tax return should be recorded in the financial statements. Under this guidance, the |
| Association | may recognize the tax benefit from an uncertain tax position only if it is more-likely-than-not that the tax |
| position wil | I be sustained on examination by taxing authorities, based on the technical merits of the position. The tax |
| benefits rec | ognized in the financial statements from such a position are measured based on the largest benefit that has a |
| greater thar | n 50% likelihood of being realized upon ultimate settlement. The guidance on accounting for uncertainty |
| in income t | exes also addresses de-recognition, classification, interest and penalties on income taxes, and accounting |
| in interim p | eriods. |
| Managemer | nt evaluated the Association's tax positions and concluded that the Association had taken no uncertain tax |
| positions th | nat require adjustment to the financial statements to comply with the provisions of this guidance. With few |
| exceptions, | the Association is no longer subject to income tax examinations by the U.S. federal, state, or local tax |
| authorities | for years before 2007. |
| | |
| Part XII, line | es 2d: |
| Cost of God | ods Sold \$33,546 reported on Form 990 Part VIII, Line 10b. |
| | |
| Part XIII, lin | es 2d: |
| Cost of God | ods Sold \$33,546 reported on Form 990 Part VIII, Line 10b. |
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SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
► Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

| AM | ERICAN BANKERS ASSOCIATION EDUCATION FOUNDATION | N | 83 | 039785 | 6 | |
|--------|---|---|--------------------------------|----------|-----|---------------------------------------|
| Pa | rt I Questions Regarding Compensation | | | | | |
| | | | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of 990, Part VII, Section A, line 1a. Complete Part III to provide any i | the following to or for a persimelevant information regarding | on listed in Form these items. | 1 | | |
| | ☐ First-class or charter travel ☐ House | ng allowance or residence for | or personal use | | | |
| | ☐ Travel for companions ☐ Paym | ents for business use of per | sonal residence | , | | |
| | ☐ Tax indemnification and gross-up payments ☐ Health | n or social club dues or initia | ation fees | - - | | |
| | ☐ Discretionary spending account ☐ Perso | nal services (e.g., maid, cha | uffeur, chef) | , | | - |
| ь | If any of the boxes on line 1a are checked, did the organizatio | n follow a written policy req | arding payment | ۲ | | |
| | or reimbursement or provision of all of the expenses described | | | | N | Α |
| | explain | | | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing officers, directors, trustees, and the CEO/Executive Director, re | | | 2 | N | Α |
| | | | | | | - |
| 3 | Indicate which, if any, of the following the organization uses to | establish the compensation | n of the | | | |
| | organization's CEO/Executive Director. Check all that apply. | | | - | ~ | ١, |
| | | en employment contract | | ` ' | | |
| | | pensation survey or study | | | , | î / |
| | Form 990 of other organizations | val by the board or compensa | ation committee | | Î | - |
| | During the year did only named listed in Form 000. Bort VIII. C. | notion A line to with rooms | at ta tha filina | ,, | _ | £, ~ , |
| 4 | During the year, did any person listed in Form 990, Part VII, Se organization or a related organization. | action A, line Ta, with respec | of to the ming | ' -' | | |
| _ | | | | 4a | - | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| a b | Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqu | | | 4b | 1 | |
| C | Participate in, or receive payment from, a supplemental hondu | | | 4c | | √ |
| · | If "Yes" to any of lines 4a-c, list the persons and provide the | - | item in Part III | | | |
| | in rest to any or lines 42 of list the persons and provide the t | applicable amounts for each | Kom m r are m. | | , | |
| | Only section 501(c)(3) and 501(c)(4) organizations must con | nplete lines 5-9. | | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did | I the organization pay or acc | crue any | 1 | - 1 | |
| | compensation contingent on the revenues of: | | | | | |
| а | The organization? | | | 5a 5b | | -/ |
| b | Any related organization? | | | 30 | | <u> </u> |
| | If "Yes" to line 5a or 5b, describe in Part III. | | | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, dic compensation contingent on the net earnings of: | I the organization pay or acc | crue any | | | |
| а | The organization? | | | 6a | | ✓ |
| b | Any related organization? | | | 6b | | ✓ |
| | If "Yes" to line 6a or 6b, describe in Part III. | | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, dic | I the organization provide ar | ny non-fixed | | | |
| | payments not described in lines 5 and 6? If "Yes," describe in | | | 7 | | ✓ |
| 8 | Were any amounts reported in Form 990, Part VII, paid or acci | | | | | |
| | subject to the initial contract exception described in Regs. sec | tion 53.4958-4(a)(3)? If "Yes | ," describe | | ļ | |
| | ın Part III | | | 8 | | ✓ |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable | | | | N | Α |
| | Regulations section 53.4958-6(c)? | | | 9 | - 1 | |

Schedule J (Form 990) 2009

Page 2

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| | | (B) Breakdown of W- | W-2 and/or 1099-MISG compensation | 3C compensation | | | | į |
|---------------|----------|--|---|--|---|---|------------|--|
| (A) Name | 1 | (i) Base compensation | (ii) Bonus & incentive compensation | (ii) Other reportable compensation | (C) retrement and other deferred compensation | (U) Nontaxable benefits | (a)-(b)(a) | (r) Compensation reported in prior Form 990 or Form 990-EZ |
| Virginia Dean | ε | | | | | | | : |
| | (ii) | 285,950 | 17,430 | 5,005 | 143,217 | 14,472 | 466,075 | 0 |
| | (0) | | | | | | | |
| | (ii) | | | | | | | |
| | (0) | | | | | | | |
| | <u> </u> | | | | | | | |
| | 8 | | | | | | | |
| | (ii) | | | | | | | |
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| | (2) | _ | | | | | | |
| | (ii) | _ | | | | | | |
| | (3) | | | | | | | |
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| | | | | | | | Sche | Schedule J (Form 990) 2009 |

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part Executive Director, Virginia Dean, is a participant in a supplemental nonqualified retirement plan of the American Bankers Association (ABA), a related organization. American Bankers Association Education Foundation relied on its related organization, American Bankers Association (FEIN: 52-1001304), to establish the top The plan is designed as a benefit restoration for the qualified plans sponsored by the American Bankers Association (ABA). Approval by the board or compensation committee of the American Bankers Association Compensation survey or study done by American Bankers Association The accrued present value estimated benefits for the year is \$128,500. Compensation committee of the American Bankers Association management official's compensation by the following methods: Supplemental Information for any additional information. Schedule J (Form 990) 2009 Part I, Line 4b: Part I, Line 3:

SCHEDULE 0 (Form 990)

Name of the organization

Supplemental Information to Form 990

Employer identification number

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

Open to Public Inspection

OMB No 1545-0047

| AMERICAN BANKERS ASSOCIATION EDUCATION FOUNDATION | 83 : 0397856 |
|---|-----------------------------------|
| Part VI, Line 4: | |
| The bylaws of the American Bankers Association Education Foundation were amended to | o change the term of the Board of |
| Trustees from one-year to two-years. | |
| | |
| Part VI, Line 6: | |
| The sole member of the American Bankers Association Education Foundation is the Ame | rican Bankers Association. |
| Part VI, Line 7a: | |
| The trustees and officers of the American Bankers Association Education Foundation are | appointed and elected annually |
| by the American Bankers Association. | |
| | |
| Part VI, Line 7b: | |
| The supreme authority of the Foundation is vested at the Annual Meeting. | |
| The Chairman of the American Bankers Association appoints the Foundation's Board of | Frustees at the Annual Meeting. |
| The Board of Trustees administers the affairs of the Foundation and has full authority to a | act between Annual Meetings. |
| Part VI, Line 11: | |
| ABA's management, which includes certified public accountants, prepared the return and | I then conducted several internal |
| reviews of the completed Form 990. | |
| | |
| Part VI, Line 12c: | |
| The Foundation monitors and enforces its Conflicts of Interest Policy by, at least annually | y, having each officer, member |
| of the Board of Trustees, and key employees attest by signature that they have read, under | erstand, and are in compliance |
| with the policy. On an annual basis, the Board is provided a copy of the policy, offered ar | n opportunity to discuss its |
| requirements, and have any questions answered. Staff attends the meetings of the board | in order to monitor compliance |
| with the requirements and that the minutes of the meetings fairly represent the discussion | ns of the Board. |

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| Page | - |

| Name of the organization AMERICAN BANKERS ASSOCIATION EDUCATION FOUNDATION | Employer identification number 83 0397856 | | | |
|--|---|--|--|--|
| | 00 , 000,000 | | | |
| Part VI, Line 15b: | | | | |
| The American Bankers Association Education Foundation (ABAEF) has no employees. K | ey employees shown on Part VII, | | | |
| Section A, are employees of the related organization, American Bankers Association (ABA | A). The Compensation | | | |
| Committee of the American Bankers Association is responsible for reviewing the compen | sation of the Foundation's top | | | |
| management officers and key employees. The process used by the ABA's Compensation | Committee is made in | | | |
| conjunction with an outside independent consulting firm that conducted a comprehensive | e compensation study in 2008 | | | |
| for the Association. The methodology used included the following: | | | | |
| Utilizing salary surveys, including those from Mercer, Watson Wyatt, PRM Consulting, | and ASAE, jobs were | | | |
| benchmarked to comparable positions. | | | | |
| The outside compensation consulting firm reviewed applicable market data and the be | enchmarked position information | | | |
| and developed a market-based pay structure. | | | | |
| Additional factors considered were position requirements, organizational impact, and | job complexity. | | | |
| Minutes are kept of the compensation committee's deliberations and decisions regard | ling compensation arrangements. | | | |
| Part VI, Line 19: | | | | |
| The Foundation does not make its governing documents, conflict of interest policy, or its | financial statements available to | | | |
| the public. The Foundation's Form 990 is available for public inspection upon request. | | | | |
| | | | | |
| Part VII, Column (B) - Average hours per week: | | | | |
| Executive Director, Virginia Dean, and Director, Laura Fisher devote 36.5 and 18.5 hours p | per week respectively to the | | | |
| related organization, American Bankers Association (FEIN:52-1001304). | | | | |
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN BANKERS ASSOCIATION EDUCATION FOUNDATION

N/A Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

| | OMB No 1545-0047 | |
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Open to Public

Employer identification number

0397856

83

See separate instructions. ▶ Attach to Form 990.

Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.)

Schedule R (Form 990) 2009 ۸ (f)
Direct controlling entity (f)
Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Y/N (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets (d) Exempt Code section 501 (C) (6) (d) Total income (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) ည္ပ TRADE ASSOCIATION (b) Primary activity Primary activity AMERICAN BANKERS ASSOCIATION (52-1001304). 1120 CONNECTICUT AVE, NW, WASHINGTON, DC 20036 (a)
Name, address, and EiN of related organization (a) (ame, address, and EIN of disregarded entity Part II

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

Cat No 50135Y

AMERICAN BANKERS ASSOCIATION EDUCATION FOUNDATION

Schedule R (Form 990) 2009

Yes No managing partner? Percentage ownership General or 3 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets (h)
Disproportionate
allocations? ŝ Yes Share of total income (g) Share of end-of-year assets line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Type of entity (C corp, S corp, or trust) (f) Share of total income Ole.
(d)
(Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile foreign country) (state or (d) (a) Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign
country) Name, address, and EIN of related organization Primary activity Name, address, and EIN of related organization N/A Part III N/A Part IV

Schedule R (Form 990) 2009

83-0397856

Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes No | ٥ |
|--|---------------------------|----------------------------|------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | ed in Parts II-IV? | | |
| a Receipt of (i) interest (ii) annuties (iii) rovalties or (iv) rent from a controlled entity | | 1a / | |
| b Gift grant or capital contribution to other organization(s) | | 1b ~ | |
| e Giff grant or capital contribution from other organization(s) | | / 1c / | L |
| | | 7 | L |
| d Loans or loan guarantees to or for other organization(s) | | 2 | 1, |
| e Loans or loan guarantees by other organization(s) | | 1e < | . 1 |
| | | | |
| f Cala of accept to other organization(s) | | 16 | |
| Sale of assets to durief utganization(s) | · | | L |
| g Purchase of assets from other organization(s) | |) 6 | |
| | | 1h / | |
| i Lease of facilities equipment or other assets to other organization(s) | | 1i / | |
| | | - | |
| i lease of facilities equipment or other assets from other organization(s) | | 1i | |
| | | | L |
| K Performance of services of membership of fundralising solicitations for other organization(s) | | 4 7 | L |
| Performance of services or membership or fundraising solicitations by other organization(s) | | > \ = , | 1 |
| m Sharing of facilities, equipment, mailing lists, or other assets | | - 1m | |
| n Sharing of paid employees | | - tn | - 1 |
| | | ~ | |
| o Reimbursement paid to other organization for expenses | | 10 🗸 | |
| | · | 1p \ | |
| | • | | |
| A Other transfer of cash or property to other organization(s) | | 10 | 7 |
| r Other transfer of cash or property from other organization(s) | | -t- | L |
| 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. | ed relationships and tran | saction thresholds. | ان ا |
| (6) | 3 | 13 | |
| Name of other organization | Transaction type (a–t) | Amount involved | |
| American Bankers Association (52-1001304) | ε | 106,272 | 2 |
| American Bankers Association (52-1001304) | c | 340,491 | _ |
| American Bankers Association (52-1001304) | 0 | 638,954 | 4 |
| American Bankers Association (52-1001304) | ь | 178,903 | 2 |
| (5) | | | |
| (9) | | | |
| | Schedi | Schedule R (Form 990) 2009 | 8 |

Schedule R (Form 990) 2009

N/A Unrelated Organizations Taxable as a Partnership (Complete If the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) | (b) (c) (d) | (0) | 9 | (e) | ε | (6) | ε |
|----------------------------------|------------------|-------------------------------|--|-----------------------|------------------|--------------------------------|----------------------|
| Name, address, and EIN of entity | Primary activity | | Are all partners | Share of | Disproportionate | | General or |
| | | (state or foreign country) | section 501(c)(3) organizations? | end-or-year assets | allocations? | of Schedule K-1 (Form 1065) | managing partner? |
| | | | Yes No | | Yes No | | Yes No |
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