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Form 990  Department of the Treasury Internal Revenue Service	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) The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION OF ABILENE Doing Business As Number and street (or P O box if mail is not delivered to street address) P O BOX 1001 Room/suite City or town, state or country, and ZIP + 4 ABILENE, TX 79604	D Employer identification number 75-2045832 E Telephone number (325) 676-3883 G Gross receipts \$ 53,616,813
	F Name and address of principal officer KATIE ALFORD PO BOX 1001 ABILENE, TX 79604	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	J Website: ▶ WWW.CFABILENE.ORG	
	K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation 1985		
M State of legal domicile TX		

Part I	Summary
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities TO RENDER GRANT DONATIONS TO UNRELATED CIVIC AND PUBLIC ORGANIZATIONS PRIMARILY WITHIN ABILENE AND WEST CENTRAL TEXAS IN ORDER TO PROMOTE THE GENERAL WELFARE OF AREA RESIDENTS
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
Revenue	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
Expenses	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7 d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶166,177
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	19 Revenue less expenses Subtract line 18 from line 12

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

Sign Here		***** Signature of officer	2012-03-29 Date		
		KATIE ALFORD PRESIDENT/CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name MARY LEE BROOKS CPA	Preparer's signature MARY LEE BROOKS CPA	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ CONDLEY AND COMPANY LLP				Firm's EIN ▶
	Firm's address ▶ P O BOX 2993 ABILENE, TX 796042993				Phone no ▶ (325) 677-6251
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

1

Briefly describe the organization’s mission

TO RENDER GRANT DONATIONS TO UNRELATED CIVIC AND PUBLIC ORGANIZATIONS PRIMARILY WITHIN ABILENE AND WEST CENTRAL TEXAS IN ORDER TO PROMOTE THE GENERAL WELFARE OF AREA RESIDENTS

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 ☒ 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? ☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

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 \$ 4,476,522 including grants of \$ 4,333,635) (Revenue \$)

GRANTS TO VARIOUS QUALIFIED 501(C)(3) ORGANIZATIONS BASED UPON APPROVED GRANT APPLICATIONS OR UPON BOARD OF TRUSTEES ACTION SEE ATTACHED SCHEDULE

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)
















(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 4,476,522

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	No
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? <i>If "Yes," complete Schedule D, Part I.</i> 	6	Yes
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
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 U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
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 U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	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			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
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 to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand.	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b15		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. KATIE ALFORD 500 CHESTNUT SUITE 1634 ABILENE, TX 79602 (325) 676-3883

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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.

- 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 all of the organization's **current** key employees, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JILL BAILEY HOEBELHEINRICH MEMBER	3.00	X						0	0	0
(2) ROB BECKHAM MEMBER	1.00	X						0	0	0
(3) TOM CHOATE CHARIMAN	8.00	X						0	0	0
(4) JOE CRAWFORD MEMBER	1.00	X						0	0	0
(5) LAURA DYER MEMBER	1.00	X						0	0	0
(6) ALLAN FRIZZELL MEMBER	1.00	X						0	0	0
(7) SCOTT HIBBS MEMBER	1.00	X						0	0	0
(8) MARK HUDSON TREASURER	5.00	X						0	0	0
(9) PETTY HUNTER MEMBER-AT-LARGE	3.00	X						0	0	0
(10) MISHI MATHUR MEMBER	1.00	X						0	0	0
(11) DANNA OLIVER MEMBER	1.00	X						0	0	0
(12) BECKY RENTZ MEMBER	1.00	X						0	0	0
(13) JACK RICH MEMBER	1.00	X						0	0	0
(14) SCOTT SENTER SECRETARY	3.00	X						0	0	0
(15) MARILYN SHEDD VICE CHAIRMAN	3.00	X						0	0	0
(16) KATIE ALFORD PRESIDENT/CEO	40.00			X				92,500	0	5,550

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	92,500	0	5,550

2 Total number of individuals (including but not limited to those I
\$100,000 in reportable compensation from the organization) 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►0

Part VIII

Statement of Revenue

			(A) Total revenue	(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	1a	Federated campaigns . . .	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,495,057		
	g	Noncash contributions included in lines 1a-1f \$		573,215		
	h	Total. Add lines 1a-1f		5,495,057		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,338,072	
4		Income from investment of tax-exempt bond proceeds . . .				
5		Royalties				
6a		Gross Rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss)			1,673,190	1,673,190
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
b		Less direct expenses				
c		Net income or (loss) from fundraising events . . .				
9a		Gross income from gaming activities See Part IV, line 19				
b		Less direct expenses				
c		Net income or (loss) from gaming activities . . .				
10a		Gross sales of inventory, less returns and allowances				
b		Less cost of goods sold				
c		Net income or (loss) from sales of inventory . . .				
	Miscellaneous Revenue	Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d					
12	Total revenue. See Instructions		8,506,319	0	0	3,011,262

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).

Do not include amounts reported on lines 6b, 7b, 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	4,333,635	4,333,635		
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	98,000	9,800	34,300	53,900
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	230,383	118,103	55,402	56,878
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	14,540	5,439	2,861	6,240
10	Payroll taxes	24,506	9,545	6,694	8,267
a	Fees for services (non-employees)				
	Management				
b	Legal				
c	Accounting	14,512		14,512	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	7,736		7,736	
14	Information technology				
15	Royalties				
16	Occupancy	32,550		32,550	
17	Travel	11,663		11,663	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,183		7,183	
23	Insurance	5,964		5,964	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	INVESTMENT EXPENSES	163,505		163,505	
b	MARKETING	74,582		74,582	
c	EXPENSE ALLOCATION	31,063		31,063	
d	PRINTING	20,711			20,711
e	ASSET DEVELOP/DONOR REL	11,545			11,545
f	All other expenses	43,017		34,381	8,636
25	Total functional expenses. Add lines 1 through 24f	5,125,095	4,476,522	482,396	166,177
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			84	1	408
	2	Savings and temporary cash investments			5,438,779	2	8,785,084
	3	Pledges and grants receivable, net			103,065	3	150,194
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees <i>Complete Part II of Schedule L</i>				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) <i>Schedule L</i>				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			32,069	9	8,754
	10a	Land, buildings, and equipment <i>cost or other basis Complete Part VI of Schedule D</i>	10a	84,291			
	b	Less accumulated depreciation	10b	69,908	17,806	10c	14,383
	11	Investments—publicly traded securities			63,433,699	11	74,987,131
	12	Investments—other securities <i>See Part IV, line 11</i>			269,040	12	230,270
	13	Investments—program-related <i>See Part IV, line 11</i>				13	
	14	Intangible assets				14	
	15	Other assets <i>See Part IV, line 11</i>				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			69,294,542	16	84,176,224
Liabilities	17	Accounts payable and accrued expenses			378	17	3,449
	18	Grants payable			147,734	18	589,411
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability <i>Complete Part IV of Schedule D</i>				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities <i>Complete Part X of Schedule D</i>			10,458,500	25	12,076,188
	26	Total liabilities. Add lines 17 through 25			10,606,612	26	12,669,048
Net Assets or Fund Balances		Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			6,965,115	27	9,901,476
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets			51,722,815	29	61,605,700
		Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			58,687,930	33	71,507,176
	34	Total liabilities and net assets/fund balances			69,294,542	34	84,176,224

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,506,319
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,125,095
3	Revenue less expenses Subtract line 2 from line 1	3	3,381,224
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	58,687,930
5	Other changes in net assets or fund balances (explain in Schedule O)	5	9,438,022
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	71,507,176

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization COMMUNITY FOUNDATION OF ABILENE	Employer identification number 75-2045832
---	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,268,785	12,865,457	5,520,080	3,365,947	5,495,057	33,515,326
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	6,268,785	12,865,457	5,520,080	3,365,947	5,495,057	33,515,326
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)						15,387,075
6 Public Support. Subtract line 5 from line 4						18,128,251

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	6,268,785	12,865,457	5,520,080	3,365,947	5,495,057	33,515,326
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,512,667	1,658,082	1,465,798	1,396,717	1,338,072	7,371,336
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)						40,886,662
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	44 340 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	46 320 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a 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						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b	33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF ABILENE

Employer identification number
75-2045832

Part I 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
1	Total number at end of year	117
2	Aggregate contributions to (during year)	3,144,998
3	Aggregate grants from (during year)	1,838,414
4	Aggregate value at end of year	17,037,872

5

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

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit

☒ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

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 importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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

► \$ _____

(ii)

Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	51,722,815	46,053,207	58,085,268		
b Contributions	1,432,501	1,560,324	2,103,592		
c Investment earnings or losses	10,818,221	993,137	992,499		
d Grants or scholarships					
e Other expenditures for facilities and programs	1,954,750	-3,116,147	15,128,152		
f Administrative expenses	413,087				
g End of year balance	61,605,700	51,722,815	46,053,207		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100 000 %

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		84,291	69,908	14,383
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				14,383

Schedule D (Form 990) 2010

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	18,506,319
2	Total expenses (Form 990, Part IX, column (A), line 25)	25,125,095
3	Excess or (deficit) for the year Subtract line 2 from line 1	3,381,224
4	Net unrealized gains (losses) on investments	411,055,710
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-1,617,688
9	Total adjustments (net) Add lines 4 - 8	99,438,022
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1012,819,246

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	117,529,155
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	11,055,710
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	-2,032,874
e	Add lines 2a through 2d2e	9,022,836
3	Subtract line 2e from line 13	8,506,319
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	8,506,319

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	14,606,786
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	76,960
e	Add lines 2a through 2d2e	76,960
3	Subtract line 2e from line 13	4,529,826
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	595,269
c	Add lines 4a and 4b4c	595,269
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	5,125,095

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	GRANT MAKING TO NON-PROFIT ORGANIZATIONS OR SCHOLARSHIPS DEPENDING ON THE DONOR'S WISHES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	FOOTNOTE RELATED TO FIN 48 (ASC740) - MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS AND THEREFORE NO ADJUSTMENTS HAVE BEEN INCLUDED IN THE FINANCIAL STATEMENTS FOR 2011 OR 2010
PART XI, LINE 8 - OTHER ADJUSTMENTS		REVENUE RE TO AGENCY ENDOWMENT FUNDS PER SFAS #136 -2,212,957 GRANTS & EXP RE TO AGENCY ENDOWMENT FUNDS PER SFAS #136 595,269
PART XII, LINE 2D - OTHER ADJUSTMENTS		AMT REPORTED BY SUPPORTING ORGANIZATION, AVJ FOUNDATION, FED ID# 75-2625919 180,083 REVENUE FOR AGENCY ENDOWMENT FDS REPORTED ON AUDIT PER SFAS 136 -2,212,957
PART XIII, LINE 2D - OTHER ADJUSTMENTS		AMT REPORTED BY SUPPORTING ORGANIZATION, AVJ FOUNDATION, FED ID# 75-2625919 76,960
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DISTR & EXP FOR AGENCY ENDOWMENT FUNDS REPORTED ON AUDIT PER SFAS 136 595,269

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF ABILENE

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
75-2045832

Part I

General Information on Grants and 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?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

102

3

Enter total number of other organizations

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(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.

Identifier	Return Reference	Explanation
OTHER INFORMATION	PART IV	THE FOUNDATION REQUIRES GRANT RECIPIENTS OF DISCRETIONARY GRANTS TO PROVIDE THEIR PLANS FOR EVALUATION AND IMPACT PRIOR TO ANY FUNDING ONCE A GRANT IS APPROVED BY THE GRANT COMMITTEE, EVALUATION AND MONITORING OF EACH GRANT IS AGREED UPON IN A GRANT AGREEMENT, WHICH PROVIDES FOR FOLLOW-UP SITE VISITS, REPORTS, DOCUMENTATION, AND SUBSEQUENT EVALUATION TO ENSURE PROCEEDS FROM THE GRANT WERE USED ACCORDING TO THE GRANT REQUEST DONOR ADVISED GRANTS REQUIRE DUE DILIGENCE ON NEW ORGANIZATIONS AND ALSO REQUIRE APPROVAL BY THE BOARD THE BOARD HAS FINAL APPROVAL ON ALL GRANTS

Software ID:

Software Version:

EIN: 75-2045832

Name: COMMUNITY FOUNDATION OF ABILENE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
12TH ARMORED DIVISION MEMORIAL MUSEUM1289 N 2ND ST ABILENE,TX 79601	31-1681387	501(C)(3)	20,865				GENERAL OPERATIONS
ABILENE ARTS ALLIANCE 1101 N 1ST ST ABILENE,TX 79601	75-2411239	501(C)(3)	7,650				PROGRAM SUPPORT
ABILENE CHRISTIAN UNIVERSITYACU STATION BOX 29100 ABILENE,TX 79699	75-0851900	501(C)(3)	37,715				SCHOLARSHIPS
ABILENE EDUCATION FOUNDATIONPO BOX 1999 ABILENE,TX 79604	31-1741496	501(C)(3)	143,919				EQUIPMENT, PROGRAM SUPPORT
ABILENE HOPE HAVEN801 SOUTH TREADAWAY ABILENE,TX 79605	75-2518820	501(C)(3)	20,825				GENERAL OPERATIONS
ABILENE LIBRARY CONSORTIUM3305 N 3RD STREET SUITE 301 ABILENE,TX 79603	75-2216565	501(C)(3)	300,000				PROGRAM SUPPORT
ABILENE PERFORMING ARTS CO1049 INDUSTRIAL BLVD ABILENE,TX 79602	75-2822456	501(C)(3)	5,700				SCHOLARSHIPS
ABILENE PHILHARMONIC ASSOC402 CYPRESS SUITE 130 ABILENE,TX 79601	75-6004978	501(C)(3)	29,480				GENERAL OPERATIONS
ABILENE PHILHARMONIC FOUNDATION402 CYPRESS SUITE 130 ABILENE,TX 79601	75-2281734	501(C)(3)	16,105				GENERAL OPERATIONS
AISD FINANCE DEPARTMENT241 PINE ABILENE,TX 79601	75-0000004	501(C)(3)	5,700				EQUIPMENT, PROGRAM SUPPORT
PATTY HANKS SHELTON SCHOOL OF NURSING (AISN)PO BOX 16020 HSU STATION ABILENE,TX 79698	20-2173923	501(C)(3)	148,041				SCHOLARSHIPS
ALLIANCE FOR WOMEN AND CHILDREN1350 N 10TH ABILENE,TX 79601	75-1013058	501(C)(3)	28,824				GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY ABILENE209 S DANVILLE B107 ABILENE,TX 79605	13-1788491	501(C)(3)	5,075				PROGRAM SUPPORT
BELTWAY PARK BAPTIST CHURCH4009 BELTWAY SOUTH ABILENE,TX 79606	75-2077730	501(C)(3)	20,000				PROGRAM SUPPORT
BEN RICHEY BOYS RANCH PO BOX 6839 ABILENE,TX 79608	75-0948921	501(C)(3)	45,943				PROGRAM SUPPORT
BOYS & GIRLS CLUB OF ABILENEPO BOX 2013 ABILENE,TX 79604	75-1001991	501(C)(3)	13,807				CONSTRUCTION COSTS, SCHOLARSHIPS, PROGRAM SUPPORT
BROOK HOLLOW CHRISTIAN CHURCH2310 SOUTH WILLIS ABILENE,TX 79605	17-5600499	501(C)(3)	12,343				GENERAL OPERATIONS
CANCER SERVICES NETWORK INCPO BOX 2026 ABILENE,TX 79604	75-2794022	501(C)(3)	22,370				GENERAL OPERATIONS
CENTER FOR CONTEMPORARY ARTS220 CYPRESS ABILENE,TX 79601	75-2290138	501(C)(3)	45,898				GENERAL OPERATIONS
CHRISTIAN SERVICE CENTER901 MESQUITE ABILENE,TX 79601	36-4561080	501(C)(3)	7,150				GENERAL OPERATIONS
CHURCH OF THE HEAVENLY REST EPISCOPAL602 MEANDER ABILENE,TX 79602	75-0908981	501(C)(3)	40,813				PROGRAM SUPPORT
CITY OF ABILENE - PARKS & RECREATIONPO BOX 60 ABILENE,TX 79604	75-6000441	501(C)(3)	9,000				SCHOLARSHIPS
CONNECTING CARING COMMUNITIES402 CYPRESS SUITE 420 ABILENE,TX 79601	14-1959607	501(C)(3)	19,325				GENERAL OPERATIONS
DAY NURSERY OF ABILENE 702 CEDAR ST ABILENE,TX 79601	75-1399992	501(C)(3)	49,802				GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FAITHWORKS OF ABILENE INC1229 N MOCKINGBIRD ABILENE,TX 79603	30-1042845	501(C)(3)	6,125				PROGRAM SUPPORT
FIRST BAPTIST CHURCH 1333 NORTH 3RD ABILENE,TX 79601	75-0939916	501(C)(3)	33,225				GENERAL OPERATIONS
FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) ROUTE 2 BOX 17B ERIE,KS 66733	48-0879166	501(C)(3)	12,343				GENERAL OPERATIONS
FIRST CHRISTIAN CHURCH OF ABILENE1420 N 3RD ABILENE,TX 79601	20-1771370	501(C)(3)	125,743				REPAIRS, PROGRAM SUPPORT
FIRST CHRISTIAN CHURCH OF GRAND PRAIRIE202 WEST TARRANT RD GRAND PRAIRIE,TX 75050	75-6003558	501(C)(3)	12,343				GENERAL OPERATIONS
GRADY MCWHITNEY FOUNDATION-MCMURRY BOX 637 - MCMURRY STATION ABILENE,TX 79697	75-2672110	501(C)(3)	55,100				GENERAL OPERATIONS
HARDIN SIMMONS UNIVERSITYHSU STATION BOX 16005 ABILENE,TX 79698	75-0808791	501(C)(3)	75,355				SCHOLARSHIPS
HENDRICK HOSPICE CARE PO BOX 1922 ABILENE,TX 79604	75-1835287	501(C)(3)	12,649				GENERAL OPERATIONS
HENDRICK MEDICAL CENTER FOUNDATION 1242 N 19TH ABILENE,TX 79601	23-7413284	501(C)(3)	23,238				GENERAL OPERATIONS
HILLCREST CHURCH OF CHRIST650 EAST AMBLER ABILENE,TX 79601	75-1174098	501(C)(3)	17,500				REMODELING
HOUSTON GRAND OPERA 510 PRESTON STREET HOUSTON,TX 77002	74-6016764	501(C)(3)	13,333				GENERAL OPERATIONS
JUNIOR ACHIEVEMENT ABILENE3300 S 14TH ST SUITE 205 ABILENE,TX 79605	84-1267604	501(C)(3)	10,275				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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KENLEY SCHOOL1434 MATADOR ABILENE,TX 79605	75-1469186	501(C)(3)	171,681				SCHOLARSHIPS
LOVE & CARE MINISTRIES 233 FANNIN ABILENE,TX 79603	75-2668227	501(C)(3)	40,175				GENERAL OPERATIONS
MANASSEH MINISTRIES 6705 FM 279 BEN WHEELER,TX 75754	75-2908838	501(C)(3)	20,000				GENERAL OPERATIONS
MCMURRY UNIVERSITY MCM STATION BOX 98 ABILENE,TX 79697	75-0855633	501(C)(3)	197,409				SCHOLARSHIPS
NATL CTR CHILDREN'S ILLUS LITERATURE102 CEDAR ABILENE,TX 79601	75-2733048	501(C)(3)	84,750				PROGRAM SUPPORT
NOAH PROJECTPO BOX 875 ABILENE,TX 79604	75-1704926	501(C)(3)	114,325				GENERAL OPERATIONS
PARAMOUNT THEATREPO BOX 1818 ABILENE,TX 79604	74-1774711	501(C)(3)	114,782				GENERAL OPERATIONS
REGIONAL CRIME VICTIM CRISIS CENTERPO BOX 122 ABILENE,TX 79604	75-2720588	501(C)(3)	32,050				GENERAL OPERATIONS
RESCUE THE ANIMALS 4620 NORTH FIRST ABILENE,TX 79603	75-2801188	501(C)(3)	35,250				GENERAL OPERATIONS
SACRED HEART CHURCH 837 JEANETTE STREET ABILENE,TX 79602	75-1279152	501(C)(3)	12,620				GENERAL OPERATIONS
SALVATION ARMYPO BOX 6929 ABILENE,TX 79608	58-0660607	501(C)(3)	47,150				GENERAL OPERATIONS
ST JOHN'S EPISCOPAL SCHOOL1600 SHERMAN ABILENE,TX 79605	75-1915144	501(C)(3)	218,613				GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MARK'S EPISCOPAL CHURCH3150 VOGEL ST ABILENE,TX 79603	75-6031684	501(C)(3)	15,925				PROGRAM SUPPORT
TEXAS A&M UNIVERSITY PO BOX 30016 COLLEGE STATION,TX 77842	74-6000531	501(C)(3)	12,300				SCHOLARSHIPS
THE GRACE MUSEUMPO BOX 33 ABILENE,TX 79604	75-6026849	501(C)(3)	711,609				GENERAL OPERATIONS, PROGRAM SUPPORT
UNITED WAY OF ABILENE PO BOX 82 ABILENE,TX 79604	75-0808772	501(C)(3)	39,636				GENERAL OPERATIONS
WEST TEXAS REHAB CENTER4601 HARTFORD STREET ABILENE,TX 79605	75-0868320	501(C)(3)	75,673				GENERAL OPERATIONS
YMCA OF ABILENEPO BOX 13137 ABILENE,TX 79604	75-0855638	501(C)(3)	16,485				GENERAL OPERATIONS
YOUNG LIFE OF ABILENE 1917 SOUTH 6TH ABILENE,TX 79602	84-0385934	501(C)(3)	18,887				GENERAL OPERATIONS
ABILENE ZOOLOGICAL SOCIETY2070 ZOO LANE ABILENE,TX 79602	75-1226706	501(C)(3)	9,874				CONSTRUCTION SUPPORT
AMERICAN HEART ASSOCIATION149 N WILLIS ST 10 ABILENE,TX 79603	13-5613797	501(C)(3)	5,350				PROGRAM SUPPORT
CISCO COLLEGE101 COLLEGE HEIGHTS CISCO,TX 76437	75-1164343	501(C)(3)	15,687				SCHOLARSHIPS
FIRST BAPTIST CHURCH OF SWEETWATER213 E 3RD ST SWEETWATER,TX 79556	20-0651927	501(C)(3)	25,000				PROGRAM SUPPORT
GETTING AHEAD COLLABORATION240 CYPRESS STREET ABILENE,TX 79601	30-1042845	501(C)(3)	10,000				GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARMONY FAMILY SERVICES305 GRAPE ST ABILENE,TX 79601	75-1255107	501(C)(3)	13,125				GENERAL OPERATIONS
HENDRICK HEALTH SYSTEM1900 PINE ST ABILENE,TX 79601	75-0827446	501(C)(3)	14,213				GENERAL OPERATIONS
HENDRICK HOME FOR CHILDREN2758 JEANETTE ST ABILENE,TX 79602	75-0818165	501(C)(3)	7,300				GENERAL OPERATIONS
HOLY FAMILY CATHOLIC CHURCH5410 BUFFALO GAP ROAD ABILENE,TX 79606	75-1458567	501(C)(3)	9,600				PROGRAM SUPPORT
LAKE BROWNWOOD CHRISTIAN RETREAT CENTER9030 RETREAT ROAD BROWNWOOD,TX 76801	75-0920546	501(C)(3)	8,500				PROGRAM SUPPORT
TEXAS TECH UNIVERSITY 2500 BROADWAY LUBBOCK,TX 79409	75-6002622	501(C)(3)	8,300				SCHOLARHIPS
THE DOVE FOUNDATION 4467 BYRON CENTER SW SUITE D WYOMING,MI 49519	38-3040503	501(C)(3)	100,000				GENERAL OPERATIONS
UNITED METHODIST SERVICE CENTER810 12TH AVENUE SOUTH NASHVILLE,TN 37203	75-1523927	501(C)(3)	24,000				GENERAL OPERATIONS
UNIVERSITY CHURCH OF CHRIST733 E NORTH 16TH ST ABILENE,TX 79601	75-0859661	501(C)(3)	10,000				GENERAL SUPPORT
ABILENE COMMUNITY THEATRE825 BARROW STREET ABILENE,TX 79605	75-1214498	501(C)(3)	10,275				GENERAL SUPPORT
ABILENE CULTURAL AFFAIRS COUNCIL1101 N 1ST ST ABILENE,TX 79601	75-2411239	501(C)(3)	5,450				GENERAL SUPPORT
ABILENE PHILHARMONIC GUILD402 CYPRESS SUITE 130 ABILENE,TX 79601	75-6038060	501(C)(3)	5,100				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABILENE PRESERVATION LEAGUEPO BOX 3451 ABILENE,TX 79604	75-1621041	501(C)(3)	5,257				GENERAL SUPPORT
ADULT PROTECTIVE SERVICES PARTNERS4601 S 1ST STREET ABILENE,TX 79605	75-2897499	501(C)(3)	10,000				GENERAL SUPPORT
ANGELO STATE UNIVERSITY2601 WAVE N SAN ANGELO,TX 76909	75-1585285	501(C)(3)	6,000				SCHOLARSHIPS
BCFS - HEALTH & HUMAN SERVICES1506 BEXAR CROSSING SAN ANTONIO,TX 78232	74-1260710	501(C)(3)	25,200				GENERAL SUPPORTABILENE TRANSITION CENTER
BIG BROTHERS BIG SISTERS720 PINE ST SUITE 2 ABILENE,TX 79601	75-0800632	501(C)(3)	8,975				GENERAL SUPPORT
CALVARY COMMISSION INCPO BOX 100 LINDALE,TX 75771	75-1566201	501(C)(3)	15,000				STUDENT LIFE CENTER & THE REFUGE & HEARTLAND RESIDENTIAL PROGRAMS
CHIRISTIAN HOMES AND FAMILY SERVICESPO BOX 270 ABILENE,TX 79604	75-1105043	501(C)(3)	9,375				GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF THE BIG COUNTRY1290 S WILLIS SUITE 103 ABILENE,TX 79605	75-2945230	501(C)(3)	31,500				GENERAL SUPPORT
DISABILITY RESOURCES INCPO BOX 1880 ABILENE,TX 79604	75-2157839	501(C)(3)	24,169				GENERAL SUPPORT
FREDERICKSBURG CHORALEPO BOX 2724 FREDERICKSBURG,TX 78624	74-2609455	501(C)(3)	30,000				GENERAL SUPPORT
HABITAT FOR HUMANITY 101 FULWILER RD ABILENE,TX 79603	75-2321956	501(C)(3)	11,275				GENERAL SUPPORT
HEART OF GRACE MINISTRIESPO BOX 742 CANTON,TX 75103	75-3058435	501(C)(3)	10,000				HOPE PREGNANCY CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERITAGE CHRISTIAN CHURCH7413 MAXTOWN RD WESTERVILLE,OH 43082	31-1273346	501(C)(3)	40,000				GENERAL SUPPORT
MEMORIAL SPRING BRANCH ROTARY CHARITIES INC9630 CLAREWOOD SUITE SUITE A HOUSTON,TX 77036	76-0149081	501(C)(3)	7,500				GENERAL SUPPORT
REGION 14 EDUCATION SERVICE CENTER1850 TEXAS 351 ABILENE,TX 79601	75-1247833	501(C)(3)	5,543				GENERAL SUPPORT
RESTORATIVE JUSTICE MINISTRIES NETWORK 1229 AVENUE J HUNTSVILLE,TX 77340	75-2617134	501(C)(3)	20,000				GENERAL SUPPORT
SAMARITAN'S PURSEPO BOX 3000 BOONE,NC 28607	58-1437002	501(C)(3)	25,000				GENERAL SUPPORT
SPECIAL OLYMPICS TEXAS - NORTH REGIONPO BOX 143806 AUSTIN,TX 78714	74-1998367	501(C)(3)	5,049				GENERAL SUPPORT
SUL ROSS STATE UNIVERSITYPO BOX C-114 ALPINE,TX 79832	74-6000027	501(C)(3)	5,243				SCHOLARSHIPS
TAYLOR COUNTY COMMISSIONER'S COURT 301 OAK STREET ABILENE,TX 79602	75-6011730	501(C)(3)	10,336				TASERS FOR CONSTABLES OF TAYLOR COUNTY
TAYLOR JONES HUMANE SOCIETY2301 NORTH 3RD STREET ABILENE,TX 79603	75-1812795	501(C)(3)	8,000				GENERAL SUPPORT
TEXAS CULTURAL TRUST 823 CONGRESS AVE SUITE 650 AUSTIN,TX 78701	74-2778878	501(C)(3)	7,500				TEXAS MEDAL OF ARTS
TEXAS RAMP PROJECTPO BOX 832065 RICHARDSON,TX 75083	33-1139484	501(C)(3)	10,000				WHEELCHAIR RAMPS
THE CHURCH OF THE CALLED OUT ONES1655 JIM MILLER RD DALLAS,TX 75217	27-1771799	501(C)(3)	10,000				CROSSROADS UNWINDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH TEXAS1155 UNION CIRCLE 311370 DENTON,TX 76203	27-0618216	501(C)(3)	15,000				SCHOLARSHIPS
UNIVERSITY OF TEXAS AT ARLINGTON701 S NEDDERMAN DRIVE ARLINGTON,TX 76019	75-6000121	501(C)(3)	6,000				SCHOLARSHIPS
VETERANS OF FOREIGN WARS3601 BEAVER AVE DES MOINES,IA 50310	42-0331186	501(C)(3)	35,000				WEST TEXAS HONOR FLIGHT
VISION INTERNATIONAL LEADERSHIP NETWORK 1008 DRAKE DRVIE EULESS,TX 76039	26-0761167	501(C)(3)	6,000				CROWNED WITH PURPOSE MINISTRIES
WORLD CHRISTIAN BROADCASTING CORP605 BRADLEY COURT FRANKLIN,TN 37067	75-1541354	501(C)(3)	25,000				MADAGASCAR TRANSMITTER
WYLIE BULLDOGS EDUCATION FOUNDATION 6249 BUFFALO GAP RD ABILENE,TX 79606	80-0594530	501(C)(3)	8,950				GENERAL SUPPORT

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF ABILENE

Employer identification number
75-2045832

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded	X	10	573,215	AVERAGE PRICE PER SHARE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization COMMUNITY FOUNDATION OF ABILENE	Employer identification number 75-2045832
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE 2010 RETURN WILL BE EMAILED TO ALL BOARD MEMBERS AND WILL BE REVIEWED BY THE AUDIT COMMITTEE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	TO MONITOR THE CONFLICT OF INTEREST POLICY , BOARD MEMBERS ARE GIVEN THE POLICY ANNUALLY AND ARE REQUIRED TO COMPLETE A FORM ANNUALLY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE CEO AND TOP MANAGEMENT WAS DETERMINED BY THE BOARD AND COMPARED TO COMPARABLE ENTITIES. FOR FISCAL YEAR 2011, A WRITTEN POLICY HAS BEEN ADOPTED REGARDING CEO COMPENSATION DETERMINATION. THE PRESIDENT/CEO OVERSEES THE COMPENSATION OF OTHER EMPLOYEES AND UTILIZES INFORMATION OF COMPARABLE ENTITIES IN DETERMINING COMPENSATION.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 11,055,710 REVENUE RE TO AGENCY ENDOWMENT FUNDS PER SFAS #136 -2,212,957 GRANTS & EXP RE TO AGENCY ENDOWMENT FUNDS PER SFAS #136 595,269 TOTAL TO FORM 990, PART XI, LINE 5 9,438,022

Identifier	Return Reference	Explanation
		FORM 990, PART XII, LINE 2C - THE PROCESS HAS NOT CHANGED

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF ABILENE

Employer identification number

75-2045832

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) AVJ FOUNDATION PO BOX 1001 ABILENE, TX 79604 75-2625919	SUPPORTING ORGANIZATION	TX	501 (C) (3)	11, TYPE I	N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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