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

OMB No 1545-0047

20**10** 

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements For the 2010 calendar year, or tax year beginning 09/01 2010, and ending 08/31 20 11 D Employer identification number C Name of organization American Bankers Association Education Foundation В Check if applicable 83-0397856 Address change E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Name change 1120 CONNECTICUT AVE, NW 202-663-5054 Initial return City or town, state or country, and ZIP + 4 Terminated 4,397,221 **WASHINGTON, DC 20036** G Gross receipts \$ Amended return F Name and address of principal officer STEPHANIE O'KEEFE H(a) Is this a group return for affiliates? Yes No Application pending 1120 CONNECTICUT AVE, NW, WASHINGTON, DC 20036 H(b) Are all affiliates included? ☐ Yes ☐ No N/A If "No," attach a list (see instructions) √ 501(c)(3) ) ◀ (insert no ) ☐ 4947(a)(1) or 501(c) ( Tax-exempt status Website: ► WWW.ABA.COM/ABAEF N/A H(c) Group exemption number ▶ DC Form of organization Corporation Trust ☐ Association ☐ Other ► 2004 M State of legal domicile L Year of formation Part I Summary **WORKING TO BUILD A GENERATION OF WELL** Briefly describe the organization's mission or most significant activities: INFORMED CONSUMERS AMERICAN BANKERS ASSOCIATION EDUCATION FOUNDATION PROMOTES UNDERSTANDING OF Activities & Governance PERSONAL BANKING AND FINANCIAL SERVICES BY ENHANCING THE PUBLIC KNOWLEDGE OF ECONOMIC SYSTEMS. 2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . . . 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0 15.000 6 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 N/A **Current Year** 900 Contributions and grants (Part VIII, line 1h) . 4,388 147,321 9 Program service revenue (Part VIII, line 2g) 145,279 718,800 867,850 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 31,909 46,717 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 900.376 1,062,788 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) . . . . . . 340.491 374,096 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . Total-fundralsing-expenses (Part IX, column (D), line 25) 17 Other-expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 292,207 322,772 696,868 632,698 18 365,920 267,678 End of Year **Beginning of Current Year** Fotal-assets-(Part-X,-line 16) 6,495,306 7,065,136 20 Totalliabilities (Part X. line 26) . 164,382 56,382 Net assets or fund balances. Subtract line 21 from line 20 6,438,924 6,900,754 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 100 Sign Signature of officer Here Robert G Eady, CFO Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Check [] if Paid self-employed Preparer Firm's name ▶ Firm's EIN ▶ Use Only Firm's address ▶ Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.



] Yes 🔲 No Form 990 (2010)

Cat No 11282Y

Form 99	0 (2010) Page 2
Part I	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:
	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
2	prior Form 990 or 990-EZ?
	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?
	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 \$ 129,832 including grants of \$ ) (Revenue \$ 42,806 )
	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 \$ 263,919 including grants of \$ ) (Revenue \$ 87,015 )
	TEACH CHILDREN TO SAVE:
	FOR 16 YEARS THE TEACH CHILDREN TO SAVE PROGRAM HAS PARTNERED BANKS WITH STUDENTS FOR LESSONS ON THE
	IMPORTANCE OF SAVINGS. THE PROGRAM HAS REACHED MORE THAN 5 MILLION YOUNG PEOPLE WITH THE HELP OF SOME 100,000 PLUS BANKER VOLUNTEERS, TEACH CHILDREN TO SAVE LESSONS, AND THE TEACH CHILDREN TO SAVE WEBSITE:
	WWW.TEACHCHILDRENTOSAVE.COM.
	"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
4c	(Code: ) (Expenses \$ 53,078 including grants of \$ ) (Revenue \$ 17,500 )
70	GET SMART ABOUT CREDIT PROGRAM:
	GET SMART ABOUT CREDIT - SPONSORED BY THE AMERICAN BANKERS ASSOCIATION EDUCATION FOUNDATION - IS A
	NATIONAL CAMPAIGN OF VOLUNTEER BANKERS WHO HELP YOUNG PEOPLE DEVELOP RESPONSIBLE CREDIT HABITS.
	FOR EIGHT 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.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 446,829

Form 99				age 3
Part	V 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)? If "Yes," complete Schedule A	1	<b>✓</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		<b>✓</b>
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		<b>✓</b>
4	<b>Section 501(c)(3) organizations.</b> 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		<b>/</b> _
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? If "Yes," complete Schedule C, Part III	5	N	Ά
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		<b>√</b>
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		<b>✓</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
	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	11b		<b>✓</b>
С	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	11c		<b>✓</b>
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? If "Yes," complete Schedule D, Part IX	11d		<b>✓</b>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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)? If "Yes," complete Schedule D, Part X.	11e		
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>✓</b>
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, Parts II and IV.	15		· ✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
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? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>✓</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		<b>✓</b>
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	N.	(2010)
		Forr	いっつし	· (2010)

Part	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 Port IV. actume (A) line 12 if "Vee " complete School vie I Port I and III.	04	Yes	No
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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	<b>√</b>	<u> </u>
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		<b>✓</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		<b>√</b>
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		1
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		<b>✓</b>
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):	٠٠٠٠ ئائد	ر. غمنگ	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	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? If "Yes," complete Schedule L, Part IV	28c		✓_
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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)?	35		✓
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	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? <i>If</i> "Yes," <i>complete Schedule R</i> ,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	✓	

Form 99	90 (2010)		F	age 5
Part				
	Check if Schedule O contains a response to any question in this Part V			
4.0	Falsa No. or other constitution Provided in Provided Constitution Cons		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   C   Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   1b   C	-i		1
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	4		1
•	reportable gaming (gambling) winnings to prize winners?	1c	- J	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		<u> </u>	,
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	N/	Α
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			i
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_	N/	Α
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)?	1		1
<b>L</b>		4a		
b	If "Yes," enter the name of the foreign country:   N/A  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	ŀ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<del>`</del>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	N/	A
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		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ŀ	N/	Α
	gifts were not tax deductible?	6b		<u> </u>
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 and services provided to the payor?	7		
_	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	N/	<b>▼</b>
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	11/	
•	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	7,	<b>1</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>✓</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N.	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	<u> </u>
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			
9	organization, have excess business holdings at any time during the year?	8		<b>-</b>
a	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a	N	Δ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/	
10	Section 501(c)(7) organizations. Enter:	- <del></del>		1
а	Initiation fees and capital contributions included on Part VIII, line 12	<u>\</u>		[
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N/A	<u>\</u>		,
11	Section 501(c)(12) organizations. Enter:			·
а	Gross income from members or shareholders	4		:
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
40-	against amounts due or received from them.)	120	NI/A	
12a b	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	12a	N/A	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		}	, i
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	N/	A T
u	Note. See the instructions for additional information the organization must report on Schedule O.		† <del>''</del>	<del>                                     </del>
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	<u>\</u>		
С	Enter the amount of reserves on hand	[		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	✓
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		For	m <b>990</b>	(2010)

Form 990 (2010) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year . . . 10 **b** Enter the number of voting members included in line 1a, above, who are independent . 1b 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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? . . . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 Does the organization have members, stockholders, or other persons who may elect one or more members 7a 7b 1 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b 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 . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a 10a Does the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . . . b If "Yes," does the organization have written policies and procedures governing the activities of such N/A chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?. 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 14 14 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? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) . . . . . . . . . . . . . Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 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? . . . . . . . . . . . . . . . . . . Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available 18 for public inspection. Indicate how you make these available. Check all that apply. Own website ☐ Another's website ✓ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, 19 and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: ► Barry Epstein, 1120 Connecticut Ave, NW, Washington, DC 20036 (202)663-5054

orm 990 (2010	0)			Page 7
Part VII	Compensation of Officers, Direct	ors, Trustees, Key Er	mployees, Highest Compensat	ed 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.
- · 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, 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 no	any relate	d org	aniz	atio	n c	ompe	nsa	ited any currer	t officer, director	, or trustee.
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) S. Joe DeHaven	1			Π				0	o	0
Board Member	ļ <u></u>	/		<u> </u>	_					<del></del>
(2) Todd Earl	1	١.						o	l ol	0
Board Member		1		<u> </u>	_					
(3) George W. Hermann Board Member	1	1						0	0	0
(4) Alejandra Kalman Board Member	1	1						0	o	0
(5) Janet Knock Board Member	1	1						0	0	0
(6) Robert R. Jones, III  Board Member	1	1						0	0	0
(7) William R. White Board Member	1	1						o	0	0
(8) Teresa L. Ziebarth Board Member	1	1						0	0	0
(9) Jennifer Jolley Chair	1			1				0	0	0
(10) Erica Opstad Vice Chair	1			1				o	0	0
(11) Virginia Dean Executive Director	1				1			0	293,329	208,248
(12) Laura Fisher Director	19				1			0	103,326	31,524
(13)										
(14)										
(15)										
(16)										

Part	VII Section A. Officers, Directors, Trus	stees, Key l	Emplo	уес	es, a	and	Highe	est (	Compensated	Employees (con	tinued)		
	(A)	(B) (C)							(D)	(E)	(F)		
	Name and title	Average hours per	<b>├</b> ──	ion (c		k all	that ap		Reportable compensation	Reportable compensation from	Estimated amount of		
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(17)													
(18)													
(19)													
(20)													
(21)					_								
(22)													
(23)													
(24)													
(25)													
(26)													
(27)													
(28)													
1b	Sub-total			•	•	•		<b>&gt;</b>	0	<del> </del>	239,772		
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•	•			0	<del>  </del>	239,772		
2	Total number of individuals (including but reportable compensation from the organi	t not limited	d to th					e) w	<u> </u>				
	reportable compensation from the organi	Zation	ONE								Yes No		
3	Did the organization list any former of employee on line 1a? If "Yes," complete									nest compensat			
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	porta	ble	con	npe	nsatio	on a	ind other comp	pensation from the dule of the	he		
	individual										4 🗸		
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co ? If "Yes," o	ompe comp	nsa lete	tion <i>Scl</i>	fro ned	m any ule J	y un for s	related organiz such person	zation or individu			
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization.	compensat	ed in	dep	end ——	ent	contr	act	ors that receive	ed more than \$1	00,000 of		
	(A) Name and business add	iress							(B) Description of s	services	(C) Compensation		
NONE													
2	Total number of independent contractor									ove) who			
	received more than \$100,000 in compens	sation from	the o	rgar	niza	tion	<b>&gt;</b> 1	NON	E		Form <b>990</b> (2010)		

	90 (201) VIII	Statement of Rev	/enue					Page 9
					(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						
gra	b	Membership dues .						
ts, am	С	Fundraising events .						
ig i	d	Related organizations				^		
sim.	e	Government grants (cor		_		j		-
i E	f	All other contributions, g and similar amounts not in			, I	•		
를 눌	_	Noncash contributions include	L_ <u></u>	900				
	g	Total. Add lines 1a-1		•	900			
	- 11	Total. Add lines 1a-1		Business Code	7 300			<del> </del>
eun	2a	CONSUMER EDUCAT	ION	611710	42,806	42,806		
æ	b	TEACH CHILDREN TO		611710	87,015	87,015		<del> </del>
<u>8</u>	C	GET SMART ABOUT O		611710	17,500	17,500		
ēZ	d	•••••••						
Program Service Revenue	е							
<u> </u>	f	All other program ser						
F	g	Total. Add lines 2a-2	2f	▶	147,321			
	3	Investment income						
		and other similar amo	•		206,175			206,175
	4	Income from investmen	•	· · · · · ·				
	5	Royalties						
			(ı) Real	(II) Personal				
	6a	Gross Rents				, *	۴	* :
	b	Less: rental expenses		ļ	*		•	1
	C	Rental income or (loss)	<del></del>	<u> </u>				
	d	Net rental income or Gross amount from sales of	(IOSS)	(ii) Other	>	<u>*</u>		
	7a	assets other than inventory		<del> </del>				
	b	Less cost or other basis	3,950,389		3	*		
		and sales expenses .	3,288,174	<del></del>				
	С	Gain or (loss)	661,175			*		
	d	Net gain or (loss) .		▶	661,175			661,175
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions report See Part IV, line 18	ed on line 1c).					
ţ	ь				}			
O	C	Net income or (loss) f		<u> </u>				
	1	Gross income from ga						
		_	a					
	b	Less: direct expenses	s <b>b</b>	,				
	С	Net income or (loss) f		ıvıties ▶				The state of the s
		Gross sales of in returns and allowance		92,976				
	b	Less: cost of goods s	_					
		Net income or (loss) f			46,717	46,717		enger to a someone or
		Miscellaneous F		Business Code				
	11a							
	b							
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-	· · · ·	▶		•		
	12	Total revenue. See in	nstructions	▶	1,062,788	194,038		0 867,850

### 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)

	All other organizations must complete co	lumn (A) but are not		te columns (B), (C), a	
	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				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16		_		
<b>4</b> <b>5</b>	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	238,061	152,952	85,109	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	136,035	85,346	50,689	
9	Other employee benefits	130,033	03,340	30,003	
10	Payroll taxes				
11	Fees for services (non-employees):				
''	Management				
b	Legal				
c	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		1 24	,	
f	Investment management fees	31,098		31,098	
g	Other	16,601	15,705	896	
12	Advertising and promotion				
13	Office expenses	26,542	5,632	20,910	
14	Information technology	27,225	16,858	10,367	· · · · · · · · · · · · · · · · · · ·
15	Royalties				<del></del>
16	Occupancy	98,953	59,372	39,581	
17	Travel	27,683	9,734	17,949	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	10,116	5,541	4,575	
20	Interest				<del></del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
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.)				
а	CHARITABLE CONTRIBUTIONS	11,500	4,000	7,500	
b	OVERHEAD	61,703	39,318	22,385	
С	MEMBERSHIP & DUES	5,000		5,000	
d	MISCELLANEOUS	6,351	6,112	239	
е					
f	All other expenses  Total functional expenses. Add lines 1 through 24f				
25		696,868	400,570	296,298	
26	<b>Joint costs.</b> Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line				
	only if the organization reported in column	j		j	
	(B) joint costs from a combined educational campaign and fundraising solicitation				
					Form <b>990</b> (201

Part	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing		1	
2	Savings and temporary cash investments	189,607	2	251,312
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	1,731	4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of		·	
	Schedule L		5	
φ <sub>1</sub> 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)	* *	6	
Assets	Notes and loans receivable, net		7	
8 8	Inventories for sale or use	38,390	8	83,627
9	Prepaid expenses and deferred charges	1,223	9	
10a		* *	7	1
1			10c	
11	Investments—publicly traded securities	6,233,962	11	6,702,341
12	Investments—other securities. See Part IV, line 11		12	
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	30,393	15	27,856
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,495,306	16	7,065,136
17	Accounts payable and accrued expenses		17	27,032
18	Grants payable	-	18	
19	Deferred revenue	29,584	19	115,886
20	Tax-exempt bond liabilities		20	
g 21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.		3	and an entransport of months according to the
_	Complete Part II of Schedule L		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. Complete Part X of Schedule D	26,798		21,464
26 Sa	Total liabilities. Add lines 17 through 25	56,382	26	164,382
Š 27	Unrestricted net assets	412,134	27	344,034
<u>e</u> 28	Temporarily restricted net assets	7107	28	2,50
m   29	Permanently restricted net assets	6,026,790	29	6,556,720
Net Assets or Fund Balance 22 28 33 33 33	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	, ,		} ,- 'Y
<u>s</u> 30	Capital stock or trust principal, or current funds		30	
9 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ 32	Retained earnings, endowment, accumulated income, or other funds .		32	
<b>⊉</b> 33	Total net assets or fund balances	6,438,924	33	6,900,754
2 34	Total liabilities and net assets/fund balances	6,495,306	34	7,065,136

Down					age 12
Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				· [7]
	Check it Schedule O contains a response to any question in this Part XI	· ·	<del></del>	<u> </u>	· [X]
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,0	62,788
2	Total expenses (must equal Part IX, column (A), line 25)	2		6	96,868
3	Revenue less expenses. Subtract line 2 from line 1	3		3	65,920
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-	6,4	38,924
	Other changes in net assets or fund balances (explain in Schedule O)	5		•	95,910
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		6,9	00,754
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>		· 🗆
				Yes	No
	Accounting method used to prepare the Form 990:   Cash   Accrual   Other		*		[ ~ t
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olaını	n ,		. " "
	Schedule O.		أبدا	3 s	ا اد خنست اد
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	3	<b>/</b>
	Were the organization's financial statements audited by an independent accountant?		. 2	o <b>√</b>	<u> </u>
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov			1	
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2		✓
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın	ın 📗		, , !
	Schedule O.		1 %	3 3 2	
	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ar wei	′e  `,	~   X	
	issued on a separate basis, consolidated basis, or both:		<u> </u>		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1'. Î 1 Î	
	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in	ļ	
	the Single Audit Act and OMB Circular A-133?		· 3	a	<b>/</b>
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				NA.
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3	0	<u> </u>
			F	orm <b>99</b>	<b>0</b> (2010)

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

### **Public Charity Status and Public Support**

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

AME	RICAN BANKERS A	ASSOCIATION ED	UCATION FOUNDATIO	N.		_			83-039	7856		
Par			rity Status (All orga						nstruction	ns.		
The o			ition because it is: (Fo									
1			hes, or association of			ed in <b>sec</b>	tion 170	(b)(1)(A)(i	).			
2			170(b)(1)(A)(ii). (Attac									
3			spital service organiza						N/L\/4\/ A\/:	::\	4lb.a.	
4		•	on operated in conjun	ction with	ı a nospit	ai descrii	oea in <b>se</b>	ction 17	)(A)(1)(A)(I	iij. Ente	rtne	
_		ne, city, and stat	the benefit of a colle		voroit vo		onorated	by a go	vornmente	l unit d	oscrit	ed in
5		on operated for )(1)(A)(iv). (Com		ge or um	versity of	whed or	operateu	by a go	vermient	ai uini u	COCITE	Jeu III
6			nment or government	al unit de	scribed in	section	170(b)(1	ι)(Δ)(ν)				
7			receives a substantia						nit or from	the ger	neral i	oublic
•			(A)(vi). (Complete Par		o ooppo		. 5			3		
8			n section 170(b)(1)(A		nplete Pa	ırt II.)						
9	•		receives: (1) more that				om contri	ibutions.	membersh	nip fees	, and	gross
-	receipts from	activities related	d to its exempt funct	ions-sul	bject to d	ertain ex	ceptions	s, and (2)	no more	than 33	31/3%	of its
	support from	gross investme	ent income and unrel	lated bus	siness ta:	xable inc	ome (les	ss sectio	n 511 tax	) from	busin	esses
	acquired by th	ne organization a	fter June 30, 1975. Se	ee <b>sectio</b>	n 509(a)(	<b>2).</b> (Com <sub>l</sub>	olete Par	t III )				
10			l operated exclusively									
11	An organization	on organized ar	nd operated exclusive	ely for th	ie benefit	t of, to p	perform	the funct	tions of, c	r to ca	my ou	ut the
	purposes of c	ne or more pub	olicly supported organ	nizations	describe	d in sect	ion 509(a	a)(1) or se	ection 509	(a)(2). S	ee se	ection
			describes the type of							_		
	a 🗌 Type			□ Тур						] Type		
е		his box, I certify	that the organization	is not co	ntrolled d	irectly or	' indirecti	y by one	or more d	iisqualiti	ea pe	ersons O(a)(1)
	or section 509		ers and other than on	e or more	publicly	support	eu organ	izations t	Jescribed	111 SEC.11	JII 30.	3(a)(1)
f			a written determination	on from t	the IRS 1	that it is	a Tyne	I Type	II or Type	e III sur	norti	na
•	_		· · · · · · · · ·						.,			
g			he organization accep			ontributio	n from a	inv of the	•			_
5	following pers			,,,,	<b>3</b> v. v.			,				
			ndirectly controls, eitl	her alone	or toget	her with	persons	describe	d in (ii) an	d	Yes	No
			ody of the supported							11g(i)	,	1
	(ii) A family m	ember of a pers	on described in (i) abo	ove?						11g(ii	)	✓
			a person described in							11g(in	)	1
h	Provide the fo	llowing informat	ion about the support	ed organi	ization(s).							
(i)	Name of supported	(ii) EIN	(III) Type of organization		organization		ou notify		ls the		Mount	of
	organization		(described on lines 1–9 above or IRC section		sted in your document?	col (i)	nization in of your		tion in col ized in the	SL	pport	
			(see instructions))	<u> </u>	1		port?	<u> </u>	S?			
				Yes	No	Yes	No	Yes	No			
(A) A	MERICAN	52-1001304	9	1		✓		1				0
	ANKERS ASSOC.	<u>.                                    </u>						<b></b>				
(B)								ŀ				
(0)								1	†           †			
(C)						<u> </u>						
(D)												
					-		<del> </del>	-				
(E)						[						
				<del> </del>	<del> </del>							

Schedule A (Form 990 or 990-EZ) 2010

Part	Support Schedule for Organization (Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Section	on A. Public Support				<del></del>		
	dar 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	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)					****	
6	Public support. Subtract line 5 from line 4.	* * * * * * * * * * * * * * * * * * * *		, ;		- · · · · · · · · · · · · · · · · · · ·	
	on B. Total Support	<u> </u>		<u></u>			l
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Tota
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						
12	Gross receipts from related activities, etc					12	- FO4 (-)(0)
13	First five years. If the Form 990 is for the						
Socti	organization, check this box and stop he on C. Computation of Public Support						
14	Public support percentage for 2010 (line			11. column (fi)		14	
15	Public support percentage from 2009 Scl	hedule A, Part	II, line 14 .			15	
16a	331/3% support test—2010. If the organibox and stop here. The organization qua	lifies as a pub	licly supported	d organization			▶
	331/3% support test—2009. If the organ check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	ganization .		▶
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts- facts-and-circu	and-circumstaumstaumstances" te	ances" test, ch st. The organiz	eck this box a ation qualifies	nd <b>stop here.</b> as a publicly s	Explain in supported
b	10%-facts-and-circumstances test – 2 15 is 10% or more, and if the organiza Explain in Part IV how the organization m	tion meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances" stances" test. 1	test, check to The organization	his box and st	top here.
18	Private foundation. If the organization dinstructions	id not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, ched		see

	le A (Form 990 or 990-EZ) 2010		<del> </del>				1 49
Part		ations Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked the						ler Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	mplete Part I	l.)	
	on A. Public Support	<u>,                                    </u>					<u> </u>
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")			<u> </u>			
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	<u> </u>					
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			j			
5	The value of services or facilities						
3	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					<del></del>	
	Add lines 7a and 7b	1 1 CE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N.O	Dr. Start of State College San	10. XXX 100 41 11 4 Y	~~. ~~. × ~	
8	Public support (Subtract line 7c from						
	line 6.)	一世·17.1.7.4.18.8.8.8.8.8.8.8.8.8.8.8.8.8.8.8.8.8.	Livery Con to	· · · · · · · · · · · · · · · · · · ·	B 188 1 5 2	,*	
	on B. Total Support	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Tota
	dar year (or fiscal year beginning in)	(a) 2000	(b) 2007	(6) 2000	(d) 2003	(6) 2010	(1) 1014
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .		]				
h	Unrelated business taxable income (less		<del></del>				
U	section 511 taxes) from businesses						
	acquired after June 30, 1975	i					
c	Add lines 10a and 10b	<u> </u>	1				
11	Net income from unrelated business			ļ		-	
••	activities not included in line 10b, whether						
	or not the business is regularly carried on		1				
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, check this box and stop he	re					<u> ▶</u>
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2010 (line	8, column (f) d	ivided by line 1	13, column (f))		15	
16	Public support percentage from 2009 Sc			<u> </u>		16	
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2010					17	
18	Investment income percentage from 200	9 Schedule A,	Part III, line 17	·		18	.,
19a	331/3% support tests—2010. If the organ	ization did not	check the bo	x on line 14, a	nd line 15 is m	ore than 331/3°	%, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2009. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions <b>&gt;</b>

Schedule A (F	Form 990 or 990-EZ) 2010	Page 4
Part IV	<b>Supplemental Information.</b> 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).	-
******		
••••		
•		
••••		<del>-</del>
•		

### **SCHEDULE D** (Form 990)

### **Supplemental Financial Statements**

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the			Emplo	oyer identification number
	BANKERS ASSOCIATION EDUCATION FO			83-0397856
Part I	Organizations Maintaining Dono organization answered "Yes" to Fo	orm 990, Part IV, line 6.		
		(a) Donor advised fur	nds	(b) Funds and other accounts
1 Tota	al number at end of year			
2 Agg	regate contributions to (during year) .			
3 Agg	regate grants from (during year)			
4 Agg	regate value at end of year			
5 Did fund	the organization inform all donors and is are the organization's property, subject	donor advisors in writing that to the organization's exclu	nat the assets held in sive legal control?.	i donor advised · · · · · □ Yes □ No
only	the organization inform all grantees, dor for charitable purposes and not for the	benefit of the donor or dor	nor advisor, or for any	y other purpose
Part II	Conservation Easements. Comp			orm 990, Part IV, line 7.
	pose(s) of conservation easements held be Preservation of land for public use (e.g., repretection of natural habitat Preservation of open space		Preservation of an hi	istorically important land area rtified historic structure
	nplete lines 2a through 2d if the organizatement on the last day of the tax year.	tion held a qualified conserv	ation contribution in t	the form of a conservation
	•			Held at the End of the Tax Year
a Tota	al number of conservation easements .			2a
	al acreage restricted by conservation eas			2b
	ber of conservation easements on a cer			2c
d Nun	nber of conservation easements included by the conservation casements included in the National Register.	ed in (c) acquired after 8/	17/06, and not on a	
3 Nun	nber of conservation easements modified year ▶			
4 Nun 5 Doe	nber of states where property subject to s s the organization have a written poli ations, and enforcement of the conservat	cy regarding the periodic	monitoring, inspection	
6 Staf	f and volunteer hours devoted to monitor	ring, inspecting, and enforci	ng conservation ease	ments during the year
7 Amo	ount of expenses incurred in monitoring,	inspecting, and enforcing co	onservation easement	s during the year
	s each conservation easement reported a section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the	· · · · · ·	tion 170(h)(4)(B) · · · · · □ <b>Yes</b> □ <b>No</b>
bala orga	art XIV, describe how the organization re ince sheet, and include, if applicable, the anization's accounting for conservation e	text of the footnote to the o		
Part III	Organizations Maintaining Colle Complete if the organization answ			er Similar Assets.
wor	e organization elected, as permitted unc ks of art, historical treasures, or other s lic service, provide, in Part XIV, the text of	similar assets held for publ	ic exhibition, educati	on, or research in furtherance o
wor pub	e organization elected, as permitted unks of art, historical treasures, or other slic service, provide the following amounts	similar assets held for publis relating to these items:	ic exhibition, educati	on, or research in furtherance o
(i) F	Revenues included in Form 990, Part VIII,	line 1		▶ \$
(ii) A	Assets included in Form 990, Part X			> \$
2 If th	e organization received or held works wing amounts required to be reported up	of art, historical treasures,	or other similar asse	ets for financial gain, provide the
	enues included in Form 990, Part VIII, line		_	
b Ass	ets included in Form 990, Part X			> \$

Sched	lule D (Form 990) 2010								Page 2
A Pai	rt III Organizations Maintaining	Collections of A	rt, Histo	rical T	reasures,	or Oth	er Similar As	sets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and oth	er record	s, chec	k any of the	followi	ng that are a si	gnificant i	use of its
а	Public exhibition		d [	] Loa	n or exchang	ge prog	<sub>j</sub> rams		
b	Scholarly research		e [						
С									
4	Provide a description of the organization XIV.		nd explair	n how t	ney further th	he orga	ınization's exem	npt purpos	e in Par
5	During the year, did the organization assets to be sold to raise funds rather								
									No
	t IV Escrow and Custodial Arra line 9, or reported an amour	t on Form 990, P	art X, lin	e 21.					-art iv,
1a	included on Form 990, Part X?								i ∐ No
b	If "Yes," explain the arrangement in P	art XIV and comple	te the foll	owing to	able:				
							Ar	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a								☐ Yes	i □ No
b									
Pa	rt V Endowment Funds. Compl	ete if the organiza	ation ans	wered	"Yes" to Fo	orm 99	0, Part IV, line	10.	
		(a) Current year	(b) Prior		(c) Two years		d) Three years back		ears back
1a	Beginning of year balance	6,026,790	5,	915,314	.,	9		. 1,384	
b		-				% j		1.2 23 1	1 ( )
C						- i			
	losses	529,930		111,476		S			
d		===,,,,,,						1.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
e			•					1 ,	\$333
_	programs							* * * * *	
f	Administrative expenses		·	<del></del>				1. (0)	i c c c .
g		6,556,720	6	026,790			*****		1,014
2	Provide the estimated percentage of t		<u>:</u>		<u> </u>			<u>`</u> `	<u>~</u>
a				•					
a b		nt ▶ 100	.′"						
c 3a			a organiza	ition the	at are held a	nd adn	ninistered for the	e	
Jd	organization by:	z possession or the	Julyaniza	anon mi	at ale lielu al	nu auli	milatered for the		'es No
	,								
	(i) unrelated organizations							3a(i)	_ /
1-	(ii) related organizations			Cabad	 			3a(ii)	<del>*</del>
b								3b	<u> </u>
4	Describe in Part XIV the intended uses								
Pai	t VI Land, Buildings, and Equip	<del></del>	<del></del>						
	Description of investment	(a) Cost or oth (investme			or other basis ther)		ccumulated preciation	(d) Book	value
1a	Land						\$ , · · ·		
b	Buildings								
C	Leasehold improvements								
d	Equipment								
е	Other								
T-1-	I. Add lines 1a through 1e. (Column (d) n	oust equal Form 99	0. Part X.	column	(B), line 10(c	c).) .	•		

Schedule D (Form 99	0) 2010			Page
Part VII In	vestments—Other Securities	. See Form 990, Part X, I	line 12.	
(a) Des	cription of security or category including name of security)	(b) Book value	(c) Method of va Cost or end-of-year i	
(1) Financial deri	vatives			<u></u> ,
	equity interests			<u> </u>
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)	15 000 D 1V 1 (D) 5 10 1 D			
	st equal Form 990, Part X, col (B) line 12) ▶			
Part VIII In	vestments-Program Related	J. See Form 990, Part X,	line 13.	
(a) De	escription of investment type	(b) Book value	(c) Method of vi Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	· · · · · ·			
(9)				
(10)				
	st equal Form 990, Part X, col. (B) line 13.) ▶			
	ther Assets. See Form 990, Pa	art X, line 15.		
		a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)	<del></del>			
(9)		<del></del>		
(10)				
	b) must equal Form 990, Part X, c	ol. (B) line 15.)		
	her Liabilities. See Form 990,			L
	(a) Description of liability	(b) Amount		······································
(1) Federal inco		0	1	
	VESTMENT PURCHASES	21,464	1	
(3)	TEO INICITI FOROITIOES	2.,,	4	
(4)			-	
(5)			-	
(5) (6) (7) (8) (9)			1	
(7)			-	
(9)			-	
(0)			4	
(9)			_	
(10)	····		4	
(11)			1	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 21,464

2. FIN 48 (ASC 740) 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 (ASC 740).

Schedule D (Form 990) 2010

Part	XI Reconciliation of Change in Net Assets from Form 990 to A			ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	1,062,788
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	696,868
3	Excess or (deficit) for the year. Subtract line 2 from line 1			_3_	365,920
4	Net unrealized gains (losses) on investments			4_	95,910
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV.)			8	07.040
9	Total adjustments (net). Add lines 4 through 8			9	95,910
10	Excess or (deficit) for the year per audited financial statements. Combine			10 Dot	461,830
Part				nei	1,204,957
1	Total revenue, gains, and other support per audited financial statements			34	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	95,91	13 *	3
a	Net unrealized gains on investments		93,31	<b>4</b> .,,	,
b	Donated services and use of facilities			٦,	
c d	Other (Describe in Part XIV.)		46.25	9	
e	Add lines 2a through 2d				
3	Subtract line 2e from line 1				<u></u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i		Qr.	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		7.7	
b	Other (Describe in Part XIV.)				· 🔏
c	Add lines <b>4a</b> and <b>4b</b>			40	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,062,788
Part		ments	With Expenses	er R	eturn
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			78	
а	Donated services and use of facilities	2a_			
b	Prior year adjustments			4	¥
С	Other losses			1.00	3,3
d	Other (Describe in Part XIV.)				~
е	Add lines 2a through 2d				
3	Subtract line <b>2e</b> from line <b>1</b>	i .			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			36.3 35.4	. 4 ***
а	Investment expenses not included on Form 990, Part VIII, line 7b			<b>⊣</b> ~:	٠,
Ь	Other (Describe in Part XIV.)		·	┥.	54
C	Add lines <b>4a</b> and <b>4b</b>				
5 Does	Supplemental Information	110.)	<u> </u>		090,000
Comp Part V	ete this part to provide the descriptions required for Part II, lines 3, 5, and line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XII ditional information.	d 9; Pa I, lines	rt III, lines 1a and 4; 2d and 4b. Also co	Part nplet	IV, lines 1b and 2b; e this part to provide
Part V	Line 4:				
An an	nually determined amount of income from the endowment funds is used for t	he gene	eral exempt purposes	of th	e organization.
Part X	line 2 - FIN 48 Footnote:				
Note 1	. Nature Of Activities And Significant Accounting Policies				
Ameri	can Bankers Association Education Foundation (ABAEF) is exempt under Se	ction 5	01(c)(3) of the IRC an	d has	been classified as
organ	zation that is not private foundations. Therefore, no provision for income tax	kes has	been provided for th	is ent	ity in the accompanying

Schedule D (Form 990) 2010 Page 5 Part XIV Supplemental Information (continued) consolidated financial statements. Management evaluated the Association's tax positions and concluded that the Association had taken no uncertain tax positions that require adjustment to the consolidated financial statements to comply with the provisions of this guidance. Generally, the Association is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2008. Part XII, lines 2d: Cost of Goods Sold \$46,259 reported on Form 990 Part VIII, Line 10b. Part XIII, lines 2d: Cost of Goods Sold \$46,259 reported on Form 990 Part VIII, Line 10b.

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

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 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization **AMERICAN BANKERS ASSOCIATION EDUCATION FOUNDATION** 

Employer identification number

83-0397856

art	Questions Regarding Compensation			
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form		Yes	No
la	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
	Discretionary speriority account Transfer to isolate services (e.g., maid, endured, end-			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
_	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	N/	ĮA .
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
_	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	N.	Α
				·····
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
-	organization's CEO/Executive Director. Check all that apply.	.		
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			1
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
				-
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	<b>✓</b>	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		<b>✓</b>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	ļ		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		✓
ь	Any related organization?	5b		✓
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
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, did the organization provide any non-fixed			١,
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		<b>V</b>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			,
	in Part III	8		<b>✓</b>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		N.	<b>A</b>
	Regulations section 53.4958-6(c)?	9	'*	<b>[</b> ]

Schedule J (Form 990) 2010

Page 2 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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	(B) Breakdown of W-2 and/or 1099-MISC compensation	Compensation	(C) Retirement and	old Controll (Controll Controll Control	Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(ui) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
	© §	191 100			4	04.0		C
1 Virginia Dean	€ 6	781,145	9	5,384	132,600	13,646	776,106	
	E			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
7	€ €							
6	<b>E</b>							
	€ €							
4	≘ €							
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	8							
9	Ξ							
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7	Ξ							
	Θ							
8	€							
	8							
6	(ii)							
	<u> </u>					1		
10	≘							
	<u> </u>		8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8					
11	Ξ							
	8		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
12	€							
	Ξ							
13	(E)							
	Ξ							
14	(ii)							
	Θ							
15	<b>E</b>							
	<u>e</u>							
16	Ξ							

Schedule J (Form 990) 2010

NOIN

Page 3 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 for American Bankers Association Education Foundation relied on its related organization, the American Bankers Association (FEIN. 52-1001304), to establish the top management official's Executive Director, Virginia Dean, is a participant in a supplemental nonqualified retirement plan of the American Bankers Association (ABA), a related organization. The accrued present value estimated benefits for the year provided by American Bankers Association to Virginia Dean is \$41,300. The plan is designed as a benefit restoration for the qualified plans sponsored by the American Bankers Association (ABA). The organization does not provide supplemental nonqualified retirement plan to its board members and officers. Approval by the board and compensation committee of the American Bankers Association Compensation survey study done by American Bankers Association The organization does not compensate its board members and officers. Compensation committee of the American Bankers Association Supplemental Information Part I, Line 3: compensation by the following methods. any additional information. Part I, Line 4b: Part III

Schedule J (Form 990) 2010

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

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

83-0397856

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN BANKERS ASSOCIATION EDUCATION FOUNDATION

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

► Attach to Form 990 or 990-EZ.

990-EZ. Open to Published Inspection

Employer identification number

Part VI, Line 6
The sole member of the American Bankers Association Education Foundation is the American 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 Trustees at the Annual Meeting
The Board of Trustees administers the affairs of the Foundation and has full authority to act between Annual Meetings
Part VI, Line 11
ABA's management, which includes certified public accountants, prepared the return and 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, having each officer, member of the Board of Directors, and key
employees attest by signature that they have read, understand, and are in compliance with the policy. On an annual basis, the Board is provided a copy of the
policy, offered an 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 discussions of the Board.
Part VI, Line 15b
The American Bankers Association Education Foundation (ABAEF) has no employees Key employees shown on Part VII, Section A, are employees of the related
organization, the American Bankers Association (ABA) The Compensation Committee of the American Bankers Association is responsible for reviewing the
compensation of the Foundation's top management officers and employees The process used by the ABA's Compensation Committee is made in conjunction
with an outside independent consulting firm that conducted a comprehensive compensation study for the Association
man or

n	2

Name of the organization	Employer identification number
AMERICAN BANKERS ASSOCIATION EDUCATION FOUNDATION	83-0397856
• Utilizing salary surveys, including those from Mercer, Watson Wyatt, PRM Consulting, and ASAE, jobs were benchmarked	ed to comparable positions
• The outside compensation consulting firm reviewed applicable market data and the benchmarked position information	n 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 regarding compensation arrangement	5
Part VI, Line 19 <sup>-</sup>	
The Foundation does not make its governing documents, conflict of interest policy, or its financial statements available to	the public.
The organization'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 per week respectively to the relati	ed organization, American Bankers
Association (FEIN 52-1001304)	
Part XI, Line 5	
Unrealized Gain on Investments \$95,910	
	······

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN BANKERS ASSOCIATION EDUCATION FOUNDATION

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Related Organizations and Unrelated Partnerships

▶ See separate instructions. ► Attach to Form 990.

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

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<b>T</b>
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$\omega$

OMB No 1545-0047

Open to Publi

Employer identification number Inspection

83-0397856

(f)
Direct controlling
entity (e) End-of-year assets Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income (c)
Legal domicile (state or foreign country) (b) Pnmary activity (a) Name, address, and EIN of disregarded entity Part I Part II Ξ 2 € G 9 ල

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charrty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(2(b)(13)
						Yes	N <sub>o</sub>
(1) AMERICAN BANKERS ASSOCIATION (52-1001304) 1120 CONNECTICUT AVE, NW, WASHINGTON, DC 20036	TRADE ASSOCIATION	20	501 (C) (6)	V/N	N/A		>
(2)							
(3)							
(4)							
(5)							
(9)							
$\omega$							İ
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	.00	Cat. N	Cat. No. 50135Y		Schedule R (Form 990) 2010	(Form 99	0) 2010

# AMERICAN BANKERS ASSOCIATION EDUCATION FOUNDATION

Schedule R (Form 990) 2010

Page 2 (h) Percentage Percentage ownership 3 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 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.) (i) General or managing partner? Yes No (g)
Share of
end-of-year assets (i)
Code V—UBI
amount in box 20 of
Schedule K-1
(Form 1065) (f) Share of total income (h)
Disproportionate
allocations? ŝ Yes (e)
Type of entity
(C corp. S corp,
or trust) (g) Share of end-of-year (d)
Direct controlling
entity (n) Share of total income (c)
Legal domicile
(state or
foreign country) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) Primary activity (d) Direct controlling (c) Legal domicile (state or foreign country) (a) Name, address, and EIN of related organization (b) Primary activity Name, address, and EIN (E) related organization Part III Part IV € € ত 9 ල 0 2 Ε 2 9 E ත Ξ **ĕ** ٤

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

tion(s)  assets from other organization(s)  assets from other organization(s)  prof fundraising solicitations for other organization(s)  tests, or other assets  tron for expenses	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  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 or (iv) rent from a controlled entity	d organizations listed	in Parts II–IV?	1a / / / / / / / / / / / / / / / / / / /
assets from other organization(s) 11h assets from other organization(s) 11h or fundraising solicitations by other organization(s) 11k or fundraising solicitations by other organization(s) 11k or other assets 11k or other assets 11k or other organization(s) 11k or other assets 11k or other assets 11k or other assets 11k or other assets 11k or other organization(s) 11k organization(s)	Loans or loan guarantees to or for other organization(s)			, w.,
assets from other organization(s)  or fundralising solicitations for other organization(s)  profundralising solicitations by other organization(s)  lists, or other assets  tion for expenses  tion for expenses  ther organization(s)  other organization(s)  ss." see the instructions for information on who must complete this line, including coovered relationships and transaction threshold hamour involved and transaction threshold shown threshold the amount mooter of the organization and transaction threshold should be about mooter threshold and transaction threshold should be amount mooter threshold thr	Sale of assets to other organization(s)			1/2
tion for expenses	other assets from othership or fundraising ership or fundraising lership or fundraising lailing lists, or other a			
her organization(s)	Reimbursement paid to other organization for expenses			
(a)     (b)     (c)       Name of other organization     Transaction     Amount involved       type (a-r)     m     120,555 A       n     373,836 A       0     711,709 A       q     321,419 A	Other transfer of cash or property to other organization(s)  Other transfer of cash or property from other organization(s)  If the answer to any of the above is "Yes." see the instructions for information on who must complete this		relationships and trans	. 19 V
E c o b	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
с о Б	American Bankers Association (52-1001304)	ш	120,555	
О В	American Bankers Association (52-1001304)	u	373,836	Allocation
Ь	American Bankers Association (52-1001304)	0	711,709	Actual/cash
	American Bankers Association (52-1001304)	b	321,419	Actual/cash

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Unrelated Organizations Taxable as a Partnership (Complete of 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) Name, address, and EIN of entrty	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	al or ging ier?
			Yes No		Yes No		Yes	٩
(1)								
(2)								
(3)								
(4)								
(9)								
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(15)								
(16)								
						Schedule R (Form 990) 2010	rm 990)	2010

Schedule R (Form 990) 2010 Page 5 Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see Part V, Note q· The amount disclosed is cash and payments received by the related organization, American Bankers Association, on behalf of the filing organization during the year. The amount \$321,419 has been applied to reimbursement paid to American Bankers Association and is also included in Note O, Reimbursement paid to other organization for expenses.