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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2010 calendar year, or tax year beginning October 1, 2010, and ending September 30, 20 11

B Check if applicable:

☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Abilene Industrial Foundation

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P. O. Box 2281

City or town, state or country, and ZIP + 4
Abilene, TX 79604

D Employer identification number
75-6035743

E Telephone number
325-673-7349

F Group Exemption Number ►

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ►

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

I Website: ► www.developabilene.com

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **62,360**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	60,500
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	1,860
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	6c	Less: direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	62,360
	10	Grants and similar amounts paid (list in Schedule O)	10	
	Net Assets	11	Benefits paid to or for members	11
12		Salaries, other compensation, and employee benefits	12	
13		Professional fees and other payments to independent contractors	13	575
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe in Schedule O)	16	54,802
17		Total expenses. Add lines 10 through 16	17	55,377
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,983	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	367,290	
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	374,273	

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	364,654	22 339,295
23 Land and buildings		23
24 Other assets (describe in Schedule O)	2,636	24 34,978
25 Total assets	367,290	25 374,273
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	367,290	27 374,273

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☒Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations and section
4947(a)(1) trusts; optional
for others.)

What is the organization's primary exempt purpose? See Schedule O

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Distributions to the Industrial Operating Fund of the Abilene Chamber of Commerce used in the promotion of Abilene as an industrial site and other activities to create and retain jobs in Abilene, Texas		
(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	44,800
29 Event sponsorship to host the Texas Economic Development Council at its meeting held in Abilene. The event brought economic development professionals and site relocation consultants to Abilene, showcasing area manufacturers and opportunities for future business growth.		
(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	10,000
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	54,800

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
David Copeland P. O. Box 2791 Abilene, TX 79604	Chair, < 2 hours/ week	0	0	0
Ron Butler P. O. Box 701 Abilene, TX 79604	Chair-elect, < 2 hours/week	0	0	0
Yvonne Batts P. O. Box 5371 Abilene, TX 79608	Treasurer, < 2 hours/week	0	0	0
Charlie Black P. O. Box 360 Abilene, TX 79604	Past Chair, < 1 hour/week	0	0	0
William J. Ehrie P. O. Box 2281 Abilene, TX 79604	President, 5 hours/week	0	0	0
Mike McMahan P. O. Box 2281 Abilene, TX 79604	ACOC President, 1 hour/wk	0	0	0
Katie Alford P. O. Box 1001 Abilene, TX 79604	Director, < 1 hour/week	0	0	0
Grady Barr P. O. Box 629 Abilene, TX 79604	Director, < 1 hour/week	0	0	0
Jim Barr P. O. Box 629 Abilene, TX 79604	Director, < 1 hour/week	0	0	0
Greg Blair 910 Energy Dr. Abilene, TX 79602	Director, < 1 hour/week	0	0	0
Jackson Boen 4002 Loop 322 Abilene, TX 79602	Director, < 1 hour/week	0	0	0
Gray Bridwell P. O. Box 34 Abilene, TX 79604	Director, < 1 hour/week	0	0	0
Tucker Bridwell 400 Pine St., Suite 1000 Abilene, TX 79604	Director, < 1 hour/week	0	0	0

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		22
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets		25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Heath Burns P. O. Box 981 Abilene, TX 79604	Director, < 1 hour/week	0	0	0
Tony Conder 4150 Southwest Dr., Suite 202 Abilene, TX 79604	Director, < 1 hour/week	0	0	0
Joe Crawford 2850 Airport Blvd. Abilene, TX 79602	Director, < 1 hour/week	0	0	0
Jason Darby P. O. Box 6229 Abilene, TX 79608	Director, < 1 hour/week	0	0	0
Mike Denny 2825 Pine St. Abilene, TX 79601	Director, < 1 hour/week	0	0	0
Scott Dueser P. O. Box 701 Abilene, TX 79604	Director, < 1 hour/week	0	0	0
Mike Dunnahoo P. O. Box 1101 Abilene, TX 79604	Director, < 1 hour/week	0	0	0
Carol Dupree 717 E. Industrial Abilene, TX 79602	Director, < 1 hour/week	0	0	0
Billy Edwards P. O. Box 2993 Abilene, TX 79604	Director, < 1 hour/week	0	0	0
Billy Enriquez 2049 Park Ave. Abilene, TX 79603	Director, < 1 hour/week	0	0	0
Brian Etchison P. O. Box 2155 Abilene, TX 79604	Director, < 1 hour/week	0	0	0
Ray Ferguson P. O. Box 2993 Abilene, TX 79604	Director, < 1 hour/week	0	0	0
Albert Fuentes P. O. Box 5409 Abilene, TX 79608	Director, < 1 hour/week			

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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		22
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets		25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
28	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Gary Galbraith P. O. Box 267 Abilene, TX 79604	Director, < 1 hour/week	0	0	0
Larry Gill P. O. Box 176 Abilene, TX 79604	Director, < 1 hour/week	0	0	0
Woody Gilliland 4501 Hartford Abilene, TX 79605	Director, < 1 hour/week	0	0	0
Scott Hibbs P. O. Box 3097 Abilene, TX 79604	Director, < 1 hour/week	0	0	0
Seaton Higgonbotham P. O. Box 5166 Abilene, TX 79608	Director, < 1 hour/week	0	0	0
Mark Horn 500 Chestnut, Suite 700 Abilene, TX 79602	Director, < 1 hour/week	0	0	0
Fred Lee Hughes P. O. Box 1100 Abilene, TX 79604	Director, < 1 hour/week	0	0	0
Kristina Jones P. O. Box 6191 Abilene, TX 79608	Director, < 1 hour/week	0	0	0
Kelly Kinard P. O. Box 6317 Abilene, TX 79608	Director, < 1 hour/week	0	0	0
Bill King P. O. Box 1761 Abilene, TX 79604	Director, < 1 hour/week	0	0	0
Marla Knight P. O. Box 451 Abilene, TX 79604	Director, < 1 hour/week	0	0	0
Kyle Krebs P. O. Box 2997 Abilene, TX 79604	Director, < 1 hour/week	0	0	0
Tim Lancaster 1900 Pine St. Abilene, TX 79601	Director, < 1 hour/week			

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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		22
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets		25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

28		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Peter Lauve 3005 So. Treadaway Abilene, TX 79602	Director, < 1 hour/week	0	0	0
Jim Leonard 6799 Hwy 277 Abilene, TX 79601	Director, < 1 hour/week	0	0	0
Jerry Love 3305 North 3rd, Suite 307 Abilene, TX 79603	Director, < 1 hour/week	0	0	0
Shaun Martin 500 Chestnut, Suite 1715 Abilene, TX 79602	Director, < 1 hour/week	0	0	0
Jim McNeer 4400 Buffalo Gap Road, Suite 4500 Abilene, TX 79606	Director, < 1 hour/week	0	0	0
Virginia Mosier P. O. Box 981 Abilene, TX 79604	Director, < 1 hour/week	0	0	0
Mike Murphy 6250 US Hwy 83 Abilene, TX 79606	Director, < 1 hour/week	0	0	0
Don Mark Nickson 2825 Pine St. Abilene, TX 79601	Director, < 1 hour/week	0	0	0
David Ohre 1902 Industrial Blvd. Abilene, TX 79602	Director, < 1 hour/week	0	0	0
Charlie Pigeon 1801 Hwy 36 Abilene, TX 79602	Director, < 1 hour/week	0	0	0
Allen Pope 650 Colonial Dr. Abilene, TX 79603	Director, < 1 hour/week	0	0	0
Harold Preston Box 16005 HSU Station Abilene, TX 79698	Director, < 1 hour/week	0	0	0
Jack Rentz 5025 East Business 20 Abilene, TX 79601	Director, < 1 hour/week	0	0	0

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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		22
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets		25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Vicki Reynolds P. O. Box 6058 Abilene, TX 79608	Director, < 1 hour/week	0	0	0
Mary Ross 400 Oak St. Abilene, TX 79602	Director, < 1 hour/week	0	0	0
John Russell Box 98 McMurry Station Abilene, TX 79697	Director, < 1 hour/week	0	0	0
Darryl Schriver P. O. Box 250 Merkel, TX 79536	Director, < 1 hour/week	0	0	0
Phil Schubert ACU Box 29100 Abilene, TX 79699	Director, < 1 hour/week	0	0	0
Bill Senter P. O. Box 6868 Abilene, TX 79608	Director, < 1 hour/week	0	0	0
John Snapp Box 16030 HSU Station Abilene, TX 79698	Director, < 1 hour/week	0	0	0
Bob Surovik P. O. Box 3679 Abilene, TX 79604	Director, < 1 hour/week	0	0	0
Randy Teakell 366 Cypress St. Abilene, TX 79601	Director, < 1 hour/week	0	0	0
James D. Tittle 340 Beech St. Abilene, TX 79601	Director, < 1 hour/week	0	0	0
Eric Thomas 4510 South 14th Abilene, TX 79605	Director, < 1 hour/week	0	0	0
James Webster 5258 Wyndham Court Abilene, TX 79606	Director, < 1 hour/week	0	0	0
Cleve Whitener P. O. Box 1761 Abilene, TX 79604	Director, < 1 hour/week	0	0	0

Part II **Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22	
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 Total assets	25	
26 Total liabilities (describe in Schedule O)	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	_____		

	(Grants \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	
29	_____		

	(Grants \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	
30	_____		

	(Grants \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☒

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see Instructions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year (see Instructions)?	<input type="checkbox"/>	<input type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	N/A	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶ None		
42a The organization's books are in care of ▶ Frances Williamson Telephone no. ▶ 325-677-7241		
Located at ▶ 174 Cypress St., Suite 200 Abilene, TX ZIP + 4 ▶ 79604		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42c	<input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

Abilene Industrial Foundation

75-6035743

Form 990-EZ (2010)

Page 4

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	✓
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	✓
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

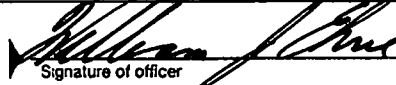
f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

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		<u>5/9/12</u>			
	Signature of officer	Date			
	William J. Ehrie, President				
	Type or print name and title				
Paid Preparer Use Only	Print/preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Becky Roberts	Becky Roberts	5/9/12		
	Firm's name	Becky Roberts, CPA	Firm's EIN		
	Firm's address	104 Pine St., Suite 611 Abilene, TX 79601	Phone no.	325-665-5239	
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

Form 990-EZ (2010)

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 990-EZ 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

Abilene Industrial Foundation

Employer identification number

75-6035743

Part I, Line 16 - Other expenses

Program Services - see Part III, line 32 = \$54,800 ; Miscellaneous = \$2. Total = \$54,802.

Part II, Balance Sheets, Line 24 - Other Assets

9/30/10 - Accounts receivable from affiliate = \$2,636

9/30/11 - Accounts receivable from affiliate = \$34,900; accrued interest receivable = \$78; Total other assets = \$34,978.

Part III - What is the organization's primary exempt purpose?

The Abilene Industrial Foundation (AIF) is designed to promote the growth, development and diversification of the economy in and around Abilene, Texas, by attracting new industries, retaining and expanding existing industries, and supporting the federal, state and military agencies presently located in Abilene, Texas. AIF conducts an annual pledge drive to raise funds from private sector businesses to be used for these purposes.

The AIF is affiliated with the Abilene Chamber of Commerce (ACOC), another 501(c)(6) organization. The AIF and the ACOC have a joint contract with the Development Corporation of Abilene for services and reimbursement for certain expenses incurred for the purpose of promoting and marketing Abilene and the vicinity, including pursuit of additional missions and improvements at Dyess Air Force Base.

The Program Service Accomplishments on the Form 990 of the Abilene Chamber of Commerce (TIN 75-0101260) include expenses of \$635,462 and revenue of \$688,610 for economic development activities related to the joint contract.

Part V, Line 34 - Significant changes made to the organizing or governing documents

The by-laws of the Abilene Industrial Foundation were amended during the fiscal year to provide that upon dissolution of the AIF, any remaining assets of the organization would be distributed to the Abilene Chamber of Commerce Foundation, a 501(c)(3) organization.

Such distribution upon dissolution complies with the laws of the State of Texas for nonprofit organizations.