

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

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

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For the	2011 cale		and ending	Septer	nber 30	, 20 12								
В	Check if	applicable	C Name of organization Abilene Chamber of Commerce			D Employ	er identification	number							
	Address	change	Doing Business As				75-0101260								
	Name c	hange	Number and street (or P O box if mail is not delivered to street address)	Room/suite		E Telepho	ne number								
Г	Initial re	•	P. O. Box 2281			325-677-7241									
$\overline{}$	Termina	-	City or town, state or country, and ZIP + 4												
$\overline{}$	Amende		Abilene, TX 79604			<b>G</b> Gross re	eceints \$	3,539,206							
$\overline{}$			F Name and address of principal officer Michael C. McMahan, Preside	ent	H(a) Is this s	a group return for affiliates? Yes No									
		.o po.log	Same as C above		1	I affiliates included? Yes No									
_	Tax-exe	mpt status	□ 501(c)(3) □ 501(c) ( 6 ) ◀ (insert no ) □ 4947(a)(1) or	527		amiliates included / L. Yes L. No o," attach a list (see instructions)									
J	Website		evemnting	n number 🕨	,										
K				ear of formation		M State of legal domicile TX									
	Part I	Summ				1									
	1		escribe the organization's mission or most significant activities	: The mis	sion of the	Abilene (	Chamber of Co	mmerce							
			note the economy and quality of life in Abilene, Texas by providir			. <b></b>									
ම දුරැම Governance															
(C) (17)			ities, conducting economic development activities, promoting Ab				a promoting								
ずず	2	cultural activities and organizations.  Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.													
ල දි	3					3		39							
<b>∌</b> %	4		of independent voting members of the governing body (Part V			4		39							
JUN ©	5		nber of individuals employed in calendar year 2011 (Part V, Im	•		5		38							
$\supseteq \frac{3}{2}$	6		nber of volunteers (estimate if necessary)			6		400							
◂			elated business revenue from Part VIII. column (C), line 12			7a		15,560							
	b		ated business taxable income from Form 990, I, line 34			7b		13,300							
<u>Z</u> -	<del></del>	THE GITTE	NECEIVED	Pnor Ye		Current Year									
SCANNED	8	Contribut	tions and grants (Part VIII, line 1h)	(Post VIII line 1h)											
3	9		service revenue (Part VIII, line 2g)			183,238 ,061,692		287,997 3,221,899							
v š	10	-	nt income (Part VIII, column (A), lines 3, 4, and 7d) 1.5.2013		3,976		6,555								
å	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	IOI		31,131	_	22,755							
	12		enue – add lines 8 through 11 (must equal Party) Column (A)	- 121  -	- 2	,280,037		3,539,206							
_	13		nd similar amounts paid (Part IX, column (A), lines 1-9)	12/	<u></u>	147,310		147,934							
	14		paid to or for members (Part IX, column (A), line 4)			147,310	147,00								
	1		other compensation, employee benefits (Part IX, column (A), lines	,243,375		1,273,539									
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)	. —	<u> </u>	,243,373		1,275,555							
6	b		draising expenses (Part IX, column (D), line 25) ▶	· ·	<u> </u>										
Ĕ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)			,650,275	1,928,504								
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 2	5) · ·		,040,960		3,349,977							
	19		less expenses. Subtract line 18 from line 12			239,077		189.229							
_		TICVCHUC	icas expenses. Subtract line to nom line 12		ginning of Cu		End of Y								
ets or	20	Total ass	ets (Part X, line 16)			,985,581	ļ	2,230,670							
Asse	21		ilities (Part X, line 26)	· ·	<u> </u>	556,608		612,468							
Net Asse	22		ts or fund balances. Subtract line 21 from line 20	· ·	1	,428,973		1,618,202							
	art II		ture Block	• •		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	.,0.0,202							
			ry, I declare that I have examined this return, including accompanying schedule	es and stateme	ents and to th	e hest of r	mv knowledne ar	nd helief it is							
			ete. Declaration of preparer (other than officer) is based on all information of wh				ny idiomicago di	10 001101, IC 10							
-			11117	<del> </del>		2 11 11	. 2012								
Si	gn	Sign	ature of officer	•	Dat	<u>у</u> / (, /-	72013								
	ere	l m	ICHAEL C. MCMMITMA PRESIDENTS	_											
		Type	or print name and title	<del>'</del>											
_	_:-		pe preparer's name Proparer's signature	Date		Cha-1. 1	PTIN								
	aid	Becky	Roberts Roberts C	A 15	13113	Check self-emp		240661							
	repare	· · · · · · · · · · · · · · · · · · ·		<del>1</del>		's EIN ▶									
U	se Onl	y —	ddress ► 104 Pine St., Suite 111 Abilene, TX 79601			ne no	325-665-5	239							
M	av the IF		s this return with the preparer shown above? (see instructions)	·	1 - 130		🗸 Ye								
=			A' A A NI A' A dia a sanata industria			<del></del>		000 (0044)							

art	Checklist of Required Schedules		- I	<del></del>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
2	complete Schedule A	2	<b>√</b>	<u>✓</u>
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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	✓	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>·</u> ✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>✓</b>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<b>✓</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		3	
а	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		✓
	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>
	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		✓
f	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 11f	<b>√</b>	<b>√</b>
	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>✓</b>
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 14a		<b>√</b>
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14a		<u>▼</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		<b>✓</b>
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		<b>√</b>
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		✓
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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	
		For	n 990	(2011)

Paru	Checklist of Required Schedules (Continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
C	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		
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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<b>✓</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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):	, , , , , , , , , , , , , , , , , , ,		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
Ъ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	✓	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>√</b>
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		<b>✓</b>
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		<b>√</b>
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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	1
b	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	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
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	1	
	<del></del>		. 000	

Page **5** 

· arc	Check if Schedule O contains a response to any question in this Part V			П
	Officer if Schedule O contains a response to any question in this rail v	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   52			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			4
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		<u>`</u>	
	reportable gaming (gambling) winnings to prize winners?	1c	1	· · ·
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 38	*	7	į
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>√</b>	•
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<b>✓</b>	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	1	
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		l	
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		4.4	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		.	
	organization solicit any contributions that were not tax deductible?	6a	<b>✓</b>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	<b>✓</b>	
7	Organizations that may receive deductible contributions under section 170(c).			
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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
С	required to file Form 8282?	7c	!	
	If "Yes," indicate the number of Forms 8282 filed during the year			
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			1
-	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			- 1
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	Ê		
а	Initiation fees and capital contributions included on Part VIII, line 12			1
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			À
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			÷0
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			7 2
J	the organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<del></del> -
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<u> </u>
	and the state of t		n 990	(2011)

State the name, physical address, and telephone number of the person who possesses the books and records of the

organization: ► Frances Williamson 174 Cypress St., Suite 200 Abilene, TX 79601 325-677-7241

and financial statements available to the public during the tax year.

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Part VII	Compensation	of Officers.	Directors.	Trustees.	Kev	Employees.	Highest	Compensated	Employees,	and
	Independent Co	•	•	•	•		_	•	• •	

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		d ora	aniz	atio	n c	ompe	nsa	ted any currer	t officer, director	r. or trustee.
Officer and Box is floaties and organization no	l any rolato	<u>u o.g.</u>	<u></u>	((		<u> </u>				,
(A) Name and Title	(B) Average hours per	box,	ot ch unles	Pos neck ss pe	ition more	than our trust	an	(D) Reportable compensation	(E) Reportable compensation from	
	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
(1) Bob Allen, III		l								
Director	2	1	<u></u>				L	0	0	0
(2) Lawrence Bertsch	1							_		_
Director	1	<b>/</b>	ļ	<u> </u>	<u> </u>	ļ	<u> </u>	0	0	0
(3) Marci Braden	_	١.								
Director	2	<b>✓</b>	_		L	ļ	<u> </u>	0	0	0
(4) Romona Brogan	_	,								
Director	1	✓_		_	_	ļ		0	0	0
(5) Ron Butler Director	2	1						0		0
(6) Mark Colman			T							
Director	1 1	1						l 0	l 0	0
(7) Dave Dalzell		,					-			
Director	1 1	1						o	o	0
(8) Tim Dickenson			İ							-
Director	1 1	1						0	0	0
(9) Carol Dromgoole										
Director	1	✓_						0	0	0
(10) Will Dugger										
Director	]1	✓						0	0	0
(11) Alex Eyssen										
Director	]1	✓						0	0	0
(12) Anthony Gallegos	]									
Director	1	1	<u> </u>					0	0	0
(13) Tim Graves				1						
Director	2	✓			$oxed{oxed}$		L	0	0	0
(14) Gary Grubbs									_	_
Director	2	✓						0	0	0

Form 990 (2011)

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Part VII	Compensation of Officers, Direct	ors, Trustees,	Key Employees,	Highest Com	pensated Empl	oyees, 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 nor	any relate	d orga	aniz	atıo	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week	box, office	unles er and	Pos eck s pe l a d	more rson irect	than o	an ee)	from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
் (26) Randy Piersall									,	
Director	1 1	<b>✓</b>					ĺ	O	o	C
(27) Tom Riley										
Director	1	1						0	o	d
(28) Mary Ross										-
Director	1	1						0	0	C
ு (29) Wesley Smith										-
Director	1	1						0	0	C
ວັງ (30) Steve Stovall										
Director	1	✓						0	0	C
"3) (31) Mark Viertel										
Director	1	✓						0	0	
) (32) Lanny Vinson										
Director	1	✓_						0	0	
'S) (33) James Webster										•
Director	11	✓.						0	0	
" (34) Cleve Whitener										
Director	11	✓_						0	0	
(35) Judy Wilhelm										
Director	] 1	✓				l		o	0	
, (36) Katie Alford										
Chair-elect	2	✓		✓				_0	0	
(37) Ray Ferguson										
Secretary/Treasurer	2	✓		✓				0	0	
(38) Doug McIntyre										
Chair	_ 5 _	✓		✓				0	_0	C
(39) John Russell										
Past Chair	2	✓		✓				<u> </u>	0	0

Form 990 (201	1) Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
_	Check if Schedule O contains a response to any question in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

☐ Check this box if neither the organization nor	r any relate	d orga	aniz	atic	n c	ompe	nsa	ited any currer	nt officer, director	r, or trustee.	
					C)					<del></del>	_
(A) Name and Title	(B) Average hours per	box,	inles	neck is pe	rson	e than o is both or/trust	an		(E) Reportable compensation from	(F) Estimated amount of	
	week (describe hours for related organizations in Schedule O)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
ı) (40) Michael C. McMahan	<u> </u>										
President	40		_	<b>✓</b>	ļ	<b>✓</b>		142,811	0	<del></del>	_0
(41) Frances Williamson Vice-President, Administration	40			1				66,409	0		0
") (42) William J. Ehrie	1										
President, Abilene Industrial Foundation	40			<u> </u>	Ĺ	✓	_	128,242	0		0
(4)											
(5)											
(6)				-	_						
(7)											
(8)						-					
(9)											
(10)					-						_
(11)											
(12)											
(13)											
(14)											

Form 990 (2011)

Part	Section A. Officers, Directors, Trust	ees, Key E	mploy	/005			lighes	st C	ompensated E	mployees (	continu	ued)		
	(A) Name and title			unles er and	Pos neck ss pe	rson	than our trust	an tee)	(D) Reportable compensation from	(E) Reportabl compensation related	from	(F) Estimated amount of other compensation		
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		fro orga and	m the nization related lizations	
(15) Ge	eoff Haney											-	-	
Direct	<del></del>	2	1	ļ	ļ				0		0			0
	ke Harwell													
Direct	<del></del>	1	<b>✓</b>	<u> </u>		-	<u> </u>	H	0		- 0			0
Direct	nnifer Kent	2	/						0		٥			0
	orrel Knight, Jr.		<del>                                     </del>	-	$\vdash$				<u>`</u>					
Direct		2	1						o		0			0
(19) Be	elinda Kohutek													
Direct	or	2	1			L			0		0			0
(20) Ky	le Krebs													
Direct		1	/			<u> </u>		<u> </u>	0		0			0
3	urie McAdams		١,											_
Direct		2	<b>-</b>			$\vdash$		}	0		0			0
Direct	mela McGrew	1	1						0		0			0
	endan Messenger	•	<u> </u>	<del>                                     </del>	┢	├		$\vdash$	<del> </del>			<del></del>		
Direct		1	1						0		o			0
	n Miller								1					
Direct		1 1	1						0		0			0
(25) Mi	ke Murphy				Γ									
Direct	or	1	✓	<u> </u>		<u></u>			0		0			0
1b	Sub-total		٠.	•	•			<b>•</b>	0		0			0
C	Total from continuation sheets to Part			•	-	•	-		337,462 337,462	<del></del>	0			0
d	Total (add lines 1b and 1c)	t not limited	d to th					<b>▶</b> 9) W	! <u>-</u>	L		O of		
					-		•			-			Yes	
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete							emp	oloyee, or high · · · · ·	nest compe	nsate	3	-132	<u>₹</u>
4	For any individual listed on line 1a, is the organization and related organizations	sum of re greater th	porta an \$	ble 150,	con ,000	npe )? <i>(</i>	nsatio f "Ye	on a s,"	ind other comp complete Sch	pensation from the design of t	om th r suc	h		No.
5	individual	or accrue co	ompe	nsa lete	tion Scl	fro hedi	m any ule .l :	· y un for s	 nrelated organiz	zation or inc	Iividua	al <u>₹</u> €	يام بالم	<b>∀</b>
Section	on B. Independent Contractors		30111,6	-	-						-		<u> </u>	
1	Complete this table for your five highest compensation from the organization. Repear.	compensat cort compe	ted in ensati	dep on f	end or t	lent he c	contralence	act lar	ors that receive year ending with	ed more that th or within	n \$10 the or	0,000 of ganization	on's ta	ex.
	(A) Name and business add	fress				-			(B) Description of s	services		(C) Compens	sation	
None														
								$\perp$						
2	Total number of independent contractor							o th	nose listed ab	ove) who		: 小學		14.4

	VIII	Statement of Revenue		<del> </del>			гауе
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues 1b		i		}	
S, È	С	Fundraising events 1c					
E E	d	Related organizations 1d					
S,E	е	Government grants (contributions) 1e	48,388				
<u> </u>	f	All other contributions, gifts, grants,					
돌을		and similar amounts not included above 1f	239,609				
들임	g	Noncash contributions included in lines 1a-1f: \$					
ဗိ 🖺	h	Total. Add lines 1a-1f	▶	287,997			
ne			Business Code				
Program Service Revenue	2a	Membership dues	813910	422,078	422,078		
8	b	Contracts with government	921190	2,452,816	2,452,816		
je	C	Trade shows	561920	95,526	95,526		
Š	d	Performing arts series	711320	66,433	66,433		
Ē	е	Transfer from affiliate	813910	44,800	44,800		
E	f	All other program service revenue .	813910	140,246	140,246		
<u>۾</u> ا	g	Total. Add lines 2a-2f		3,221,899		•	
	3	Investment income (including divident		4,502			4,502
	4	Income from investment of tax-exempt to	oond proceeds ►				
	5	Royalties	▶ (ii) Personal	5,379	5,379		
	6a	Gross rents					
	b	Less: rental expenses	<del></del>				
1	c	Rental income or (loss)			l		
	d	A1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>'</u> ▶				
	7a	Gross amount from sales of (i) Securities	(ii) Other				· · · · · · · · · · · · · · · · · · ·
		assets other than inventory	<del> </del>				
ĺ	b	Less: cost or other basis	-		ł	ł	
İ	-	and sales expenses .	3,326			ļ	
	С	Gain or (loss)	(3,326)				
	d	Net gain or (loss)		(3,326)	(3,326)		
venue	8a	Gross income from fundraising		(3,335)	(5,52-5,		
Other Reve		events (not including \$ of contributions reported on line 1c).					
ا <u>چ</u>	_	·	a	İ		1	
ಕ			b		ļ-		
	C	Net income or (loss) from fundraising	events . ►				
		Gross income from gaming activities. See Part IV, line 19	a				
j			b				
		Net income or (loss) from gaming ac					
	10a	Gross sales of inventory, less returns and allowances					
	b		b				<del>-</del>
	С	Net income or (loss) from sales of in					
		Miscellaneous Revenue	Business Code				
	11a	Miscellaneous	813910	7,195	7,195		
	þ	Newsletter advertising	511120	15,560		15,560	
	С						
	d	All other revenue		_			
	е	Total. Add lines 11a-11d	. 1	22,755			
1	12	Total revenue. See instructions	<u> ▶</u>	3,539,206	3,231,147	15,560	4,502

## 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).	

7	Check if Schedule O contains a respons	se to any question i	n this Part IX .		
Do not 8b, 9b,	include amounts reported on lines 6b, 7b, 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 United States. See Part IV, line 21	147,934	<u> </u>		-
_	Grants and other assistance to individuals in the United States. See Part IV, line 22				- ,
	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16			,	
	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	209,220			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
8	Other salaries and wages	812,300 71,744			
	Other employee benefits	100,833			
	Payroll taxes	79,442			· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees):				
а	Management				
b	Legal	349			
c	Accounting [	8,700			
d	Lobbying	14,634			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	196,994			
	Advertising and promotion	679,735			
	Office expenses	96,557			
14	Information technology	33,276			·- · · · · · · · · · · · · · · · · · ·
	Royalties			-	·-
16	Occupancy	138,096			
	Travel	44,676			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	35,268			
23	Insurance	10,028			<del></del>
24	Other expenses. Itemize expenses not covered				r
	above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			İ	
_	``	00.007		<del>   </del>	<del></del>
a	Military affairs  Cultural activities/performing arts	80,267 384,579		<del> </del>	
b	Convention and visitor services	115,102		<del>                                     </del>	
c d	Business/member services	41.237		<del>  </del>	
_	All other expenses	49,006		<del>                                     </del>	
25	Total functional expenses. Add lines 1 through 24e	3,349,977			
<del>26</del>	Joint costs. Complete this line only if the	-,,	-		
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	organization reported in column (B) joint costs from a combined educational campaign and				<u>  </u>

Р	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments	1,530,728	2	1,640,430
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	268,457	4	289,882
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L		5	
	_			5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)			
Assets	-			6 7	
ISS	7	Notes and loans receivable, net		8	****
*	8	Inventories for sale or use	27.020	9	447.242
	9 10a	Prepaid expenses and deferred charges	37,638	<del>-</del>	117,313
	IVa				
	L		89,815	100	00.050
	. b	• — —			98,958
	11 12	Investments—publicly traded securities	58,802 141	11	83,946 141
	13		141	13	141
		Investments—program-related. See Part IV, line 11		14	
	14 15	Intangible assets		15	
	16	Other assets. See Part IV, line 11	1,985,581	16	2,230,670
	17	Total assets. Add lines 1 through 15 (must equal line 34)	241,439		196,243
	18	Grants payable	241,400	18	130,243
	19	Deferred revenue	256,367	19	332,279
	20	Tax-exempt bond liabilities	230,301	20	332,213
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
(A	22	Payables to current and former officers, directors, trustees, key			
Ĕ	22	employees, highest compensated employees, and disqualified persons.			
Ē		Complete Part II of Schedule L		22	
Liabilities	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 (including federal income tax, payables to related third			
	2	parties, and other liabilities not included on lines 17-24). Complete Part X	58,802		83,946
		of Schedule D	·	25	,
	26	Total liabilities. Add lines 17 through 25	556,608	26	612,468
		Organizations that follow SFAS 117, check here ▶ ☑ and complete			
Ses		lines 27 through 29, and lines 33 and 34.	:		
ä	27	Unrestricted net assets	1,428,973	27	1,618,202
39	28	Temporarily restricted net assets	· <del>-</del> · ·	28	
2	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
ě	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ass	32	Retained earnings, endowment, accumulated income, or other funds.		32	
e	33	Total net assets or fund balances	1,428,973	33	1,618,202
Z	34	Total liabilities and net assets/fund balances	1,985,581	34	2,230,670
					Form <b>990</b> (2011)

Form 9	90 (2011)			Pa	ige 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u></u>		
_		1			
1	Total revenue (must equal Part VIII, column (A), line 12)				9,206
2	Total expenses (must equal Part IX, column (A), line 25)				9,977
3	Revenue less expenses. Subtract line 2 from line 1	<del> </del>			9,229
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<del> </del>		1,42	8,973
5	Other changes in net assets or fund balances (explain in Schedule O)	—			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))			1.61	8,202
Part	XII Financial Statements and Reporting			1,01.	
	Check if Schedule O contains a response to any question in this Part XII				
			$\neg$	Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.	ı in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	.	2a		<b>√</b>
b	Were the organization's financial statements audited by an independent accountant?	. /	2b	<b>✓</b>	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant	- 1	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explair Schedule O.	ı in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year we issued on a separate basis, consolidated basis, or both:	ere			
	☐ Separate basis		<b>100</b>	7	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-1337	ı in	3a		<b>✓</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2011)

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

### **Political Campaign and Lobbying Activities**

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

► See separate instructions. Inspection If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

		that have filed Form 5768 (election und			
		that have NOT filed Form 5768 (electio			
		" to Form 990, Part Ⅳ, line 5 (Proxy 1	ax) or Form 990-E	Z, Part V, line 35c (Proxy Ta	ıx), then
• Se	ection 501(c)(4), (5), or (6) orga	nizations <sup>.</sup> Complete Part III.		[ Employer idea	tification number
	of organization			' '	
	ne Chamber of Commerce				75-0101260
Part		e organization is exempt und			organization.
1		he organization's direct and indire			
2	•				
3	volunteer nours				
Part	Complete if the	e organization is exempt und	er section 501/	2)(3)	
1		excise tax incurred by the organiza			
2		excise tax incurred by organization			
3		ed a section 4955 tax, did it file For			Yes No
4a	=				Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und	er section 501(c	c), except section 501	(c)(3).
1		ly expended by the filing organiz			
	activities			\$	
2	Enter the amount of the	filing organization's funds contrib	uted to other org	anizations for section	
		vities			
3		expenditures. Add lines 1 and 2			
4		n file <b>Form 1120-POL</b> for this year			
5	Enter the names, address	ses and employer identification nu	mber (EIN) of all se	ection 527 political organi	zations to which the filing
	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing organi	ization's funds. Also enter
	the amount of political co	ontributions received that were pro	mptly and directly	delivered to a separate p	olitical organization, such
	as a separate segregated	fund or a political action committee	ee (PAC). If additio	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds if none, enter -0	contributions received and promptly and directly
				lando il nono, cintor o .	delivered to a separate
					political organization If none, enter -0-
(1)			-		
	<del></del>				
(2)		}			
			<del></del>		
(3)		<u> </u>	1		
(4)		<del> </del>	1		
					· ·
(5)			1		
(6)	<del> </del>				
(6)		<u></u>	1		1

Schedule C (Form 990 or 990-EZ) 2011 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under Part II-A section 501(h)). A Check ► ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (b) Affiliated (a) Filing organization's totals group totals (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) . c Total lobbying expenditures (add lines 1a and 1b) . . . . . . . . . **d** Other exempt purpose expenditures . . . . . . . . . Total exempt purpose expenditures (add lines 1c and 1d) . . Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0-Subtract line 1f from line 1c. If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 ☐ Yes ☐ No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.) **Lobbying Expenditures During 4-Year Averaging Period** (d) 2011 (e) Total Calendar year (or fiscal year (a) 2008 (b) 2009 (c) 2010 beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e)) Total lobbying expenditures d Grassroots nontaxable amount

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

Schedule C (Form 990 or 990-EZ) 2011

Page 3

	I $ hilde{t}$	a)		(b)	
	ch "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description Yes	No.	Aı	nount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			5	
a '	Volunteers?			( ) ( ) ( )	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			A Eir	
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?		1		
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?	<b>-</b>			
		治毒			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	7.81-1.50-	12322		
	If "Yes," enter the amount of any tax incurred under section 4912	KWA:			40.7
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	多是			
	If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?	1000	8		4 to a
Part I		or se		, v	
raiti	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		7
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		7
	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		1
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) answered "Yes."  Dues, assessments and similar amounts from members	Part	III-A, I		3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	1		42	2,076
	political expenses for which the section 527(f) tax was paid).				•
а	Current year	2a			4,752
a b	Current year	2a 2b		2	24,752
a b c	Current year	2a 2b 2c		2	24,752 (24,752
a b c 3	Current year	2a 2b		2	24,752
a b c 3 4	Current year	2a 2b 2c 3		2	24,752 (24,752 25,325
a b c 3 4	Current year	2a 2b 2c 3		2	24,752 (24,752
a b c 3 4	Current year	2a 2b 2c 3		2	24,752 (24,752 25,325 N/A

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No 1545-0047 2011

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection ▶ Attach to Form 990. ▶ See separate instructions. Employer identification number

Abilen	Chamber of Commerce		75-0101260
Par		or Advised Funds or Other Similar Fu	inds or Accounts. Complete if the
	organization answered "Yes" to F		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		hald in dame added
5	Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised
_	funds are the organization's property, subjective		<del>-</del> -
6	Did the organization inform all grantees, do	nors, and donor advisors in writing that gr	ant funds can be used
	only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or	tor any other purpose
Dod	Concernation Ecoments Com	olete if the organization answered "Yes	"to Form 990 Part IV line 7
Part			to rollingso, Fait IV, line r.
1	Purpose(s) of conservation easements held  Preservation of land for public use (e.g.,		of an historically important land area
	Protection of natural habitat		of a certified historic structure
	☐ Preservation of open space	Freservation	or a certified filstoric structure
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribu	tion in the form of a conservation
_	easement on the last day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation eas		
c	Number of conservation easements on a ce		
ď	Number of conservation easements include		
	historic structure listed in the National Regis	ster	· ·   2d
3	Number of conservation easements modifie	d, transferred, released, extinguished, or te	rminated by the organization during the
	tax year ►		
4	Number of states where property subject to	conservation easement is located ▶	
5	Does the organization have a written po	licy regarding the periodic monitoring, in	nspection, handling of
	violations, and enforcement of the conserva		
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservation	on easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements during the year
_	<b>S</b>		170/h\/4\/D\
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements	
	()		
9	In Part XIV, describe how the organization rebalance sheet, and include, if applicable, th	eports conservation easements in its reven	ue and expense statement, and
	organization's accounting for conservation		illianciai statements that describes the
Dort		ections of Art, Historical Treasures,	or Other Similar Assets
rait		vered "Yes" to Form 990, Part IV, line 8	
10	If the organization elected, as permitted un		
10	works of art, historical treasures, or other	similar assets held for public exhibition.	education, or research in furtherance of
	public service, provide, in Part XIV, the text	of the footnote to its financial statements to	hat describes these items.
b	If the organization elected, as permitted u		
_	works of art, historical treasures, or other	similar assets held for public exhibition,	education, or research in furtherance of
	public service, provide the following amoun		
	(i) Revenues included in Form 990, Part VII	l, line 1	▶ \$
	(ii) Assets included in Form 990, Part X .		▶ \$
2	If the organization received or held works	of art, historical treasures, or other simil	iai assets for ilitaticial gaili, provide the
	following amounts required to be reported to		
а	Revenues included in Form 990, Part VIII, lin		
ь	Assets included in Form 990, Part X		

Schedule D (Form 990) 2011 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): d Loan or exchange programs Public exhibition ☐ Scholarly research e Cther Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990. Part IV. line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not ☐ Yes ☐ No If "Yes," explain the arrangement in Part XIV and complete the following table: Amount 1c 1d **d** Additions during the year . . . . . . . . . 1e e Distributions during the year . . . . . . . . 1f f ☐ Yes ☐ No 2a Did the organization include an amount on Form 990, Part X, line 21? . . **b** If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year Beginning of year balance . . . **b** Contributions . . . . . . Net investment earnings, gains, and losses . . . . . . . . . . . . **d** Grants or scholarships . . . . Other expenditures for facilities and programs . . . . . . . . . . . Administrative expenses . . . . f g End of year balance . . . . . Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 2 a Board designated or quasi-endowment ▶ \_\_\_\_\_% **b** Permanent endowment ▶ \_\_\_\_% Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No 3a(i) 3a(ii) If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIV the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. See Form 990, Part X, line 10. Part VI (a) Cost or other basis Description of property (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other) depreciation c Leasehold improvements 472,785 373,827 98,958 d Equipment . . . . . Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 98,958

Part VII	Investments - Other Securities.	. See Form 990, Part X, I	ine 12.	
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
(1) Financial	derivatives			
	eld equity interests			
	ilene Country Club	141	Cost	
(A)				
(B)				
(C)				
(D)		· · · · · · · · · · · · · · · · · · ·		
(E) (F)		<del>-</del>		
				<del></del>
(G) (H)				
(l)				
	b) must equal Form 990, Part X, col. (B) line 12.)	141		
Part VIII	Investments—Program Related		line 13	
	(a) Description of investment type	(b) Book value	(c) Method of val	uation
'	a) Description of investment type	(b) DOOK VAIDO	Cost or end-of-year m	
(1)	<del> </del>			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				<u> </u>
(10)				
	b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX	Other Assets. See Form 990, Pa		· · · · · · · · · · · · · · · · · · ·	(h) Daalasaha
	(8	a) Description		(b) Book value
(1)				
(2)	· · · · · · · · · · · · · · · · · · ·			<del></del> .–
(3)				
(4)				
(5)		<del></del>		
(6)				<u></u>
(7)		<del></del>		
(9)				<del></del>
(10)				
Total. (Colu	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		
Part X	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2) 457(b) F	Retirement Plan Liability	83,946		
(3)				
(4)			_	-
(5)			j	
(6)				ĺ
(7)				
(8)			1	1
(9)			1	
(10)			1	
(11)			1	
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)	83,946		
2. FIN 48 (A	SC 740) Footnote. In Part XIV, provide	the text of the footnote to	the organization's financial stater	nents that reports the
organization	n's liability for uncertain tax positions u	inger FIN 48 (ASC 740).		_

### Abilene Chamber of Commerce

Schedu	e D (Form 990) 2011			rage <del>-</del>
Part	XI Reconciliation of Change in Net Assets from Form 990 to A	udited Financial Stater	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine	lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Stateme		er Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
C	Add lines <b>4a</b> and <b>4b</b>			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
	XIII Reconciliation of Expenses per Audited Financial Statem			
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:			
а	Donated services and use of facilities	2a	<b>        </b>	
b	Prior year adjustments	2b	<b> ■■</b>	
C	Other losses			
d	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		
b	Other (Describe in Part XIV.)		. 4c	
С 5	Add lines <b>4a</b> and <b>4b</b>			
Part			.   •	
Comp Part V	elete this part to provide the descriptions required for Part II, lines 3, 5, and 7, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, dditional information.	9; Part III, lines 1a and 4 , lines 2d and 4b. Also co	; Part IV, lines 1b and implete this part to pr	2b; rovide
	***************************************			

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

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OMB No 1545-0047

75-0101260

Employer identification number

°N □ Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance **Abilene Chamber of Commerce** Part II

Part II can be duplicated if additional space is	ed if additional	space is needed		•	•		□ ▲ · ·
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Abilene Christian University ACU Box 29100 Abilene, TX 79699	75-0851900	8	000'9	0	0 N/A	N/A	See Part IV
(2) Abilene Philharmonic Orchestra 401 Cypress St. Abilene, TX 79601	75-6004978	3	21,141	0	0 N/A	N/A	See Part IV
(3) Center for Contemporary Arts 220 Cypress St. Abilene, TX 79601	75-2290138	ε	28,376	0	0 N/A	N/A	See Part IV
(4) Grace Museum 102 Cypress St. Abilene, TX 79601	75-6026849	3	26,601	0	0 N/A	N/A	See Part IV
(5) NCCIL 102 Cedar St. Abilene, TX 79601	75-2733048	3	29,622	0	0 N/A	N/A	See Part IV
(9)							
ω							
(8)							
(6)							
(10)							
(11)							
(12)							
<ul><li>2 Enter total number of section 501(c)(3) and government o</li><li>3 Enter total number of other organizations listed in the line</li></ul>	501(c)(3) and gov ganizations listec	remment organizat In the line 1 table	rganizations listed in the line 1 table 1 table	ine 1 table			0

Schedule I (Form 990) (2011)

Cat No 50055P

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

Schedule I (I	Schedule I (Form 990) (2011)					Page
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	ividuals in the U space is needed	nited States. Con	plete if the organiz	ation answered "Yes" to	Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
ဗ						
4						
ß						
9						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	e this part to prov	vide the informatio	n required in Part I,	line 2, and any other add	litional information.
in the area	Part I, Line Z - Procedures for monitoring use of grant funds in the United States - Grants are only made to organizations which promote cultural tourism or sponsor cultural events in the area. Organizations are required to submit a project evaluation within 30 days of the project's completion.	nds in the United Sta	ites - Grants are only 30 days of the project	made to organizations	which promote cultural touri	sm or sponsor cultural events
Part II, 1 (	Part II, 1 (h) - Purpose of grant assistance					
Abilene C	Abilene Christian University - grants assisted with funding a d	ng a downtown art ga	lowntown art gallery and annual Sing Song.	g Song.		
Abilene P	Abilene Philharmonic Orchestra - grants assisted with season		st support, a music ec	and guest artist support, a music education program and marketing efforts.	narketing efforts.	
Center for	Center for Contemporary Arts - grants assisted with organization support, an art education program, monthly ArtWalk events, marketing efforts and collaborative efforts during the	anization support, an	art education progra	m, monthly ArtWalk ev	ents, marketing efforts and c	ollaborative efforts during the
first Child	first Children's Art and Literary Festival.					
Grace Mu	Grace Museum - grants assisted with exhibit support, school	hool tours and marketing efforts.	eting efforts.			
NCCIL (N	NCCIL (National Center for Children's Illustrated Literature) - grants assisted with exhibit and organization support and collaborative efforts during the first Children's Art and	re) - grants assisted	with exhibit and orga	nization support and co	ollaborative efforts during the	first Children's Art and
Literary Festival.	estival.					

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

**Transactions With Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047 20**1**1

To Public

Department of the Treasury Internal Revenue Service Name of the organization

(10)

Employer identification number

**Abilene Chamber of Commerce** 75-0101260 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. Part I (c) Corrected? 1 (b) Description of transaction (a) Name of disqualified person Yes No (1) (2) (3) (4) (5) (6)Enter the amount of tax imposed on the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved (b) Loan to or from (c) Original (d) Balance due (e) In default? (g) Written (a) Name of interested person and purpose by board or the organization? principal amount agreement? committee? Yes Νo Yes No Yes No Tο From (1)(2)(3)(4)(5)(6)(7)(8)(9) (10)▶ Total **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and the (c) Amount and type of assistance (a) Name of interested person organization (1)(2)(3)(4)(5) (6)(7) (8) (9)

Page 2

Par	Business Transactions Involvi Complete if the organization and	ng Interested Persons. swered "Yes" on Form 99	0, Part IV, line 28a, 2	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
	<del> </del>				Yes	No
(1)	No transactions meet the reporting threshold					
(2) (3)	threshold				_	<del> </del> -
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	<del> </del>					<b></b>
(10) Par	Supplemental Information Complete this part to provide ac	l dditional information for re	esponses to question	ns on Schedule L (see instructio	ns).	
			***************************************			
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### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

2011

Department of the Treasury Name of the organization

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.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service

**Abilene Chamber of Commerce** 

Employer identification number 75-0101260

Part III, Statement of Program Service Accomplishments, Line 4d - Other Program Services
Military Affairs - A program to promote goodwill between the City and personnel at Dyess Air Force Base. The program
sponsors an annual barbecue for active duty military personnel and their families and Department of Defense employees
and their families. The program also seeks to retain and expand the mission of the base, thereby creating local jobs
and a stable economy. (Expenses \$80,267 including grants of \$0) (Revenue \$78,275)
Governmental Affairs - A program to increase the visibility of Abilene in the state legislature and provide timely
information about laws or regulations affecting state agencies with locations in Abilene that might impact the local
economy and to provide forums to educate the local business community about legislative issues.
(Expenses \$43,361 including grants of \$0) (Revenue \$0)
Business and Member Services - Various programs to provide leadership training, seminars, networking opportunities
and other services to promote growth in the local business community.
(Expenses \$52,975 including grants of \$0) (Revenue \$562,417)
Part VI, Section A - Governance, Management and Disclosure
Line 1a - Governing body delegated broad authority to an executive committee
Under the by-laws of the Abilene Chamber of Commerce, the Executive Committee acts for and on behalf of the Board of Directors when
the Board is not in session, but is accountable to the Board for its actions. The Executive Committee is comprised of the officers of
the organization, the chairs of all affiliates and standing committees and three members at large from the Board. Generally the
Executive Committee meets eight times per year and the Board meets four times per year.
Line 2 - Family and business relationships betwwen officers, directors, trustees or key employees
The Abilene Chamber of Commerce Board is a large board of 39 voting members and another 20 ex-officio members who all have the
common goal of bettering the community for all businesses and citizens. In a community of our size, approximately 117,000, it is inherent

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

Department of the Treasury Internal Revenue Service

Name of the organization

### 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

Open to Public Inspection

Employer identification number

**Abilene Chamber of Commerce** 75-0101260 Part VI, Section B - Policies (Continued) Line 12c - Monitoring and enforcing compliance with conflict of interest policy Each new Board Member is asked to sign a copy of the Conflict of Interest Policy prior to beginning his/her term on the Board and employees are required to sign a copy upon hiring. Annual updates are not required, but are intended for the duration of service as a Board Member or employment. Prior to any votes on resources or policies which could lead to a conflict of interest, Board Members are asked if they have a conflict with any of the financial decisions, policies or issues and, therefore, need to abstain from voting. Line 15a - Process of determining compensation of organization's President/CEO The Board of Directors employs the President and fixes consideration of employment. An annual evaluation, salary and benefits review and adjustments for the President are conducted by the Chair, Chair-Elect and Past Chair. Line 15b - Process of determining compensation of organization's other officers or key employees The President assigns duties and fixes salaries for all employees of the Chamber and its Affiliates in accordance with policies approved by the Board of Directors. Annual salary adjustments of employees are reviewed by the Chair, Chair-Elect and Secretary/Treasurer prior to implementation. Performance and budgetary constraints are considered in any salary and benefit adjustments. Part VI, Section C - Disclosures Line 19 - Whether (and how) governing documents, conflict of interest policy and financial statements are made available to the public The Abilene Chamber of Commerce will make any of these documents available to the public and its members upon request. Requests are referred to the Vice-President, Administration who is responsible for ensuring such requests are answered in a timely manner.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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Part I

Related Organizations and Unrelated Partnerships

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

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OMB No 1545-0047

Open to Public Inspection Employer identification number

75-0101260 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EiN of disregarded entity	Pnma	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(1) Direct controlling entity	ē
(1) None							
(2)							
(6)							
(4)							
(9)							
(9)							
Part II Identification of Related Tax-Exempt Organizations (Complete one or more related tax-exempt organizations during the tax year.)	<b>anizations</b> (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had ns during the tax year.)	ne organization a	nswered "Yes" to	Form 990, Part	IV, line 34 beca	use it had	
(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	o)(13) d
					-	Yes	٩ ٧
(1) Abilene Chamber of Commerce Foundation - 23-7248959 P. O. Box 2281 Abilene, TX 79604	Promoting economy	Texas	501(c)(3)		7 N/A		
(2)	and quality of life						
(6)	ın Abilene, Texas						
(4) Abilene Industrial Foundation - 75-6035743 P. O. Box 2281 Abilene, TX 79604	Economic Development Texas	Texas	501(c)(6)	/N	N/A N/A		_
(9)						-	
(9)							
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.	·	Cat	Cat No 50135Y		Schedule	Schedule R (Form 990) 2011	2011

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Page 2		(k) Percentage ownership									۲   ۲	(h) Percentage ownership						:		n 990) 2011
	art IV, line 3	(I) General or managing partner?	Yes No								m 990, Pai	(g) Share of end-of-year assets								Schedule R (Form 990) 2011
	to Form 990, Pa	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)									red "Yes" to For	(f) Share of total income end-								Sche
/5-0101260	vered "Yes"	(h)  Disproportionate allocations?	Yes No								ation answe k year.)	(e) Type of entity (C corp., S corp, or trust)								
75-01	nization ansv ear.)	(g) (h) Share of end-of- Disproportionate year assets allocations?									the organization	(d) Direct controlling entity (								
	e if the orgar	(f) Share of total income									(Complete if on or trust c	micile Direc								
-ce	<b>cable as a Partnership</b> (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 ions treated as a partnership during the tax year.)	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)									<b>xable as a Corporation or Trust</b> (Complete if the organization arganization arganization arganizations treated as a corporation or trust during the tax year.)	(c) Legal domicile (state or foreign country)								
Abilene Chamber of Commerce	xable as a Partrations treated as	(d) Direct controlling entity									axable as a Corporganizations trea	(b) Primary activity								
ne Cnam	zations Ta	(c) Legal domicile (state or foreign country)					!				zations Ta									
Apile	Identification of Related Organizations Tax because it had one or more related organizati	(b) Primary activity									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.)	(a) Name, address, and EIN of related organization								
Schedule R (Form 990) 2011	Identifica because	(a) Name, address, and ElN of related organization									Identific line 34 b	Name, addres:								
Schedule R (	Part III	Name, addr	100	alion (i.)	(2)	(2)	(4)	(5)	(9)	(A)	Part IV		(1) None	(2)	(6)	(4)	(6)	(9)	Œ	

/5-0101260	rganizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)
(Form 990) 2011	Transactions With Related Organizations (Complete if the organization a
Schedule F	Part V

Note	Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				Yes	ž
-	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?	anizations listed	in Parts II–IV?	Ŀ	_	,
ro	Receipt of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity	•	•	1a	6	>
م	Giff. grant. or capital contribution to related organization(s)	•	•	<u>우</u>	٩	>
O	Giff, grant, or capital contribution from related organization(s)	•		우	>	L
ס	Loans or loan guarantees to or for related organization(s)			₽	ъ	>
0	Loans or loan guarantees by related organization(s)			<del>1</del>	0	>
						Į,
•-	Sale of assets to related organization(s)			<b>=</b>		>
5	Purchase of assets from related organization(s)			19	6	>
£	Exchange of assets with related organization(s)			<b>₽</b>	h	1
-	Lease of facilities, equipment, or other assets to related organization(s)			<b>;=</b> .		>
-	Lease of facilities, equipment, or other assets from related organization(s)			1	j	>
<b>.</b>	Performance of services or membership or fundraising solicitations for related organization(s)	•	•	<del></del>	<b>&gt;</b>	
: <b>_</b>	Performance of services or membership or fundraising solicitations by related organization(s)			=		>
Ε	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			E	<u>&gt;</u>	
c	Sharing of paid employees with related organization(s)			٠ ټ	n   <	
•	Reimbursement paid to related organization(s) for expenses			우 ·	0	>
<u>a</u>	Reimbursement paid by related organization(s) for expenses			<u>유</u>	<b>&gt;</b>	
					-	.
σ	Other transfer of cash or property to related organization(s)			<u>-</u>	5	>
-	Other transfer of cash or property from related organization(s)				_	<b>&gt;</b>
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	cluding covered	relationships and tra	insaction t	thresho	lds.
}	(a)	<b>(</b> 2)	(2)	1	<u>0</u>	
	Name of other organization	I ransaction type (a-r)	Amount involved	метрод	Method of determining amount involved	guillig Pa
(£)	No transactions of a specified type meet the reporting threshold.					
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ව						
4						
9						
9						
			Sch	Schedule R (Form 990) 201	99 mro	201

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# Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or aross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partitiers in bs.	ganization. See	INSTRUCTIONS RE	egarding exclusi		Seriain	nvestment pa	rmersmps.				
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners		(f) Share of		<b>(h)</b> Disproportiona	(i) (code V—UBI		
		(state or foreign country)		sectron 501(c)(3)		total income	_	allocations?	a -	managing partner?	ownership
			rom tax under section 512-514)	Yes No	2			Yes No	- 1	Yes No	
(1) None											
(2)											
(3)											
(4)											
(5)											
(9)											
ω											
(8)	·										
(6)											
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(13)											
(14)											
(15)	•										
(16)											
									Sche	dule R (F	Schedule R (Form 990) 2011

Part VII	Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
Part II, Ider	ntification of Related Tax Exempt Organizations
Expanded	description of relationship with Abilene Industrial Foundation (EIN 75-6035743)
The Abilen	e Industrial Foundation (AIF) is designed to promote the growth, development and diversification of the economy in and around
Abilene, Te	exas by attracting new industries, retaining and expanding existing industries and supporting the federal, state and military
agencies p	resently located in Abilene, Texas. AIF conducts an annual pledge drive to raise funds from private sector businesses to be
used for th	ese purposes.
The AIF an	d the Abilene Chamber of Commerce have a joint contract with the Development Corporation of Abilene for services and
reimburser	nent for certain expenses incurred for the purpose of promoting and marketing Abilene and the vicinity, including pursuit of
additional i	missions at Dyess Air Force Base. The Program Services Accomplishments on this Form 990 include expenses of
\$660,149 a	nd revenue of \$714,404 related to the joint contract. Revenue in this Form 990 also includes \$44,800 from the AIF in
Part VIII, Li	ne 2e.
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