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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011**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 2011 calendar year, or tax year beginning **October 1**, 2011, and ending **September 30**, 20 **12**

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) ►

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

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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. ► \$ **73,734**

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	72,375
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	1,359
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	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		
c	Less: direct expenses from gaming and fundraising events	6c		
d	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		
b	Less: cost of goods sold	7b		
c	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	73,734	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	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	550
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	44,804
17	Total expenses. Add lines 10 through 16	17	45,354	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	28,380
	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	374,273
	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	402,653

For Paperwork Reduction Act Notice, see the separate instructions.

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15 99

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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	339,295	22 369,710
23 Land and buildings		23
24 Other assets (describe in Schedule O)	34,978	24 32,943
25 Total assets	374,273	25 402,653
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	374,273	27 402,653

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 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		
(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	44,800

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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Ron Butler P. O. Box 701 Abilene, TX 79604	Chair, < 2 hours per week	0	0	0
Yvonne Batts P. O. Box 5371 Abilene, TX 79608	Chair-elect, < 2 hours per week	0	0	0
Scott Hibbs P. O. Box 3097 Abilene, TX 79604	Treasurer, < 2 hours per week	0	0	0
David Copeland P. O. Box 2791 Abilene, TX 79604	Past Chair, < 2 hours per week	0	0	0
William J. Ehrie P. O. Box 2281 Abilene, TX 79604	President, 5 hours per week	0	0	0
Michael C. McMahan P. O. Box 2281 Abilene, TX 79604	ACOC President, 1 hour per week	0	0	0
Katie Alford P. O. Box 1001 Abilene, TX 79604	Director, < 1 hour per week	0	0	0
Grady Barr P. O. Box 629 Abilene, TX 79604	Director, < 1 hour per week	0	0	0
Jim Barr P. O. Box 629 Abilene, TX 79604	Director, < 1 hour per week	0	0	0
Charlie Black P. O. Box 360 Abilene, TX 79604	Director, < 1 hour per week	0	0	0
Greg Blair 910 Energy Dr. Abilene, TX 79602	Director, < 1 hour per week	0	0	0
Gray Bridwell P. O. Box 34 Abilene, TX 79604	Director, < 1 hour per week	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
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)	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
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	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		✓
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?	38a		✓
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		✓
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 ▶ 79601			
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)? 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.	42b	Yes	No
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 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		✓
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		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	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)	45b		✓

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

	Yes	No
46		<input checked="" type="checkbox"/>

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 ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

Signature of officer

William J. Ehrie, President

Type or print name and title

Date

5/1/13

Paid Preparer Use Only

Print/Type preparer's name

Becky Roberts

Preparer's signature

Becky Roberts CPA

Date

5/1/13

Check ☒ if self-employed

PTIN

P00240661

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

▶ ☒ Yes ☐ No

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Tucker Bridwell 400 Pine St., Suite 1000 Abilene, TX 79601	Director, < 1 hour per week	0	0	0
Heath Burns P. O. Box 981 Abilene, TX 79604	Director, < 1 hour per week	0	0	0
Dewayne Chitwood 400 Pine St., Suite 700 Abilene, TX 79601	Director, < 1 hour per week	0	0	0
Rick Correll 1801 Hwy 36 Abilene, TX 79602	Director, < 1 hour per week	0	0	0
Joe Crawford 2850 Airport Blvd. Abilene, TX 79602	Director, < 1 hour per week	0	0	0
Jason Darby P. O. Box 6229 Abilene, TX 79608	Director, < 1 hour per week	0	0	0
Mike Denny 2825 Pine St. Abilene, TX 79601	Director, < 1 hour per week	0	0	0
Scott Dueser P. O. Box 701 Abilene, TX 79604	Director, < 1 hour per week	0	0	0
Mike Dunnahoo P. O. Box 1001 Abilene, TX 79604	Director, < 1 hour per week	0	0	0
Carol Dupree 717 E. Industrial Abilene, TX 79602	Director, < 1 hour per week	0	0	0
Billy Edwards P. O. Box 2993 Abilene, TX 79604	Director, < 1 hour per week	0	0	0
Billy Enriquez 2049 Park Ave. Abilene, TX 79603	Director, < 1 hour per 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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Brian Etchison P. O. Box 2155 Abilene, TX 79604	Director, < 1 hour per week	0	0	0
Ray Ferguson P. O. Box 2993 Abilene, TX 79604	Director, < 1 hour per week	0	0	0
Albert Fuentes P. O. Box 5409 Abilene, TX 79608	Director, < 1 hour per week	0	0	0
Gary Galbraith 402 Cypress Abilene, TX 79601	Director, < 1 hour per week	0	0	0
Larry Gill P. O. Box 176 Abilene, TX 79604	Director, < 1 hour per week	0	0	0
Woody Gilliland 4601 Hartford Abilene, TX 79605	Director, < 1 hour per week	0	0	0
Russell Guthrie 400 Pine St., Suite 600 Abilene, TX 79601	Director, < 1 hour per week	0	0	0
Lanny Hall HSU Box 16000 Abilene, TX 79698	Director, < 1 hour per week	0	0	0
Seaton Higginbotham P. O. Box 5166 Abilene, TX 79608	Director, < 1 hour per week	0	0	0
Mark Horn P. O. Box 2703 Abilene, TX 79604	Director, < 1 hour per week	0	0	0
Fred Lee Hughes P. O. Box 1100 Abilene, TX 79604	Director, < 1 hour per week	0	0	0
Erik Johnson 4633 South 14th Abilene, TX 79605	Director, < 1 hour per 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
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27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27

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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		
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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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Kristina Jones P. O. Box 6191 Abilene, TX 79608	Director, < 1 hour per week	0	0	0
Kelly Kinard P. O. Box 6317 Abilene, TX 79608	Director, < 1 hour per week	0	0	0
Marla Knight P. O. Box 451 Abilene, TX 79604	Director, < 1 hour per week	0	0	0
Tim Lancaster 1242 North 19th Abilene, TX 79601	Director, < 1 hour per week	0	0	0
Peter Lauve 3005 So. Treadaway Abilene, TX 79602	Director, < 1 hour per week	0	0	0
Shaun Martin 500 Chestnut, Suite 1715 Abilene, TX 79602	Director, < 1 hour per week	0	0	0
Raymond McDaniel P. O. Box 6169 Abilene, TX 79608	Director, < 1 hour per week	0	0	0
Jim McNeer 4400 Buffalo Gap Rd., Suite 4500 Abilene, TX 79698	Director, < 1 hour per week	0	0	0
Buddy Napier P. O. Box 3293 Abilene, TX 79604	Director, < 1 hour per week	0	0	0
Don Mark Nickson 542 Plum St. Abilene, TX 79601	Director, < 1 hour per week	0	0	0
David Ohre 1902 Industrial Blvd. Abilene, TX 79602	Director, < 1 hour per week	0	0	0
Jack Rentz 5025-A East Hwy 80 Abilene, TX 79601	Director, < 1 hour per 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
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 (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	
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(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Vicky Reynolds P. O. Box 6058 Abilene, TX 79608	Director, < 1 hour per week	0	0	0
Mary Ross 400 Oak St. Abilene, TX 79602	Director, < 1 hour per week	0	0	0
John Russell Box 98 McMurry Station Abilene, TX 79697	Director, < 1 hour per week	0	0	0
Darryl Schriver P. O. Box 250 Merkel, TX 79536	Director, < 1 hour per week	0	0	0
Phil Schubert ACU Box 29100 Abilene, TX 79699	Director, < 1 hour per week	0	0	0
Bill Senter P. O. Box 6868 Abilene, TX 79608	Director, < 1 hour per week	0	0	0
Bob Surovik P. O. Box 3679 Abilene, TX 79604	Director, < 1 hour per week	0	0	0
Randy Teakell 366 Cypress Abilene, TX 79601	Director, < 1 hour per week	0	0	0
Jimmy Tittle 340 Beech Abilene, TX 79601	Director, < 1 hour per week	0	0	0
Eric Thomas 4510 South 14th Abilene, TX 79605	Director, < 1 hour per week	0	0	0
Jame Webster 5258 Wyndham Court Abilene, TX 79606	Director, < 1 hour per week	0	0	0
Keith White 1049 North 3rd, Suite 707 Abilene, TX 79601	Director, < 1 hour per week	0	0	0

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

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

2011

**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 = \$44,800; Miscellaneous - \$4. Total - \$44,804.

Part II, Balance Sheets, Line 24 - Other Assets

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

9/30/12 - Accounts receivable from affiliate = \$29,550; accrued interest receivable = \$393; pledge receivable = \$3,000; Total = \$32,943.

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 ACOC have a joint contract with the Development Corporation of Abilene for services and reimbursement of 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 \$660,149 and revenue of \$714,404 for economic development activities related to the joint contract.