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Return of Organization Exempt From Income Tax

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

2012

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection 2012, and ending For the 2012 calendar year, or tax year beginning 09/01 20 13 D Employer identification number Check if applicable C Name of organization American Bankers Association Community Engagement Foundation Doing Business As Address change 83-0397856 $\overline{\mathbf{V}}$ Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 1120 CONNECTICUT AVE, NW 202-663-5054 City, town or post office, state, and ZIP code Terminated **WASHINGTON, DC 20036** G Gross receipts \$ Amended return 3.986.951 Application pending F Name and address of principal officer STEPHANIE O'KEEFE H(a) is this a group return for affiliates? Yes Vo No 1120 CONNECTICUT AVE, NW, WASHINGTON, DC 20036 If "No," attach a list (see instructions) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or **√** 501(c)(3) Tax-exempt status Website: ▶ http://www.aba.com/Engagement H(c) Group exemption number ▶ L Year of formation: 2004 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: WORKING TO BUILD A GENERATION OF WELL INFORMED CONSUMERS. AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION PROMOTES UNDERSTANDING OF PERSONAL BANKING AND FINANCIAL SERVICES BY ENHANCING THE PUBLIC KNOWLEDGE OF ECONOMIC SYSTEMS. Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 10 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 15,000 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b N/A **Current Year** Contributions and grants (Part VIII, line 1h) . 2,083 92,999 Program service revenue (Part VIII, line 2g) 155,710 162,541 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 344<u>,</u>845 878,680 Other revenue (Part VIII, column (A), lines 5,26d, 8c, 9c, 10c, and 11e) 11 8,626 14,452 Total revenue - add lines 8 through 11 (must equal Part VIII) column (A), line 12) 12 511,264 1,148,672 Grants and similar amounts paid (Part X, column (A), lines 1-31 13 Benefits paid to or for members (Part Lacoblumn (A), line 4)
Salaries, other compensation, employee benefits (Part IX, column (A), 14 15 470,171 Professional fundraising fees (Part IX, column (A) - line 11e) 16a Total fundraising expenses (Part IX, column (D) Line 25 1 17 Other expenses (Part IX, column (A), lines T1a-11d, 111-24e) 17 306,772 291,949 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 743,595 762,120 Revenue less expenses. Subtract line 18 from line 12 19 (232, 331)386,552 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 7,216,724 7,645,688 21 Total liabilities (Part X, line 26) . 181,054 150,295 Net assets or fund balances. Subtract line 21 from line 20 7,035,670 7,495,393 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Robert G Eady, Treasurer Here Type or print name and title Date Print/Type preparer's name Preparer's signature Check | if **Paid** self-employed Preparer Firm's name ► Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)



🗌 Yes 🗌 No

Cat No 11282Y

Form 99	· · · · · · · · · · · · · · · · · · ·
Part	· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: WORKING TO BUILD A GENERATION OF WELL INFORMED CONSUMERS.
	AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION (ABACEF) PROMOTES UNDERSTANDING OF
	PERSONAL BANKING AND FINANCIAL SERVICES BY ENHANCING THE PUBLIC KNOWLEDGE OF ECONOMIC SYSTEMS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
40	(Code: 611710) (Expenses \$ 56,021 including grants of \$ 0) (Revenue \$ 29,456)
4a	CONSUMER EDUCATION AND TRAINING:
	ABA COMMUNITY ENGAGEMENT FOUNDATION DEVELOPS BOOKLETS AND MATERIALS THAT HELP BANKERS PROVIDE
	FINANCIAL EDUCATION IN THEIR COMMUNITIES. AS THE BANKING INDUSTRY HAS EVOLVED, SO HAVE THE PRODUCTS
	OFFERED AND THE NUMBER OF PRODUCTS. IT IS IMPORTANT FOR CONSUMERS TO UNDERSTAND THEIR CHOICES.
	THESE ACTIVITIES EDUCATE AND INFORM MEMBERS ABOUT THE BANKING INDUSTRY, CHANGES IN BANKING PRACTICES AND
	ISSUES REGARDING PERSONAL FINANCE AND THE RECESSION, NEW CREDIT CARD ACT, HOMEOWNERSHIP INFORMATION,
	AND BANKING SAFETY TIPS INCLUDING ATMS, CURRENT CONSUMER SCAMS, IDENTITY THEFT, PHISHING SCAMS AND
	PREDATORY LENDING.
	······································
4b	(Code: 611710) (Expenses \$ 239,371 including grants of \$ 0) (Revenue \$ 109,752)
	TEACH CHILDREN TO SAVE:
	FOR 18 YEARS THE TEACH CHILDREN TO SAVE PROGRAM HAS PARTNERED BANKS WITH STUDENTS FOR LESSONS ON THE IMPORTANCE OF SAVINGS. THE PROGRAM HAS REACHED MORE THAN 5 MILLION YOUNG PEOPLE WITH THE HELP OF SOME
	100,000 PLUS BANKER VOLUNTEERS, TEACH CHILDREN TO SAVE LESSONS, AND THE TEACH CHILDREN TO SAVE WEBSITE:
	http://www.aba.com/Engagement/Pages/teachchildrentosave.aspx
	"MONEY TALKS" NEWSLETTER FOR YOUNGSTERS THAT CENTERS ON THE POWER OF SAVING AND BUDGETING FOR
	BEGINNERS. IT FEATURES A FUN CROSSWORD PUZZLE, A FAMILY BUDGETING WORK SHEET AND GLOSSARY. BANKS ARE
	JOINING IN TO SPREAD THE SAVINGS MESSAGE AT SCHOOLS THROUGHOUT THE COUNTRY.
4c	(Code: 611710) (Expenses \$ 50,890 including grants of \$ 0) (Revenue \$ 23,333)
	GET SMART ABOUT CREDIT PROGRAM:
	SPONSORED BY THE AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION, GET SMART ABOUT CREDIT
	PROGRAM IS A NATIONAL CAMPAIGN OF VOLUNTEER BANKERS WHO HELP YOUNG PEOPLE DEVELOP RESPONSIBLE CREDIT
	HABITS. FOR ELEVEN YEARS THE GET SMART ABOUT CREDIT PROGRAM HAS PARTNERED BANKS WITH YOUNG ADULTS FOR LESSONS ON THE RESPONSIBLE USE OF CREDIT. BANKS ARE JOINING IN TO EDUCATE YOUNG ADULTS THROUGHOUT THE
	COUNTRY ON THE RESPONSIBILITIES OF CREDIT
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 346,282

Part	Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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	1	
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.			
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
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	The second secon	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	The second secon	11f	1	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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 and XII is optional.	12b	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b				
	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	14b		1
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		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	N	Α

Part	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		√
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		✓
b 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		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
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		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, 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	1	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38_	1	
			000	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			l
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	N	Α
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ĺ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	_ N/	Α
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	N/	<u>^</u>
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			1
4.	account)?	4a		_
b	If "Yes," enter the name of the foreign country: ► N/A See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
E-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			1
5a h	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	N/	Δ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-55		
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	qifts were not tax deductible?	6b	N/	P .
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		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N	Α
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f	_ N	_
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 7h	N/	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	 '''	14/	<u> </u>
•	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		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	N	Α
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N	Α
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N/A			ŀ
11	Section 501(c)(12) organizations. Enter:			1
a	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.)			
40-		100		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A	12a	N/	^
13	section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	N/	A
-	Note. See the instructions for additional information the organization must report on Schedule O.		14/	 ` -
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans			1
C	Enter the amount of reserves on hand			L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	N/	Α

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response to any question in this Part VI		<u> </u>	<u>√</u>
Section	on A. Governing Body and Management			1 41-
4	Fatar the graph or of victing manches of the graph or heady at the and of the tay year.	Γ	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		/
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	<u>/</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		-
6 7a	Did the organization have members or stockholders?	6	V	<u> </u>
14	one or more members of the governing body?	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
~	stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	√	<u> </u>
Ър	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			,
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	9	ode l	
<u> </u>	on b. Policies (This Section B requests information about policies not required by the internal never	<u> </u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			_
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	IN.	/A
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	·	}
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	<u> </u>	
С	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by		1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		/
b	Other officers or key employees of the organization	15b		/
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		,	
ioa	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		-
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	L		
	organization's exempt status with respect to such arrangements?	16b	N/	Α
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	- 501/	-1/01-	
18	available for public inspection. Indicate how you made these available. Check all that apply.	1 30 1	ပ)(၁)S	only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	f inte	rest r	olicv.
	and financial statements available to the public during the tax year.			, ,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	;	
	organization: ► Barry Epstein, 1120 Connecticut Ave, NW, Washington, DC 20036 (202)663-5054			

Form 990 (2012)

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, an
	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 any relate	d org	aniz			ompe	nsa	ted any currer	nt officer, directo	r, or trustee.
				•	C)					
(A)	(B)	/	-4 -6		ition	. than a		(D)	(E)	(F)
Name and Title	Average hours per	box,	unles	s pe	rson	than o is both or/trust	an ee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Natalie Abatemarco Board Member	1	/						0	0	
(2) Conser Postilia	1	-			-	1	┝─	<u>°</u>	•	
Board Member	 	1						0	0	o
(3) 7-44 5-4	1	Ť	╁				-		<u>-</u>	
Board Member		1					İ	0	0	٥
(4) Gary D. Hemmer	1			\vdash			_			
Board Member		1						0	0	o
(5) George W. Hermann	1						$\overline{}$	-		
Board Member		1						0	0	l
(6) Robert R. Jones, III	1				Г					
Board Member		✓						0	0	o
(7) Alejandra Kalman	1									
Board Member	-	1	ļ		ļ			O	o	0
(8) Angel Zapata Board Member	1	1						0	0	0
(9) Erica Opstad	1									
Chair			<u> </u>	✓				0	0	o
(10) Janet Knock Vice Chair	11			/				0	0	0
(11) Chambaria OWasta	1	 	-	Ť	\vdash		Ι			
Executive Vice President	 	1	ļ	İ	1	1		0	388,678	58,579
(12) Laura Fisher (Terminated 12/31/2012)	37.5	†	† 		Ť		Ι	<u>_</u>	555,678	50,373
Senior Vice President	 	1			1				130,492	31,315
(13) Corey Carlisle (Started 3/18/2013)	37.5			 			 	1	1.55,452	31,313
Senior Vice President		1			✓	i i	l	0	0	o
(14)	- 			\vdash			Γ			
3t,	· 	1	1							

Form 990 (2012)

Form 990 (2012)

Part \	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
•	. (A) Name and title		(B) Position (do not check more the box, unless person is officer and a director ek (list any					an ee)	(D) Reportable compensation from	(E) Reportabl compensation related		Estin	F) nated unt of her	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M				1
(15)														
(16)			-							-				
(17)														
(18)									-			-		
(19)							-							
(20)			-											
(21)								_						
(22)				_										
(23)														
(24)					 									
(25)														
	Sub-total	-		•	•		 	>	0		0,170		-	89,894 0
<u>d</u> 	Total (add lines 1b and 1c)	t not limited	d to th				above	e) w	/ho received m		9,170 00,000 d	of		89,894
3	Did the organization list any former or employee on line 1a? If "Yes," complete							emp	oloyee, or high	nest compe	nsated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$	ble 150	con ,000	npe)? <i>I</i>	nsatio f "Ye	on a s,"	and other composite of the complete of the complete of the composite of th	pensation from the dule of the	om the	4	· /	
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c ? If "Yes," o	ompe comp	nsa lete	tion <i>Scl</i>	fro hed	m any	y ur	nrelated organi such person	zation or inc		5		1
	n B. Independent Contractors								Al *		- 0100	000 -1		
1	Complete this table for your five highest compensation from the organization. Re year.	port compe	ensati	aep on f	end or ti	he c	contra	act dar	year ending wi	th or within	the orga	nizatio	on's t	ax
	(A) Name and business add	dress						_	(B) Description of s	services	С	(C) ompens	ation	
NONE					_									
									<u> </u>					
2	Total number of independent contract	ors (includi	ng b	ut r	ot	limi	ted to	o ti	hose listed ab	ove) who				
	received more than \$100,000 of compensation from the organization ▶								NONE				•	

Total. Add lines 11a-11d . . . Total revenue. See instructions.

AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION 83-0397856 Form 990 (2012) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII. . (D)
Revenue
excluded from tax
under sections
512, 513, or 514 (B) Related or exempt function (C) Unrelated business revenue Contributions, Gifts, Grants Federated campaigns . . . 1b Membership dues 1c Fundraising events . . . C 70,965 1d d Related organizations . . . Similar Government grants (contributions) 1e е All other contributions, gifts, grants, and Other and similar amounts not included above 1f 22,034 Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f . . . 92,999 Program Service Revenue **Business Code CONSUMER EDUCATION** 611710 29,456 29,456 **TEACH CHILDREN TO SAVE** 109,752 611710 109,752 GET SMART ABOUT CREDIT 611710 23,333 23,333 d All other program service revenue. Total. Add lines 2a-2f . . . 162,541 Investment income (including dividends, interest, 3 and other similar amounts) 214,507 214,507 Income from investment of tax-exempt bond proceeds ▶ 5 Royalties (i) Real (II) Personal 6a Gross rents . . **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Secunties (ii) Other 7a Gross amount from sales of assets other than inventory 3,494,230 **b** Less: cost or other basis and sales expenses . 2,830,057 Gain or (loss) . . 664,173 Net gain or (loss) . . 664,173 664,173 Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses **b** c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances . . . 22,674 **b** Less: cost of goods sold . . . b 8,222 Net income or (loss) from sales of inventory . 14,452 14,452 Miscellaneous Revenue **Business Code** 11a b C All other revenue . d

1,148,672

176,993

878,680 Form **990** (2012)

0

Form 990 (2012) Page **10**

	Statement of Functional Expenses to 501(c)(3) and 501(c)(4) organizations must com-	polete all columns At	Lother organization	must complete colu	mn (A)
JEC1101	Check if Schedule O contains a response				
	t 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				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	306,097 164,074	87,292 99,727	210,319 59,993	8,486 4,354
9 10 11 a b	Other employee benefits	104,074	33,727	33,333	4,554
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	31,578		31,578	.
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	17,681	10,556	7,125	
12	Advertising and promotion	4,200	4,200	40.004	
13	Office expenses	12,628	2,607	10,021	
14 15	Information technology	1,308	1,308		
16	Royalties	94,955	57,715	34,720	2,520
17	Travel	13,614	3,718	9,896	2,320
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	10,014	5,7.15	0,000	
19 20	Conferences, conventions, and meetings . Interest	9,093	8,000	1,093	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered 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.)				
a	PRINTING	34,209	33,752	457	
b	CHARITABLE CONTRIBUTIONS	7,500		7,500	
C	OVERHEAD	60,744	36,921	22,211	1,612
d	All other expenses MISCELL ANEQUE	4.420	486	2 052	
e 25	All other expenses MISCELLANEOUS Total functional expenses. Add lines 1 through 24e	762,120	346,282	3,953 398,866	16,972
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	762,120	340,262	330,000	10,372
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Form 990 (2012)

<u> </u>	Check if Schedule O contains a response to any question in this Part		• •	
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing		1	
2	Savings and temporary cash investments	243,192	2	254,523
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	60,651
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	
6	Loans and other 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). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net	· ·	7	
8	Inventories for sale or use	54,769	8	15,516
9	Prepaid expenses and deferred charges	34,700	9	10/010
10a		5		
	other basis. Complete Part VI of Schedule D 10a		İ	1
b	Less: accumulated depreciation 10b		10c	
11	Investments—publicly traded securities	6,901,294	11	7,312,790
12	Investments—other securities. See Part IV, line 11		12	
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	17,469	15	2,208
16	Total assets. Add lines 1 through 15 (must equal line 34)	7,216,724	16	7,645,688
17	Accounts payable and accrued expenses	46,197	17	115,666
18	Grants payable		18	
19	Deferred revenue	134,857	19	34,629
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	· · · · · · · · · · · · · · · · · · ·	23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third	1		
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	181,054	26	150,295
	Organizations that follow SFAS 117 (ASC 958), check here ▶			·
27	Unrestricted net assets	245,561	27	323,60
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets	6,790,109	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.	,		
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds .		32	
33	Total net assets or fund balances	7,035,670	33	7,495,39
34	Total liabilities and net assets/fund balances	7,216,724	34	7,645,680

Form 99	0 (2012)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,14	8,672
2	Total expenses (must equal Part IX, column (A), line 25)	2		76	2,120
3	Revenue less expenses. Subtract line 2 from line 1	3		38	6,552
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,03	5,670
5	Net unrealized gains (losses) on investments	5		7	3,171
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		7,49	95,39 <u>3</u>
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII	<u></u>			Ш,
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		4	47	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	1		. 1
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or	1	ļ	
	reviewed on a separate basis, consolidated basis, or both:			,	i
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:			Ì	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				'
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight			١.
	of the audit, review, or compilation of its financial statements and selection of an independent accord		2c		✓
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain in			
	Schedule O.			ļ	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			١.
	the Single Audit Act and OMB Circular A-133?		3a	 	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo the		N.	A
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ludits	3b		
			For	n 99 0	(2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

$\overline{}$			MMUNITY ENGAGEME						83-039			
Pa			rity Status (All orga						nstruction	ıs.		
The 6 1 2 3 4	A church, conv A school desci A hospital or a A medical rese	vention of church nbed in section cooperative hos earch organization e, city, and state	tion because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc e:	churches th Schedu ation desc ction with	s describe ule E.) cribed in s a hospit	ed in sec section 1 al descrit	tion 170(170(b)(1)(ped in se	b)(1)(A)(i) A)(iii). ction 17(D(b)(1)(A)(ii			
5	section 170(b)	(1)(A)(iv). (Com	•						vernmenta	l unit de	escrib	ed in
6 7	☐ An organizatio	n that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	l part of	scribed ir its suppo	n section ort from a	1 70(b)(1 governr)(A)(v). nental ur	nit or from	the gen	eral p	ublic
8 9	An organization receipts from support from	n that normally activities related gross investme	n section 170(b)(1)(A) receives: (1) more that d to its exempt funct ent income and unrel fter June 30, 1975. Se	an 33¹/₃% ions—sul lated bus	6 of its subject to disiness tax	upport fro certain ex xable inc	ceptions	s, and (2) ss section	no more	than 33	31/3%	of its
11	An organization An organization purposes of operation solution An organization purposes of operation solution By Checking the other than four or section 509 If the organization, of organization, of operation Since August following pers	n organized and on organized and on organized and one or more publick the box that one of the box of the box, I certify indation managed (a)(2). ation received a check this box one of the box one of the box one;	I operated exclusively and operated exclusively and operated exclusive of the control of the con	to test for ely for th nizations supportin I–Functio is not co e or more on from	or public some benefit described ag organization and orga	safety. Set of, to perform the sector of the	ee section perform from 509(a d comple d	n 509(a)(the funct a)(1) or set te lines 1 Type III–N y by one izations of I, Type f 	ions of, o ection 509 1e through Non-function or more didescribed in III, or Type	(a)(2). Son 11h. conally indicated in sections also ill support in the sections in sections in the section in the section i	tegrated per portion	ed rsons 9(a)(1)
	(i) A person (iii) below,	who directly or i the governing be	ndirectly controls, eit	her alone organizat	or toget ion?	her with	persons	describe	d in (ii) and	d 11g(i)	Yes	No 🗸
,	(iii) A 35% cor	ntrolled entity of	on described in (i) abo a person described ir ion about the support	n (i) or (iı) a	above? .					11g(ii) 11g(iii)		/
) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the o	organization sted in your document?	(v) Did y the orgai col (i) sup	vou notify nization in of your port?	organizat (i) organi U.	tion in col ized in the S?	vii) Amo ur su	nt of mo	netary
	MEDICAN			Yes	No	Yes	No	Yes	No			
(A)B	MERICAN ANKERS SSOCIATION	52-1001304	9	1		1		1				(
(B)												
(C)	· · ·											
(D)												
(E)				_								
	1								1			

Part	Support Schedule for Organiza	tions Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
ı urc	(Complete only if you checked th	e box on line	5. 7. or 8 of	Part I or if the	e organizatio	n failed to qua	alify under
•	Part III. If the organization fails to						•
Section	on A. Public Support						-
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	(-/		<u> </u>			
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3			-			
5	The portion of total contributions by	-		,			
•	each person (other than a			, ,			
	governmental unit or publicly			, " ' '	1	1	
	supported organization) included on	•	, A. 3.4				
	line 1 that exceeds 2% of the amount			,	,	,	
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	·	l	<u> </u>	L		
	on B. Total Support	4) 0000	# N 0000	(-) 0010	(-D 0011	(-) 0010	/O Total
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4		ļ				
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar					1	
	sources				Ì		
_	Net income from unrelated business				-		
9	activities, whether or not the business					i	
	is regularly carried on						
10	Other income. Do not include gain or	· · · · · · · · · · · · · · · · · · ·			1		
	loss from the sale of capital assets						
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for the	he organizatio	n's first, secor	d, third, fourtl	n, or fifth tax y	vear as a section	on 501(c)(3)
	organization, check this box and stop he						🕨 🗀
Secti	on C. Computation of Public Suppo	rt Percentag	je				
14	Public support percentage for 2012 (line	6, column (f) d	ivided by line	11, column (f))		14	<u>%</u>
15	Public support percentage from 2011 Sc	hedule A, Part	II, line 14			15	<u> </u>
16a	331/3% support test -2012. If the organi	ization did not	check the box	on line 13, an	id line 14 is 33	1/3% or more, o	neck this
	box and stop here. The organization qua						
b		nization did n	ot check a bo	x on line 13 o	r Iba, and IIn	e 15 is 33'/3%	
	check this box and stop here. The organ						
17a	10%-facts-and-circumstances test—2	012. If the org	anization did n	ot check a bo	x on line 13, 10	oa, or 160, and	IINE 14 IS Evoloio in
	10% or more, and if the organization me Part IV how the organization meets the "	ets the "tacts- facts-and-circ	-and-circumsia umetances" te	et The organi	zation qualifies	as a publicly s	Explain in
	organization	iacis-and-circ	umstances te	st. The Organiz	zation qualifica		> 🖂
	-						
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza	tion meets th	anization did f e "facte-and-c	iot check a DO ircumstances	ron mie 13, l ¹test checkt	his hox and e	top here
	Explain in Part IV how the organization in	neets the "fact	ts-and-circums	stances" test	The organization	on qualifies as	a publicly
	supported organization						· · ▶ 🖂
18	Private foundation. If the organization d	lid not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, che	ck this box and	see
	instructions						

Schedule A (Form 990 or 990-EZ) 2012

20

Part							
	. (Complete only if you checked th						ler Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	l.)	
	on A. Public Support		,				
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010_	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			,		ļ	
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities		[[[
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		_				
4	Tax revenues levied for the			'			
	organization's benefit and either paid to or expended on its behalf	· · · · · · · · · · · · · · · · · · ·					
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge				_		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b		. #5:	A TOTAL S MAPS	11 10 22	1 . T -Y V' (AS	
8	Public support (Subtract line 7c from	A STATE	4 731 11 a 7 7 7 8 1 7 8 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Adding the same	
Ca aki	line 6.)	ીતેઓ કહ્યું ક	\$28312,68 (.E.		- AN - 1 - 2	49. 18 g 23.3 h	
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(a) 2000	(b) 2009	(0) 2010	(4) 2011	(6) 2012	(i) Total
_	Gross income from interest, dividends,						· -
	payments received on securities loans, rents,						
	royalties and income from similar sources .				1		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business]		j .	1	
	activities not included in line 10b, whether						
40	or not the business is regularly carried on				· <u> </u>		
12	Other income. Do not include gain or loss from the sale of capital assets		'				
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	e organization	n's first, secon	d, third, fourth	n, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2012 (line 8	3, column (f) d	ivided by line 1	3, column (f))		15	%
_16	Public support percentage from 2011 Sch			<u> </u>	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2012 (17	%
18	Investment income percentage from 2011 331/3% support tests—2012. If the organization					18	% and line
19a	17 is not more than 331/3%, check this box						
b	331/3% support tests—2011. If the organiz						
U	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di						

AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION

83-0397856

Schedule A (F	orm 990 or 990-EZ) 2012	ge 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
		_
		-
		-
		•
		· -
		-
		<u>-</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

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. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection Employer identification number

	CAN BANKERS ASSOCIATION COMMUNITY EI		<u></u>	83-0397856
<u>Par</u>	organizations Maintaining Dono organization answered "Yes" to F	or Advised Funds or Other Similar Fu	ınds or A	ccounts. Complete if the
	organization answered res to r	(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			
5	Did the organization inform all donors and			
	funds are the organization's property, subje	ct to the organization's exclusive legal con	trol?	· · · · 🗌 Yes 🗌 No
6	Did the organization inform all grantees, do	onors, and donor advisors in writing that gi	rant funds	can be used
	only for charitable purposes and not for the			
Par		plete if the organization answered "Yes	" to Form	1 990, Part IV, line 7.
1	Purpose(s) of conservation easements held		-6 bi-4-	wiself, increased land area
	☐ Preservation of land for public use (e.g., ☐ Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·		ed historic structure
	Preservation of open space	Freservation	or a certin	ed historic structure
2	Complete lines 2a through 2d if the organize	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 ea	sements		2b
С	Number of conservation easements on a ce			2c
d	Number of conservation easements include	• • •	i i	
	historic structure listed in the National Regis		<u></u>	2d
3	Number of conservation easements modified	ed, transferred, released, extinguished, or te	erminated I	by the organization during the
	tax year ▶	et a constant to to a set of Se		
4 5	Number of states where property subject to Does the organization have a written po	o conservation easement is located >	nenection	handling of
3	violations, and enforcement of the conserva			
6	Staff and volunteer hours devoted to monitor			
Ū	Name of the state	orning, mopositing, and ornoroning cornect value	J., 0400,,,0	ino during the your
7	Amount of expenses incurred in monitoring	. inspecting, and enforcing conservation ea	sements d	luring the year
	▶ \$, 1, 3.		,
8	Does each conservation easement reported	d on line 2(d) above satisfy the requirement	s of section	n 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization re			
	balance sheet, and include, if applicable, th		financial st	atements that describes the
	organization's accounting for conservation		041	Oissides Assessed
Par		ections of Art, Historical Treasures,		Similar Assets.
		wered "Yes" to Form 990, Part IV, line 8		a statement and belance sheet
1a	works of art, historical treasures, or other			
	public service, provide, in Part XIII, the text			
b	If the organization elected, as permitted u			
_	works of art, historical treasures, or other			
	public service, provide the following amount			
	(i) Revenues included in Form 990, Part VII	II, line 1		. ▶ \$
	(ii) Assets included in Form 990, Part X .			. • \$
2	If the organization received or held works	s of art, historical treasures, or other simi	lar assets	
	following amounts required to be reported	under SFAS 116 (ASC 958) relating to these	e items:	
а	Revenues included in Form 990, Part VIII, li	ne 1		. • \$
b	Assets included in Form 990, Part X			▶ ¢

	e D (Form 990) 2012						Page Z
Part							
3	. Using the organization's acquisition, collection items (check all that apply):		er records, chec	k any of the follow	wing that are a si	gnificant u	se of its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	rams		
b	☐ Scholarly research		e 🗌 Other				
С	☐ Preservation for future generation	s					
4	Provide a description of the organiza XIII.	tion's collections a	nd explain how t	hey further the org	ganization's exem	npt purpose	e in Part
5	During the year, did the organization assets to be sold to raise funds rather						□ No
Part				anization answe	red "Yes" to Fo	rm 990, P	art IV,
	line 9, or reported an amour						
1a	Is the organization an agent, trustee included on Form 990, Part X?						□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the following to	able:			
				<u> </u>	Ar	nount	
C	Beginning balance			10	<u>:</u>		
d	Additions during the year			10	1		
е	Distributions during the year						
f	Ending balance						
2a	Did the organization include an amou						
	If "Yes," explain the arrangement in P						
Par	tV Endowment Funds. Comp						
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance	6,790,109	6,556,720	6,026,790	5,915,314	<u> </u>	5,613,611
b	Contributions					<u> </u>	
С	Net investment earnings, gains, and					İ	
	losses	381,679	233,389	529 <u>,</u> 930	111,476	((698 <u>,</u> 297)
d	Grants or scholarships					L	
е	Other expenditures for facilities and					j	
	programs					<u> </u>	
f	Administrative expenses						
g	End of year balance	7,171,788	6,790,109) 5	,915,314
2	Provide the estimated percentage of	the current year end	d balance (line 1g	ı, column (a)) held	as:		
а	Board designated or quasi-endowme	ent ▶	_%				
b	Permanent endowment	100%					
С	Temporarily restricted endowment	·%					
	The percentages in lines 2a, 2b, and						
3a	Are there endowment funds not in the	e possession of the	e organization tha	at are held and ac	Iministered for the	_	
	organization by:						es No
	(1) announce or gammamorie v v v					3a(i)	
	• •					- ` ' -	
4	If "Yes" to 3a(ii), are the related organ Describe in Part XIII the intended use					_3b v	
Part	VI Land, Buildings, and Equip	oment. See Form	990, Part X, lin	e 10.			
	Description of property	(a) Cost or oth (investme		, ,	Accumulated epreciation	(d) Book v	alue
1a	Land	.	<u> </u>				
b	Buildings						
C	Leasehold improvements						
d	Equipment					·· · <u>-</u>	
e	Other						
	Add lines 1a through 1a (Column (d))		O Part Y column	(R) line 10(c)			

Schedule D (Form 990) 2012 Page 3 Investments - Other Securities. See Form 990, Part X, line 12. Part VII (c) Method of valuation (a) Description of security or category (b) Book value Cost or end-of-year market value (including name of security) (1) Financial derivatives (2) Closely-held equity interests . . . (B) (C) (D) (E) (F) (G) (H) (l) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments-Program Related. See Form 990, Part X, line 13. Part VIII (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) _(7) (8) (9) (10)Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)Other Liabilities. See Form 990, Part X, line 25. (b) Book value (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)(9) (10) $\overline{(11)}$ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedul	e D (Form 990) 2012				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents '	With Revenue per	Ret	urn
1	Total revenue, gains, and other support per audited financial statements			1	1,286,200
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	73,17		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c		1	,
d	Other (Describe in Part XIII.)	2d	64,35	7 2 4	
e	Add lines 2a through 2d			2e	137,528
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1		106.	3
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	<u> </u>
ь	Other (Describe in Part XIII.)	4b			5 V
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	1,148,672
Part				er R	
1	Total expenses and losses per audited financial statements			1	809,249
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	L
a	Donated services and use of facilities	2a	1		3
b	Prior year adjustments	2b			
c	Other losses	2c			T.
ď	Other (Describe in Part XIII.)	2d	47,12		
_	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	+ 117125
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	İ	1	11/24	702,120
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		200 Table 1	<u>.</u>
b	Other (Describe in Part XIII.)	4b			in the second se
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	
	XIII Supplemental Information	,			102,120
	ete this part to provide the descriptions required for Part II, lines 3, 5, and	Q· Pa	rt III lines 1a and 4:	Part I	V lines 1h and 2h:
	line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b				
Part V,	Line 4:				
An ann	nually determined amount of income from the endowment funds is used for the	gene	ral exempt purposes	of the	organization.
Part X,	line 2 - FIN 48 Footnote:				
Note 1	Nature Of Activities And Significant Accounting Policies				
Americ	an Bankers Association Community Engagement Foundation is exempt unde	r Sect	ion 501(c)(3) of the IR(C and	has been classified as
organi	zation that is not private foundation. Therefore, no provision for income taxes	has b	peen provided for this	entity	in the accompanying

Schedule D (Form 990) 2012 Page 5 Part XIII Supplemental Information (continued) consolidated financial statements. Management evaluated the Association's tax positions and concluded that the Association has taken no uncertain tax positions that require adjustment to the consolidated financial statements to comply with the provisions of this guidance. Generally, the Association is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2009. Part XI, lines 2d: Cost of Goods Sold \$8,222 reported on Form 990 Part VIII, Line 10b. Revenue from ABA Housing Partners Foundation (52-1906066) \$56,135 is included on ABA's consolidated financial statements. ABA Housing Partners Foundation (52-1906066) has been terminated and has filed its 2012 final short tax year return. Total for Part XI, lines 2d: \$8,222+\$56,135 = \$64,357 Part XII, lines 2d: Cost of Goods Sold \$8,222 reported on Form 990 Part VIII, Line 10b. Expenses from ABA Housing Partners Foundation (52-1906066) \$38,907 is included on ABA's consolidated financial statements. Total for Part XII, lines 2d: \$8,222+\$38,907 = \$47,129

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 **୭**⋒**12**

Open to Public Inspection

Employer identification number

AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION 83-0397856 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence ☐ Travel for companions ☐ Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to NA 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers. NA directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. □ Written employment contract ☐ Compensation committee ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: 5a 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a 6b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

NA

Schedule J (Form 990) 2012

Partil Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

(i)

Note. The sum of columns (B)(I)—(III) for each listed individual must	or eac	h listed individual mu	ed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	ount of Form 990, Pa	rt VII, Section A, line	la, applicable colum	n (D) and (E) amounts	for that individual.
		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	Ç
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	(F) Compensation reported as deferred in prior Form 990
	0	0	0	0	0	0	0	0
Stepnanie O'Keere 1 Executive Vice President	€	346,030	40,0	2,64	34,610	23,969	447,257	0
Carro Cichor	(1)	0	0	0	0	0	0	0
2 Senior Vice President	8	130,492		0	12,639	18,676	161,807	0
	6							
က	(3)							
	(1)							
4	€							
	(0)							
5	8							
	6							
9	€							
	€							
7	€							
	ω							
8	(ii)							
	(1)							
6	(ii)							
	(0)							
10	(E)							
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11	<u>(ii)</u>							
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	€ !							
16	≘							

Schedule J (Form 990) 2012

AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION

Schedule J (Form 990) 2012
Part III Supplemental Information
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Part I, Line 3:
The organization does not compensate its board members and officers.
American Bankers Association Community Engagement Foundation relied on its related organization, the American Bankers Association (FEIN: 52-1001304), to establish the top
management official's compensation by the following methods:
Compensation committee of the American Bankers Association
Compensation survey study done by American Bankers Association
Approval by the board and compensation committee of the American Bankers Association
Part i, Line 4b:
The organization does not provide supplemental nonqualified retirement plan to its board members and officers.
Executive Vice President, Stephanie O'Keefe, is a participant in a supplemental nonqualified retirement plan of the American Bankers Association (ABA), a related organization.
The plan is designed as a benefit restoration for the qualified plans sponsored by the American Bankers Association (ABA).
The accrued present value estimated benefits for the year provided by American Bankers Association to Stephanie O'Keefe is \$13,700.
Schedule J (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION	83-0397856
Part VI, Line 6	
The sole member of the American Bankers Association Community Engagement Foundation is the American Bankers	S Association
Part VI, Line 7a·	
The trustees and officers of the American Bankers Association Community Engagement Foundation are appointed at	nd elected annually by the American Bankers
Association	
Part VI, Line 7b	
The supreme authority of the Foundation is vested at the Annual Meeting	
The Chairman of the American Bankers Association appoints the Foundation's Board of Trustees at the Annual Meeting	ng.
The Board of Trustees administers the affairs of the Foundation and has full authority to act between Annual Meeting	
	<u></u>
Part VI, Line 11b	
ABA's management, which includes certified public accountants, prepared the return and then conducted several in	ternal reviews of the completed Form 990
Part VI, Line 12c·	
The Foundation monitors and enforces its Conflicts of Interest Policy by, at least annually, having each officer, memb	er of the Board of Directors, and key
employees attest by signature that they have read, understand, and are in compliance with the policy On an annual	basis, the Board is provided a copy of the
policy, offered an opportunity to discuss its requirements, and have any questions answered Staff attends the meet	ings of the board in order to monitor
compliance with the requirements and that the minutes of the meetings fairly represent the discussions of the Board	d.
Part VI, Line 15b:	
The American Bankers Association Community Engagement Foundation has no employees. Key employees shown of	on Part VII, Section A, are employees of the
related organization, the American Bankers Association (ABA). The Compensation Committee of the American Bank	ers Association is responsible for reviewing
the compensation of the Foundation's top management officers and employees. The process used by the ABA's Cor	mpensation Committee is made in
conjunction with an outside independent consulting firm that conducted a comprehensive compensation study for	the Association

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2012 (g) Section 512(b)(13) controlled entity? (f) Direct controlling entity ŝ **Employer identification number** Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes 61-1579521 (f)
Direct controlling 'entity (e) End-of-year assets Ž N/A (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income (d) Exempt Code section 501 (C) (6) (c) Legal domicile (state or foreign country) Cat No 50135Y (c)
Legal domicile (state
or foreign country) 8 (b) Primary activity TRADE ASSOCIATION (b) Primary activity AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)
Name, address, and EIN (if applicable) of disregarded entity (1) AMERICAN BANKERS ASSOCIATION (52-1001304) 1120 CONNECTICUT AVE, NW, WASHINGTON, DC 20036 (a)
Name, address, and EiN of related organization Name of the organization Partl Part II ල Ξ 2 € 9 8 ල € ε 9 <u>©</u> 9

(k) Percentaĝe ownership

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Schedule R (Form 990) 2012

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (j) General or managing partner? (h) Percentage ownership Yes (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) end-of-year assets (g) Share of (h)
Disproportionate
allocations? ŝ (f) Share of total Yes income (g) Share of end-of- Dyear assets (e)
Type of entrly
(C corp, S corp, or trust) (f) Share of total Income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
| Direct controlling entity Pnmary activity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a)
Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Part III 8 Ξ ε € 2 ල € 9 ල 9 E E 2 9 ∢ Ž ۲

(0) controlled entity?

Š

Yes

Schedule R (Form 990) 2012

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) Schedule R (Form 990) 2012

Part V Transactio

				Vac	N
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	or more related ordar	izations listed in Part	CVI-II 8	<u>-</u>	
				1a	>
				4	>
	•	•	•	1 4	\ <u>\</u>
Gill, graill, or capital continuotion non related organiza				2 ;	
d Loans or loan guarantees to or for related organization(s)				밀	>
e Loans or loan guarantees by related organization(s)				1e	1
f Dividends from related organization(s)				· ·	>
			•	1	<u> </u>
g Sale of assets to related organization(s)				5/	1
h Purchase of assets from related organization(s)				£	>
i Exchange of assets with related organization(s)				=	<u>></u>
i Lease of facilities, equipment, or other assets to related organization(s)			•	‡	>
			•	大方 小田	13.00
b I once of facilities actuioment or other accepts from valutaed accorded				4	1
				=	<u> </u>
refloring ice of services of membership of fundialship			· · · ·	= !	\ -
				E .	>
 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). 			•	٦ ۲	
o Sharing of paid employees with related organization(s)				10 1	
p Reimbursement paid to related organization(s) for expenses				10	
			•	1a	>
	•			16,1	高温に
r Other transfer of cash or property to related organization(s)				1	
s Other transfer of cash or property from related organization(s)				1s	>
9 If the answer to any of the above is "Vas" see the metricipae for information on who must	omplete this line incli	Iding covered relation	nehine and transaction	threeh	9
Z II THE GINWEL TO GITY OF THE STONE IS THE TRANSPORTED THE TRANSPORTED THE TRANSPORTED THE GROVEN THE GROVEN THE GROVEN THE TRANSPORTED THE GROVEN THE GR	Onipiere uns inte, inch	dulig covered relation	Isilips allu traitsactio		Olds.
(a)	(<u>a</u>)	(2)	(p)		7
Name of other organization	type (a-s)	Amount involved	ואפמוסם כו מפנפונווווווון מדווסטות וואסואפם		n A O A
(1) American Bankers Association (52-1001304)	c	94,955	Allocation		ł
(2) American Bankers Association (52-1001304)	o.	470.171	470,171 Allocation		
(3) American Bankers Association (52-1001304)	d	738,581	Actual/Cash		
(4) American Bankers Association (52-1001304)	_	152,040	152.040 Actual/Cash		
(5)					
(9)					
			Schedule R (Form 990) 2012	(Form 9	90) 2012

Schedule R (Form 990) 2012

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) N/A 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 process review of a related organization. See instructions regarding exclusion for certain investment partnerships.

Care Care	or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	ganization. See	Instructions re	garding exclusiv	<u> </u>	Kal	IIIVESIIIEIII PO	a tricionipo.			8			13
Ves No Ve	(a) Name, address, and EIN of entity			(d) Predominant income (related, unrelated, excluded from tax under	Are all pa secti 501(c	artners lon (3)(3)	(f) Share of total income		Disprop	ny ortionate tions?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)			Percentage ownership
				section 512-514)	Yes	å			Yes	ş		Yes	ş	
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												_		
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Schedule R (F	Form 990) 2012	Page 5
Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
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