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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013Open to Public
InspectionA For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION OF ABILENE		D Employer identification number 75-2045832
	Doing Business As		E Telephone number (325) 676-3883
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 35,337,590.
	P. O. BOX 1001		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code ABILENE, TX 79604		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: KATIE ALFORD P.O. BOX 1001, ABILENE, TX 79604		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.CFABILENE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1985 M State of legal domicile: TX	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO RENDER GRANT DONATIONS TO UNRELATED CIVIC AND PUBLIC ORGANIZATIONS PRIMARILY WITHIN ABILENE		
	2 Check this box <input type="checkbox"/> 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)	15	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	15	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	7	
	6 Total number of volunteers (estimate if necessary)	218	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<11,787.>	
7b Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	5,612,472.	5,203,584.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,119,522.	5,547,004.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,731,994.	10,750,588.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,861,738.	5,407,273.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	403,508.	456,333.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	228,284.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	440,738.	480,506.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,705,984.	6,344,112.
	19 Revenue less expenses. Subtract line 18 from line 12	3,026,010.	4,406,476.
	20 Total assets (Part X, line 16)	89,277,458.	102,145,952.
	21 Total liabilities (Part X, line 26)	14,821,166.	17,993,129.
22 Net assets or fund balances. Subtract line 21 from line 20	74,456,292.	84,152,823.	

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 Here	Signature of officer <i>Katie Alford</i>	Date 1/31/17
	KATIE ALFORD, PRESIDENT/CEO Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name MARY LEE BROOKS, CPA	Preparer's signature <i>Mary Lee Brooks</i>
	Firm's name CONDLEY AND COMPANY, L.L.P.	Date 1/23/17
	Firm's address P. O. BOX 2993 ABILENE, TX 79604-2993	Check if self-employed <input type="checkbox"/> PTIN P00023232
	Firm's EIN 75-1056027	Phone no. (325) 677-6251

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

☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

**TO RENDER GRANT DONATIONS TO UNRELATED CIVIC AND PUBLIC ORGANIZATIONS
 PRIMARILY WITHIN ABILENE AND WEST CENTRAL TEXAS IN ORDER TO PROMOTE
 THE GENERAL WELFARE OF AREA RESIDENTS.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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?☐ Yes ☒ No

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

4a (Code _____) (Expenses \$ 5,553,713. including grants of \$ 5,407,273.) (Revenue \$ _____)
**GRANTS TO VARIOUS QUALIFIED 501(C)(3) ORGANIZATIONS BASED UPON APPROVED
 GRANT APPLICATIONS OR UPON BOARD OF TRUSTEES ACTION. OVER \$5 MILLION
 OF GRANTS WERE PROVIDED TO OVER 330 DIFFERENT ORGANIZATIONS DURING THE
 YEAR.**

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **5,553,713.**

Part IV 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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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	X
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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Form 990 (2013)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
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? <i>If "Yes," complete Schedule J</i>	23	X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a 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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26	X
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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
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):	28	
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
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 X	

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

Form 990 (2013)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	15			
b Enter the number of voting members included in line 1a, above, who are independent		15		
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	X
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	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
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	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
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			9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
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	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ 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 interest policy, 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. **JANA MORENO - (325) 676-3883**
500 CHESTNUT, SUITE 1634, ABILENE, TX 79601

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line 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 related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BECKY RENTZ MEMBER	1.00	X						0.	0.	0.
(2) DANNA OLIVER MEMBER	1.00	X						0.	0.	0.
(3) HARRIS NAPIER II MEMBER	1.00	X						0.	0.	0.
(4) JESSE FLETCHER MEMBER	1.00	X						0.	0.	0.
(5) JOE CRAWFORD MEMBER	1.00	X						0.	0.	0.
(6) KEN MUSGRAVE MEMBER	1.00	X						0.	0.	0.
(7) KIM SNYDER MEMBER	1.00	X						0.	0.	0.
(8) KIRK MASSEY MEMBER	1.00	X						0.	0.	0.
(9) PETTY HUNTER MEMBER	1.00	X						0.	0.	0.
(10) SCOTT HIBBS MEMBER	1.00	X						0.	0.	0.
(11) ALLAN FRIZZELL MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(12) LAURA DYER SECRETARY	2.00	X		X				0.	0.	0.
(13) JILL BAILEY HOEBELHEINRICH TREASURER	3.00	X		X				0.	0.	0.
(14) JACK RICH VICE CHAIRMAN	2.00	X		X				0.	0.	0.
(15) MARELYN SHEDD CHAIRMAN	3.00	X		X				0.	0.	0.
(16) KATIE ALFORD PRESIDENT/CEO	40.00			X				113,750.	0.	6,825.

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							113,750.	0.	6,825.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							113,750.	0.	6,825.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

1

		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,203,584.			
	g Noncash contributions included in lines 1a-1f \$		1,279,605.			
	h Total. Add lines 1a-1f		5,203,584.			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,163,539.		<11,787.>	2,175,326.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	27,970,467.			
	b Less cost or other basis and sales expenses		24,587,002.			
	c Gain or (loss)		3,383,465.			
	d Net gain or (loss)		3,383,465.			3,383,465.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		10,750,588.	0.	<11,787.>	5,558,791.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	5,407,273.	5,407,273.		
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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	117,500.	11,750.	41,125.	64,625.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	268,075.	112,811.	64,245.	91,019.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,636.	3,889.	4,051.	7,696.
9 Other employee benefits	26,287.	8,675.	7,097.	10,515.
10 Payroll taxes	28,835.	9,315.	7,880.	11,640.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	16,543.		16,543.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	231,975.		231,975.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	4,148.		4,148.	
13 Office expenses	8,828.		8,828.	
14 Information technology	30,151.		30,151.	
15 Royalties				
16 Occupancy	35,571.		35,571.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,588.		12,588.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,831.		5,831.	
23 Insurance	3,524.		3,524.	
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 EXPENSE ALLOCATION	64,303.		64,303.	
b PRINTING	25,564.			25,564.
c DUES & SUBSCRIPTIONS	14,341.		14,341.	
d POSTAGE	7,142.		7,142.	
e All other expenses	19,997.		2,772.	17,225.
25 Total functional expenses. Add lines 1 through 24e	6,344,112.	5,553,713.	562,115.	228,284.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	110.	1	126.
	2 Savings and temporary cash investments	8,165,771.	2	7,699,653.
	3 Pledges and grants receivable, net	155,494.	3	551,153.
	4 Accounts receivable, net		4	
	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 instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,419.	9	12,262.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 111,709.		
	b Less: accumulated depreciation	10b 72,498.	10c 37,301.	39,211.
	11 Investments - publicly traded securities	61,673,474.	11	72,578,722.
	12 Investments - other securities. See Part IV, line 11	19,236,889.	12	21,264,825.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	89,277,458.	16	102,145,952.	
Liabilities	17 Accounts payable and accrued expenses	20,735.	17	2,644.
	18 Grants payable	213,856.	18	224,604.
	19 Deferred revenue		19	
	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 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	14,586,575.	25	17,765,881.
	26 Total liabilities. Add lines 17 through 25	14,821,166.	26	17,993,129.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,977,481.	27	9,695,568.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	65,478,811.	29	74,457,255.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	74,456,292.	33	84,152,823.
34 Total liabilities and net assets/fund balances	89,277,458.	34	102,145,952.	

Form 990 (2013)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,750,588.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,344,112.
3	Revenue less expenses Subtract line 2 from line 1	3	4,406,476.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	74,456,292.
5	Net unrealized gains (losses) on investments	5	8,469,361.
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	<3,179,306.>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	84,152,823.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<input checked="" type="checkbox"/>
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,365,947.	5,495,057.	3,366,683.	5,612,472.	5,203,584.	23,043,743.
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	3,365,947.	5,495,057.	3,366,683.	5,612,472.	5,203,584.	23,043,743.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,934,917.
6 Public support. Subtract line 5 from line 4						17,108,826.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	3,365,947.	5,495,057.	3,366,683.	5,612,472.	5,203,584.	23,043,743.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,396,717.	1,338,072.	1,765,009.	1,815,501.	2,163,539.	8,478,838.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						31,522,581.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	54.27	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	52.64	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2013

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV

Supplemental Information. 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)

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ 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.▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF ABILENE

Employer identification number

75-2045832

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	120	48
2 Aggregate contributions to (during year)	2,535,983.	1,317,729.
3 Aggregate grants from (during year)	2,885,884.	411,935.
4 Aggregate value at end of year	19,047,925.	17,765,881.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- | | |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X | ▶ \$ _____ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- | | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	65,478,811.	59,437,304.	61,605,700.	51,722,815.	46,053,207.
b Contributions	1,544,948.	1,115,254.	1,218,268.	1,432,501.	1,560,324.
c Net investment earnings, gains, and losses	10,863,542.	7,710,920.	<1,585,632.>	10,818,221.	993,137.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,928,529.	2,331,647.	1,381,403.	1,954,750.	<3,116,147.>
f Administrative expenses	501,517.	453,020.	419,629.	413,087.	
g End of year balance	74,457,255.	65,478,811.	59,437,304.	61,605,700.	51,722,815.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %b Permanent endowment ☐ %c Temporarily restricted endowment ☒ 100.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		111,709.	72,498.	39,211.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				39,211.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CASH VALUE OF LIFE		
(B) INSURANCE	118,449.	END-OF-YEAR MARKET VALUE
(C) ALTERNATIVE INVESTMENTS	15,258,484.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITIES	5,887,892.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	21,264,825.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENTS	17,765,881.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	17,765,881.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements		1	15,867,550.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	8,469,361.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	<3,352,399.>	
e	Add lines 2a through 2d		2e	5,116,962.
3	Subtract line 2e from line 1		3	10,750,588.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	10,750,588.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements		1	5,929,541.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	92,923.	
e	Add lines 2a through 2d		2e	92,923.
3	Subtract line 2e from line 1		3	5,836,618.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	507,494.	
c	Add lines 4a and 4b		4c	507,494.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,344,112.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

PART V, LINE 4:

EXPLANATION: GRANT MAKING TO NON-PROFIT ORGANIZATIONS OR SCHOLARSHIPS
DEPENDING ON THE DONOR'S WISHES.

PART X, LINE 2:

EXPLANATION: IN ACCORDANCE WITH ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN
INCOME TAXES, MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AND
CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT
REQUIRED ADJUSTMENT TO FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS
OF THIS GUIDANCE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

AMT REPORTED BY SUPPORTING ORGANIZATION, AVJ FOUNDATION,

FED ID# 75-2625919 334,400.

REVENUE FOR AGENCY ENDOWMENT FDS REPORTED ON AUDIT PER SFAS

136 -3,686,798.

ROUNDING -1.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -3,352,399.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AMT REPORTED BY SUPPORTING ORGANIZATION, AVJ FOUNDATION,

FED ID# 75-2625919 92,923.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DISTR & EXP FOR AGENCY ENDOWMENT FUNDS REPORTED ON AUDIT

PER SFAS 136 507,491.

ROUNDING 3.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 507,494.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public
Inspection

Name of the organization

Employer identification number
75-2045832

Part I General Information on Grants and Assistance
COMMUNITY FOUNDATION OF ABILENE

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
12TH ARMORED DIVISION MEMORIAL MUSEUM - 1289 N 2ND ST. - ABILENE, TX 79601	31-1681387	501(C)(3)	14,567.	0.			GENERAL OPERATIONS
ABBA WOMEN'S CENTER P.O. BOX 256 GAINESVILLE, TX 76241	75-2562827	501(C)(3)	20,000.	0.			GENERAL OPERATIONS
ABIGAIL'S ARMS - COOKE COUNTY FAMILY CRISIS CENTER - P.O. BOX 1221 - GAINESVILLE, TX 76241	75-1892046	501(C)(3)	20,000.	0.			NEW BUILDING COMPLETION
ABILENE ARTS ALLIANCE 1101 N. 1ST ST ABILENE, TX 79601	75-2411239	501(C)(3)	29,760.	0.			PROGRAM SUPPORT
ABILENE CHRISTIAN UNIVERSITY ACU BOX 29139 ABILENE, TX 79699	75-0851900	501(C)(3)	34,525.	0.			SCHOLARSHIPS
ABILENE CULTURAL AFFAIRS COUNCIL 1101 N. 1ST ST ABILENE, TX 79601	75-2411239	501(C)(3)	18,550.	0.			PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table			146.				
3 Enter total number of other organizations listed in the line 1 table							

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

Schedule I (Form 990) (2013)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABILENE EDUCATION FOUNDATION P.O. BOX 1999 ABILENE, TX 79604	31-1741496	501(C)(3)	99,051.	0.			PROGRAM SUPPORT
ABILENE HOPE HAVEN 801 S TREADAWAY ABILENE, TX 79602	75-2518820	501(C)(3)	23,700.	0.			PROGRAM SUPPORT
ABILENE INDEPENDENT SCHOOL DISTRICT - 241 PINE STREET - ABILENE, TX 79601	75-6000004	501(C)(3)	12,923.	0.			GENERAL OPERATIONS
ABILENE LIBRARY CONSORTIUM 3305 N. 3RD STREET, SUITE 301 ABILENE, TX 79603	75-2216565	501(C)(3)	15,200.	0.			PROGRAM SUPPORT
ABILENE PERFORMING ARTS COMPANY 1049 INDUSTRIAL BLVD ABILENE, TX 79602	75-2822456	501(C)(3)	9,600.	0.			PROGRAM SUPPORT
ABILENE PHILHARMONIC ASSOC 402 CYPRESS, SUITE 130 ABILENE, TX 79601	75-6004978	501(C)(3)	42,138.	0.			GENERAL OPERATIONS
ABILENE PHILHARMONIC FOUNDATION 402 CYPRESS, SUITE 130 ABILENE, TX 79601	75-2281734	501(C)(3)	15,171.	0.			GENERAL OPERATIONS
ABILENE PRESERVATION LEAGUE 1174 NORTH 1ST STREET ABILENE, TX 79601	75-1621041	501(C)(3)	14,482.	0.			PROGRAM SUPPORT
ABILENE YOUTH SPORTS AUTHORITY 4351 RIDGEMONT DRIVE ABILENE, TX 79606	20-0800483	501(C)(3)	7,500.	0.			SCHOLARSHIPS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADULT PROTECTIVE SERVICES 4601 SOUTH ABILENE, TX 79604	75-2897499	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
ALDERSGATE UNITED METHODIST CHURCH 1741 SAYLES BLVD ABILENE, TX 79605	75-6004841	501(C)(3)	7,500.	0.			GENERAL OPERATIONS
ALLIANCE FOR WOMEN AND CHILDREN 1350 N. 10TH ABILENE, TX 79601	75-1013058	501(C)(3)	63,502.	0.			GENERAL OPERATIONS
AMERICAN HEART ASSOCIATION 149 N. WILLIS ST. #10 ABILENE, TX 79603	13-5613797	501(C)(3)	6,400.	0.			PROGRAM SUPPORT
AMERICAN RED CROSS 1610 N. 2ND ST. ABILENE, TX 79601	75-0818144	501(C)(3)	13,753.	0.			PROGRAM SUPPORT
ANGELO STATE UNIVERSITY ASU STATION #11015 SAN ANGELO, TX 76909	75-1585285	501(C)(3)	16,500.	0.			SCHOLARSHIPS
BCFS, ABILENE TRANSITION CENTER 1290 S WILLIS ST STE. 55 ABILENE, TX 79605	74-1260710	501(C)(3)	39,578.	0.			PROGRAM SUPPORT
BELTWAY PARK BAPTIST CHURCH 4009 BELTWAY SOUTH ABILENE, TX 79606	75-2077730	501(C)(3)	50,000.	0.			GO NORTH CAMPAIGN
BEN RICHEY BOYS RANCH P.O. BOX 6839 ABILENE, TX 79608	75-0948921	501(C)(3)	46,191.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHEL ASSEMBLY OF GOD P.O. BOX 567 ANSON, TX 79501	80-0365869	501(C)(3)	50,000.	0.			MULTI-PURPOSE BUILDING
BIG BROTHERS BIG SISTERS 547 CHESTNUT STREET ABILENE, TX 79602	75-0800632	501(C)(3)	10,450.	0.			PROGRAM SUPPORT
BOTANICAL GARDEN SOCIETY OF THE OZARKS INC - P.O. BOX 10407 - FAYETTEVILLE, AR 72703	71-0750464	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
BOY SCOUTS OF AMERICA TEXAS TRAILS COUNCIL - 1208 NORTH 5TH STREET - ABILENE, TX 79601	23-7206784	501(C)(3)	32,885.	0.			PROGRAM SUPPORT
BOYS & GIRLS CLUB OF ABILENE P.O. BOX 2013 ABILENE, TX 79604	75-1001991	501(C)(3)	26,810.	0.			OPERATIONS AND PROGRAM SUPPORT
BROOK HOLLOW CHRISTIAN CHURCH 2310 SOUTH WILLIS ABILENE, TX 79605	17-5600499	501(C)(3)	25,798.	0.			GENERAL OPERATIONS
BUFFALO GAP HISTORIC VILLAGE 133 WILLIAM STREET BUFFALO GAP, TX 79508	75-2672110	501(C)(3)	113,939.	0.			PROGRAM SUPPORT
BUFFALO GAP VFD P.O. BOX 832 BUFFALO GAP, TX 79508	30-0564864	501(C)(3)	16,950.	0.			GENERAL OPERATIONS
BURNING HOPE BAPTIST CHURCH P.O. BOX 1972 TRINITY, TX 75862	75-2944784	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER SERVICES NETWORK, INC P.O. BOX 2026 ABILENE, TX 79604	75-2794022	501(C)(3)	29,794.	0.			GENERAL OPERATIONS
CATHOLIC RELIEF SERVICES 228 W. LEXINGTON ST. BALTIMORE, MD 21201	13-5563422	501(C)(3)	10,500.	0.			PROGRAM SUPPORT
CENTER FOR CONTEMPORARY ARTS 220 CYPRESS ABILENE, TX 79601	75-2290138	501(C)(3)	49,924.	0.			GENERAL OPERATIONS
CHORUS OF ABILENE, INC 1174 NORTH 1ST STREET ABILENE, TX 79601	75-2350753	501(C)(3)	14,800.	0.			PROGRAM SUPPORT
CHRISTIAN FAMILY MINISTRIES OF COLEMAN COUNTY - P.O. BOX 105 - COLEMAN, TX 76834	33-1159461	501(C)(3)	7,254.	0.			PROGRAM SUPPORT
CHRISTIAN HOMES AND FAMILY SERVICES - P.O. BOX 270 - ABILENE, TX 79604	75-1105043	501(C)(3)	9,500.	0.			PROGRAM SUPPORT
CHURCH OF THE FULLNESS OF GOD P.O. BOX 5874 ABILENE, TX 79608	75-2539714	501(C)(3)	5,000.	0.			GENERAL OPERATIONS
CHURCH OF THE HEAVENLY REST EPISCOPAL - 602 MEANDER - ABILENE, TX 79602	75-0908981	501(C)(3)	214,751.	0.			PROGRAM SUPPORT
CISCO COLLEGE 101 COLLEGE HEIGHTS CISCO, TX 76437	75-1164343	501(C)(3)	12,150.	0.			SCHOLARSHIPS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF ABILENE P.O. BOX 60 ABILENE, TX 79604	75-6000440	501(C)(3)	25,943.	0.			PROGRAM SUPPORT
CITY OF COLEMAN 200 W. LIVEOAK ST. COLEMAN, TX 76834	75-6000495	501(C)(3)	16,741.	0.			COLEMAN CO. SENIOR CENTER
CITY OF NOVICE P.O. BOX 3 NOVICE, TX 79538	75-2234973	501(C)(3)	8,748.	0.			BUILDING ROOF
CITY OF TYE FIRE DEPT 219 NORTH STREET TYE, TX 79563	75-1182229	501(C)(3)	6,700.	0.			GENERAL OPERATIONS
COLEMAN COUNTY MEDICAL CENTER 310 S PECOS STREET COLEMAN, TX 76834	75-2428243	501(C)(3)	10,829.	0.			EQUIPMENT
COLEMAN COUNTY YOUTH ACTIVITY CENTER - P.O. BOX 766 - COLEMAN, TX 76834	06-1642559	501(C)(3)	7,500.	0.			EQUIPMENT
COLEMAN PUBLIC LIBRARY 402 SOUTH COMMERCIAL AVE COLEMAN, TX 76834	75-6000495	501(C)(3)	6,815.	0.			GENERAL OPERATIONS
COMMUNITIES IN SCHOOLS OF THE BIG COUNTRY - 1290 SOUTH WILLIS, SUITE 103 - ABILENE, TX 79605	75-2945230	501(C)(3)	22,500.	0.			PROGRAM SUPPORT
DAY NURSERY OF ABILENE 702 CEDAR ST ABILENE, TX 79601	75-1399992	501(C)(3)	57,164.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DESTINY MINISTRIES 4003 N. LIBERTY ST. JACKSONVILLE, FL 32206	22-2777636	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
DISABILITY RESOURCES, INC. P.O. BOX 1880 ABILENE, TX 79604	75-2157839	501(C)(3)	5,040.	0.			OPERATING SUPPORT
DISCIPLES OF CHRIST MISSION FUND P.O. BOX 1986 INDIANAPOLIS, IN 46206	35-1291382	501(C)(3)	81,000.	0.			PROGRAM SUPPORT
DOCTORS WITHOUT BORDERS USA, INC 333 7TH AVENUE, 2ND FLOOR NEW YORK, NY 10001-5004	13-3433452	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
ECCA VFD 349 CR 278 TUSCOLA, TX 79562	75-2345805	501(C)(3)	6,700.	0.			GENERAL OPERATIONS
EPISCOPAL RELIEF AND DEVELOPMENT P.O. BOX 7058 MERRIFIELD, VA 22116	73-1635264	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
EXPO CENTER OF TAYLOR COUNTY 1700 TEXAS 36 ABILENE, TX 79602	75-0995280	501(C)(3)	5,000.	0.			GENERAL OPERATIONS
FAITHWORKS OF ABILENE, INC 1229 N. MOCKINGBIRD ABILENE, TX 79603	30-1042845	501(C)(3)	31,400.	0.			PROGRAM SUPPORT
FIRST BAPTIST CHURCH 1333 NORTH 3RD ABILENE, TX 79601	75-0939916	501(C)(3)	19,371.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST CENTRAL PRESBYTERIAN CHURCH 400 ORANGE ST ABILENE, TX 79601	75-1330538	501(C)(3)	8,450.	0.			GENERAL OPERATIONS
FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) - ROUTE 2, BOX 17B - ERIE, KS 66733	48-0879166	501(C)(3)	25,798.	0.			GENERAL OPERATIONS
FIRST CHRISTIAN CHURCH OF ABILENE 1420 N. 3RD ABILENE, TX 79601	20-1771370	501(C)(3)	56,798.	0.			PROGRAM SUPPORT
FIRST CHRISTIAN CHURCH OF GRAND PRAIRIE - 202 WEST TARRANT RD - GRAND PRAIRIE, TX 75050	75-6003558	501(C)(3)	25,798.	0.			GENERAL OPERATIONS
FIRST CHURCH OF CHRIST SCIENTIST 1201 SOUTH PIONEER ABILENE, TX 79605	04-2254742	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
FOOD BANK OF WEST CENTRAL TEXAS 5505 NORTH 1ST STREET ABILENE, TX 79603	75-1888192	501(C)(3)	13,344.	0.			PROGRAM SUPPORT
FOOD FOR THE POOR 6401 LYONS ROAD - DEPT 9662 COCONUT CREEK, FL 33097	59-2174510	501(C)(3)	12,500.	0.			GENERAL OPERATIONS
FRIENDS FOR LIFE ABILENE 301 OAK STREET ABILENE, TX 79602	74-2550748	501(C)(3)	5,100.	0.			PROGRAM SUPPORT
GENESIS CENTER 2675 N HIGHWAY 34 KAUFMAN, TX 75142	75-2923564	501(C)(3)	20,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMBY VFD 125 SPRING CREEK RD ABILENE, TX 79601	75-2310500	501(C)(3)	6,700.	0.			GENERAL OPERATIONS
HARDIN SIMMONS UNIVERSITY HSU STATION, BOX 16100 ABILENE, TX 79698	75-0808791	501(C)(3)	74,603.	0.			SCHOLARSHIPS AND PROGRAM SUPPORT
HARMONY FAMILY SERVICES 305 GRAPE ST. ABILENE, TX 79601	75-1255107	501(C)(3)	15,810.	0.			GENERAL OPERATIONS
HENDRICK HOME FOR CHILDREN 2758 JEANETTE ST. ABILENE, TX 79602	75-0818165	501(C)(3)	20,250.	0.			GENERAL SUPPORT
HENDRICK HOSPICE CARE P.O. BOX 1922 ABILENE, TX 79604	75-1835287	501(C)(3)	12,352.	0.			GENERAL OPERATIONS
HENDRICK MEDICAL CENTER FOUNDATION 1242 N. 19TH ABILENE, TX 79601	23-7413284	501(C)(3)	20,596.	0.			GENERAL OPERATIONS
HIGHLAND CHURCH OF CHRIST 425 HIGHLAND AVE ABILENE, TX 79605	75-0808793	501(C)(3)	74,541.	0.			PROGRAM SUPPORT
HILLCREST CHURCH OF CHRIST 650 EAST AMBLER ABILENE, TX 79601	75-1174098	501(C)(3)	27,000.	0.			GENERAL SUPPORT
HOLIDAY HILL, INC. P.O. BOX 392 COLEMAN, TX 76834	75-0964546	501(C)(3)	7,995.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY FAMILY CATHOLIC CHURCH 5410 BUFFALO GAP ROAD ABILENE, TX 79606	75-1458567	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
HOUSE OF FAITH P.O. BOX 7653 ABILENE, TX 79608	84-1644623	501(C)(3)	5,965.	0.			PROGRAM SUPPORT
HOUSTON GRAND OPERA 510 PRESTON STREET HOUSTON, TX 77002	74-6016764	501(C)(3)	600,000.	0.			GENERAL OPERATIONS
INSTITUTE OF CONTEMPORARY ART, UNIVERSITY - 118 SOUTH 36TH ST - PHILADELPHIA, PA 19194	23-1352685	501(C)(3)	10,000.	0.			EXHIBITION SUPPORT
INTERNATIONAL RESCUE COMMITTEE 3303 NORTH 3RD ABILENE, TX 79603	13-5660870	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
JIM NED VFD P.O. BOX 424 TUSCOLA, TX 79562	75-2780379	501(C)(3)	6,700.	0.			GENERAL OPERATIONS
JUNIOR ACHIEVEMENT ABILENE 3300 S. 14TH ST, SUITE 205 ABILENE, TX 79605	84-1267604	501(C)(3)	11,181.	0.			PROGRAM SUPPORT
KAUFMAN FIRST ASSEMBLY OF GOD 3401 S HOUSTON ST KAUFMAN, TX 75142	75-1850349	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
KENLEY SCHOOL 1434 MATADOR ABILENE, TX 79605	75-1469186	501(C)(3)	182,188.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAITY RENEWAL FOUNDATION P.O. BOX 290670 KERRVILLE, TX 78029	74-2749249	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
LAWN VFD 264 MAIN ST. LAWN, TX 79530	75-2401993	501(C)(3)	6,700.	0.			GENERAL OPERATIONS
LEGACY LODGE PO BOX 7 SNOWMASS, CO 81654	26-1525124	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
LIGHTHOUSE ASSEMBLY OF GOD 5325 TEXAS AVE ABILENE, TX 79605	75-1698290	501(C)(3)	26,000.	0.			BUILDING PROJECT & PROGRAMS
LOVE & CARE MINISTRIES 233 FANNIN ABILENE, TX 79603	75-2668227	501(C)(3)	33,900.	0.			GENERAL OPERATIONS
MANASSEH MINISTRIES 6705 FM 279 BEN WHEELER, TX 75754	75-2908838	501(C)(3)	180,000.	0.			GENERAL OPERATIONS
MATTHEW 25 MINISTRIES P.O. BOX 1003 COLEMAN, TX 76834	75-2870590	501(C)(3)	23,000.	0.			PROGRAM SUPPORT
MCMURRY UNIVERSITY MCM STATION, BOX 98 ABILENE, TX 79697	75-0855633	501(C)(3)	51,311.	0.			PROGRAM SUPPORT AND SCHOLARSHIPS
MCWHINEY HISTORY EDUCATION GROUP P.O. BOX 818 BUFFALO GAP, TX 79508	75-2672110	501(C)(3)	15,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS PLUS, INC. P.O. BOX 903 ABILENE, TX 79604	51-0148188	501(C)(3)	21,403.	0.			PROGRAM SUPPORT
MEMORIAL SPRING BRANCH ROTARY CHARITIES, INC. - P.O. BOX 79172 - HOUSTON, TX 77279-9172	76-0149081	501(C)(3)	7,500.	0.			SCHOLARSHIPS
MENTAL HEALTH ASSOCIATION PO BOX 7282 ABILENE, TX 79608	75-1047848	501(C)(3)	10,340.	0.			PROGRAM SUPPORT
MERKEL VFD 100 KENT MERKEL, TX 79536	75-1985734	501(C)(3)	6,700.	0.			GENERAL OPERATIONS
METRO RELIEF P.O. BOX 560962 THE COLONY, TX 75056	45-2389719	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
MINDA STREET CHURCH OF CHRIST 701 MINDA STREET ABILENE, TX 79602	75-1723282	501(C)(3)	6,642.	0.			PROGRAM SUPPORT
MULBERRY CANYON VOLUNTEER FIRE DEPT. - 7318 FM 126 - MERKEL, TX 79536	75-2244820	501(C)(3)	6,700.	0.			GENERAL OPERATIONS
NATL CTR CHILDREN'S ILLUS LITERATURE - 102 CEDAR - ABILENE, TX 79601	75-2733048	501(C)(3)	117,225.	0.			PROGRAM SUPPORT
NEW BEGINNINGS 5535 BUFFALO GAP RD ABILENE, TX 79606	75-1984402	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW LIFE ALLIANCE 2934 OLD ANSON RD ABILENE, TX 79603	81-0622081	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
NOAH PROJECT P.O. BOX 875 ABILENE, TX 79604	75-1704926	501(C)(3)	34,600.	0.			GENERAL OPERATIONS
PARAMOUNT THEATRE P.O. BOX 1818 ABILENE, TX 79604	74-1774711	501(C)(3)	130,784.	0.			GENERAL OPERATIONS
AINN - PATTY HANKS SHELTON SCHOOL OF NURSING - P.O. BOX 16020, HSU STATION - ABILENE, TX 79698	20-2173923	501(C)(3)	140,859.	0.			GENERAL OPERATIONS & SCHOLARSHIPS
PECAN VALLEY REGIONAL DOMESTIC VIOLENCE SHELTER - P.O. BOX 1202 - BROWNWOOD, TX 76804	75-2870676	501(C)(3)	7,500.	0.			GENERAL OPERATIONS
POTOSI VFD P.O. BOX 6988 ABILENE, TX 79608	75-2924147	501(C)(3)	6,700.	0.			GENERAL OPERATIONS
PREGNANCY RESOURCES 2110 NORTH WILLIS STREET ABILENE, TX 79603	75-1893072	501(C)(3)	17,272.	0.			OPERATING SUPPORT
PRESBYTERIAN MEDICAL CARE MISSION 1857 PINE STREET ABILENE, TX 79601	75-1910600	501(C)(3)	21,884.	0.			GENERAL OPERATING SUPPORT
RESCUE THE ANIMALS 4620 NORTH FIRST ABILENE, TX 79603	75-2801188	501(C)(3)	77,950.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESTORATIVE JUSTICE MINISTRIES NETWORK - 1229 AVENUE J, SUITE 360 - HUNTSVILLE, TX 77340	75-2617134	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
RESTORED HOPE MINISTRIES PO BOX 710127 DALLAS, TX 75371	45-5457155	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
SACRED HEART CHURCH 837 JEANETTE STREET ABILENE, TX 79602	75-1279152	501(C)(3)	12,071.	0.			PROGRAM SUPPORT
SALVATION ARMY P.O. BOX 6929 ABILENE, TX 79608	58-0660607	501(C)(3)	44,125.	0.			GENERAL OPERATIONS
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
SAN ANTONIO AREA FOUNDATION 303 PEARL PARKWAY, STE 114 SAN ANTONIO, TX 78215	74-6065414	501(C)(3)	175,000.	0.			PROGRAM SUPPORT
SEMINARY OF THE SOUTHWEST P.O. BOX 2247 AUSTIN, TX 78768	74-1238448	501(C)(3)	5,300.	0.			SCHOLARSHIPS
SPECIAL OLYMPICS TEXAS - BIG COUNTRY - 500 CHESTNUT STREET, SUITE 1821 - ABILENE, TX 79602	74-1998367	501(C)(3)	5,100.	0.			PROGRAM SUPPORT
ST. JOHN'S EPISCOPAL SCHOOL 1600 SHERMAN ABILENE, TX 79605	75-1915144	501(C)(3)	213,134.	0.			GENERAL OPERATIONS AND SCHOLARSHIPS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. MARK'S BABY ROOM 3150 VOGEL ST ABILENE, TX 79603	75-6031684	501(C)(3)	11,600.	0.			PROGRAM SUPPORT
TARLETON STATE UNIVERSITY BOX T-0950 STEPHENVILLE, TX 76402	75-2331886	501(C)(3)	6,000.	0.			SCHOLARSHIPS
TERRELL FIRST ASSEMBLY OF GOD CHURCH - 203 MAIN STREET - TERRELL, TX 75160	05-0577468	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
TEXAS A&M UNIVERSITY P.O. BOX 30016 COLLEGE STATION, TX 77842	74-6000531	501(C)(3)	25,850.	0.			SCHOLARSHIPS
TEXAS STATE TECHNICAL COLLEGE BROWNWOOD - 305 BOOKER STREET - BROWNWOOD, TX 76801	74-1646989	501(C)(3)	7,000.	0.			SCHOLARSHIPS
TEXAS SMILES FOUNDATION 1946 S. IH-35, STE 300 AUSTIN, TX 78704	74-2897487	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
TEXAS TECH UNIVERSITY 2500 BROADWAY LUBBOCK, TX 79409	75-6002622	501(C)(3)	21,300.	0.			SCHOLARSHIPS
THE GRACE MUSEUM P.O. BOX 33 ABILENE, TX 79604	75-6026849	501(C)(3)	474,262.	0.			GENERAL OPERATIONS & PROGRAM SUPPORT
THE UNIVERSITY OF TEXAS AT AUSTIN 1 UNIVERSITY STATION C-1402 AUSTIN, TX 78712	74-6000203	501(C)(3)	7,700.	0.			SCHOLARSHIPS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRENT VFD 118 SOUTH MAIN ST TRENT, TX 79561	32-0106945	501(C)(3)	6,700.	0.			GENERAL OPERATIONS
UNITED METHODIST SERVICE CENTER 810 12TH AVENUE, SOUTH NASHVILLE, TN 37203	75-1523927	501(C)(3)	26,250.	0.			GENERAL OPERATIONS
UNITED WAY OF ABILENE P.O. BOX 82 ABILENE, TX 79604	75-0808772	501(C)(3)	63,484.	0.			GENERAL OPERATIONS
UNIVERSITY CHURCH OF CHRIST 733 E NORTH 16TH ST. ABILENE, TX 79601	75-0859661	501(C)(3)	15,000.	0.			GENERAL SUPPORT
UNIVERSITY OF NORTH TEXAS 1155 UNION CIRCLE #311370 DENTON, TX 76203	27-0618216	501(C)(3)	11,000.	0.			SCHOLARSHIPS
UNIVERSITY OF TEXAS LIBERAL ARTS COLLEGE - P.O. BOX 7458 - AUSTIN, TX 78713	75-6000121	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
VIEW BAPTIST CHURCH 250 BOYNTON ROAD ABILENE, TX 79606	75-6023583	501(C)(3)	8,500.	0.			PROGRAM SUPPORT
VIEW VFD 108 GRAND AVE (CR 293) ABILENE, TX 79606	75-2251866	501(C)(3)	6,700.	0.			GENERAL OPERATIONS
VISION INTERNATIONAL LEADERSHIP NETWORK - 1008 DRAKE DRIVE - EULESS, TX 76039	26-0761167	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST TEXAS REHAB CENTER 4601 HARTFORD STREET ABILENE, TX 79605	75-0868320	501(C)(3)	22,033.	0.			GENERAL OPERATIONS
WORLD CHRISTIAN BROADCASTING CORP 605 BRADLEY COURT FRANKLIN, TN 37067	75-1541354	501(C)(3)	10,000.	0.			OPERATING SUPPORT
WORLD WAR II FOUNDATION 333 WHITE HORN DR STE. 1 KINGSTON, RI 02881	27-4793304	501(C)(3)	44,750.	0.			PROGRAM SUPPORT
YMCA OF ABILENE P.O. BOX 13137 ABILENE, TX 79604	75-0855638	501(C)(3)	15,539.	0.			GENERAL OPERATIONS
YOUNG LIFE OF ABILENE 1917 SOUTH 6TH ABILENE, TX 79602	84-0385934	501(C)(3)	16,240.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

EXPLANATION: THE FOUNDATION REQUIRES GRANT RECIPIENTS OF DISCRETIONARY GRANTS TO PROVIDE THEIR PLANS FOR EVALUATION AND IMPACT PRIOR TO ANY FUNDING. ONCE A GRANT IS APPROVED BY THE GRANT COMMITTEE, EVALUATION AND MONITORING OF EACH GRANT IS AGREED UPON IN A GRANT AGREEMENT, WHICH PROVIDES FOR FOLLOW-UP SITE VISITS, REPORTS, DOCUMENTATION, AND SUBSEQUENT EVALUATION TO ENSURE PROCEEDS FROM THE GRANT WERE USED ACCORDING TO THE GRANT REQUEST. DONOR ADVISED GRANTS REQUIRE DUE DILIGENCE ON NEW ORGANIZATIONS AND ALSO REQUIRE APPROVAL BY THE BOARD.

Part IV Supplemental Information

THE BOARD HAS FINAL APPROVAL ON ALL GRANTS.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2013

Open to Public
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

COMMUNITY FOUNDATION OF ABILENE

Employer identification number

75-2045832

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	12	909,500.	AVERAGE PRICE PER SH
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	1	324,296.	FMV
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	1	45,810.	COUNTY TAX APPRAISAL
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) (2013)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF ABILENE

Employer identification number
75-2045832

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND WEST CENTRAL TEXAS IN ORDER TO PROMOTE THE GENERAL WELFARE OF AREA
RESIDENTS.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE 2013 RETURN WILL BE EMAILED TO ALL BOARD MEMBERS AND WILL
BE REVIEWED BY THE AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: TO MONITOR THE CONFLICT OF INTEREST POLICY, BOARD MEMBERS ARE
GIVEN THE POLICY ANNUALLY AND ARE REQUIRED TO COMPLETE A FORM ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE COMPENSATION OF THE CEO AND TOP MANAGEMENT WAS DETERMINED
BY THE BOARD AND COMPARED TO COMPARABLE ENTITIES. A WRITTEN POLICY HAS
BEEN ADOPTED REGARDING CEO COMPENSATION DETERMINATION. THE PRESIDENT/CEO
OVERSEES THE COMPENSATION OF OTHER EMPLOYEES AND UTILIZES INFORMATION OF
COMPARABLE ENTITIES IN DETERMINING COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

REVENUE RE TO AGENCY ENDOWMENT FUNDS PER SFAS #136 -3,686,798.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization

COMMUNITY FOUNDATION OF ABILENE

Employer identification number

75-2045832

GRANTS & EXP RE TO AGENCY ENDOWMENT FUNDS PER SFAS #136 507,492.

TOTAL TO FORM 990, PART XI, LINE 9 -3,179,306.

FORM 990, PART XII, LINE 2C

EXPLANATION: THE PROCESS HAS NOT CHANGED.

FORM 990 PAGE 1 ITEM B

EXPLANATION: THIS RETURN HAS BEEN AMENDED TO ANSWER FORM 990 PART V
QUESTIONS 7E, 7F, 8, 9A, AND 9B. THE QUEESTIONS WERE INADVERTANTLY
LEFT BLANK ON THE ORIGINAL RETURN.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

- Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule
- 1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 - b** Gift, grant, or capital contribution to related organization(s)
 - c** Gift, grant, or capital contribution from related organization(s)
 - d** Loans or loan guarantees to or for related organization(s)
 - e** Loans or loan guarantees by related organization(s)
 - f** Dividends from related organization(s)
 - g** Sale of assets to related organization(s)
 - h** Purchase of assets from related organization(s)
 - i** Exchange of assets with related organization(s)
 - j** Lease of facilities, equipment, or other assets to related organization(s)
 - k** Lease of facilities, equipment, or other assets from related organization(s)
 - l** Performance of services or membership or fundraising solicitations for related organization(s)
 - m** Performance of services or membership or fundraising solicitations by related organization(s)
 - n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - o** Sharing of paid employees with related organization(s)
 - p** Reimbursement paid to related organization(s) for expenses
 - q** Reimbursement paid by related organization(s) for expenses
 - r** Other transfer of cash or property to related organization(s)
 - s** Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization		(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).