



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



AMENDED

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](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

Open to Public  
Inspection

**A** For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY FOUNDATION OF ABILENE</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P. O. BOX 1001</b> City or town, state or province, country, and ZIP or foreign postal code <b>ABILENE, TX 79604</b> <b>F</b> Name and address of principal officer <b>KATIE ALFORD</b> <b>P.O. BOX 1001, ABILENE, TX 79604</b>	<b>D</b> Employer identification number <b>75-2045832</b> <b>E</b> Telephone number <b>(325) 676-3883</b> <b>G</b> Gross receipts \$ <b>27,749,209.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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 <b>J</b> Website: ▶ <b>WWW.CFABILENE.ORG</b> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>1985</b> <b>M</b> State of legal domicile: <b>TX</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO RENDER GRANT DONATIONS TO UNRELATED CIVIC AND PUBLIC ORGANIZATIONS PRIMARILY WITHIN ABILENE</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 4a) <b>15</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 4b) <b>15</b> <b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) <b>7</b> <b>6</b> Total number of volunteers (estimate if necessary) <b>230</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>59,619.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>32,676.</b>	<b>3</b> 15 <b>4</b> 15 <b>5</b> 7 <b>6</b> 230 <b>7a</b> 59,619. <b>7b</b> 32,676.																					
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>9</b> Program service revenue (Part VIII, line 2g) <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>5,203,584.</td> <td>6,425,925.</td> </tr> <tr> <td>9</td> <td>0.</td> <td>0.</td> </tr> <tr> <td>10</td> <td>5,547,004.</td> <td>4,148,488.</td> </tr> <tr> <td>11</td> <td>0.</td> <td>0.</td> </tr> <tr> <td>12</td> <td>10,750,588.</td> <td>10,574,413.</td> </tr> </tbody> </table>		Prior Year	Current Year	8	5,203,584.	6,425,925.	9	0.	0.	10	5,547,004.	4,148,488.	11	0.	0.	12	10,750,588.	10,574,413.			
	Prior Year	Current Year																					
8	5,203,584.	6,425,925.																					
9	0.	0.																					
10	5,547,004.	4,148,488.																					
11	0.	0.																					
12	10,750,588.	10,574,413.																					
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>241,495.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>19</b> Revenue less expenses. Subtract line 18 from line 12	<table border="1"> <tbody> <tr> <td>13</td> <td>5,407,273.</td> <td>5,449,182.</td> </tr> <tr> <td>14</td> <td>0.</td> <td>0.</td> </tr> <tr> <td>15</td> <td>456,333.</td> <td>502,290.</td> </tr> <tr> <td>16a</td> <td>0.</td> <td>0.</td> </tr> <tr> <td>17</td> <td>480,506.</td> <td>540,233.</td> </tr> <tr> <td>18</td> <td>6,344,112.</td> <td>6,491,705.</td> </tr> <tr> <td>19</td> <td>4,406,476.</td> <td>4,082,708.</td> </tr> </tbody> </table>	13	5,407,273.	5,449,182.	14	0.	0.	15	456,333.	502,290.	16a	0.	0.	17	480,506.	540,233.	18	6,344,112.	6,491,705.	19	4,406,476.	4,082,708.
13	5,407,273.	5,449,182.																					
14	0.	0.																					
15	456,333.	502,290.																					
16a	0.	0.																					
17	480,506.	540,233.																					
18	6,344,112.	6,491,705.																					
19	4,406,476.	4,082,708.																					
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>21</b> Total liabilities (Part X, line 26) <b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<table border="1"> <thead> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>102,145,952.</td> <td>105,494,018.</td> </tr> <tr> <td>21</td> <td>17,993,129.</td> <td>19,055,439.</td> </tr> <tr> <td>22</td> <td>84,152,823.</td> <td>86,438,579.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20	102,145,952.	105,494,018.	21	17,993,129.	19,055,439.	22	84,152,823.	86,438,579.									
	Beginning of Current Year	End of Year																					
20	102,145,952.	105,494,018.																					
21	17,993,129.	19,055,439.																					
22	84,152,823.	86,438,579.																					

**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.

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

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

☒ Yes ☐ No

*55 2*

**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 \$ 5,612,982. including grants of \$ 5,449,182.) (Revenue \$ \_\_\_\_\_)  
**GRANTS TO VARIOUS QUALIFIED 501(C)(3) ORGANIZATIONS BASED UPON APPROVED  
 GRANT APPLICATIONS OR UPON BOARD OF TRUSTEES ACTION.**

**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 **5,612,982.**

**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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

Form 990 (2014)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> 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>		<b>X</b>
<b>24a</b> 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>		<b>X</b>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		<b>X</b>
<b>25b</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>		<b>X</b>
<b>26</b> 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 "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> 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>		<b>X</b>
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28c</b> 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>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> 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>		<b>X</b>
<b>33</b> 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>		<b>X</b>
<b>34</b> 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>	<b>X</b>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>35b</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>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<b>X</b>	

**Note.** All Form 990 filers are required to complete Schedule O

Form 990 (2014)

**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	5	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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	X	
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)?		X
b	If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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 (2014)

**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**

	Yes	No
<b>1a</b> 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>b</b> Enter the number of voting members included in line 1a, above, who are independent	15	
<b>2</b> 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?		X
<b>3</b> 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?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7a</b> 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?		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**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, address, and telephone number of the person who possesses the organization's books and records **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 Contractors**Check 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) KEN BURGESS MEMBER	1.00	X						0.	0.	0.
(4) JOE CRAWFORD MEMBER	1.00	X						0.	0.	0.
(5) KEN MUSGRAVE MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(6) BOBBY MELSON MEMBER	1.00	X						0.	0.	0.
(7) LAURA DYER SECRETARY	2.00	X		X				0.	0.	0.
(8) FRED LEE HUGHES MEMBER	1.00	X						0.	0.	0.
(9) SCOTT HIBBS VICE CHAIRMAN	2.00	X		X				0.	0.	0.
(10) SARAH FERGUSON MEMBER	1.00	X						0.	0.	0.
(11) JACK RICH CHAIRMAN	3.00	X		X				0.	0.	0.
(12) JILL BAILEY HOEBELHEINRICH TREASURER	3.00	X		X				0.	0.	0.
(13) KIM SNYDER MEMBER	1.00	X						0.	0.	0.
(14) ANTHONY WILLIAMS MEMBER	1.00	X						0.	0.	0.
(15) HARRIS NAPIER II MEMBER	1.00	X						0.	0.	0.
(16) KATIE ALFORD PRESIDENT/CEO	40.00			X				120,150.	0.	0.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week  (list any hours for related organizations below line)	(C) Position  <i>(do not check more than one box, unless person is both an officer and a director/trustee)</i>						(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			
<b>1b Sub-total</b>								120,150.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								120,150.	0.	0.

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

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

## 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.

the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) 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 Revenue**Check 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	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	6,425,925.			
	g Noncash contributions included in lines 1a-1f \$		835,997.			
	h <b>Total.</b> Add lines 1a-1f		6,425,925.			
<b>Program Service Revenue</b>	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g <b>Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		2,541,508.		59,619.	2,481,889.
	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	18,781,776.			
	b Less: cost or other basis and sales expenses		17,174,796.			
	c Gain or (loss)		1,606,980.			
	d Net gain or (loss)		1,606,980.			1,606,980.
	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 <b>Total.</b> Add lines 11a-11d						
12 <b>Total revenue.</b> See instructions.		10,574,413.	0.	59,619.	4,088,869.	

**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 domestic organizations and domestic governments. See Part IV, line 21	5,449,182.	5,449,182.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	122,800.	12,280.	42,980.	67,540.
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	300,943.	125,978.	69,344.	105,621.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,805.	5,283.	4,112.	7,410.
9 Other employee benefits	30,555.	10,083.	8,250.	12,222.
10 Payroll taxes	31,187.	10,176.	8,267.	12,744.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	17,485.		17,485.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	253,055.		253,055.	
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	5,313.		5,313.	
13 Office expenses	38,959.		38,959.	
14 Information technology	30,845.		30,845.	
15 Royalties				
16 Occupancy	36,333.		36,333.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,288.		16,288.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,081.		6,081.	
23 Insurance	3,895.		3,895.	
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 <b>EXPENSE ALLOCATION</b>	51,471.		51,471.	
b <b>MISCELLANEOUS</b>	21,679.		21,679.	
c <b>PRINTING</b>	18,994.			18,994.
d <b>DUES &amp; SUBSCRIPTIONS</b>	13,645.		13,645.	
e All other expenses	26,190.		9,226.	16,964.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	6,491,705.	5,612,982.	637,228.	241,495.
26 <b>Joint costs.</b> 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 Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	126.	<b>1</b>	79.
	<b>2</b> Savings and temporary cash investments	7,699,653.	<b>2</b>	9,886,468.
	<b>3</b> Pledges and grants receivable, net	551,153.	<b>3</b>	605,998.
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	12,262.	<b>9</b>	21,042.
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 102,968.		
	<b>b</b> Less: accumulated depreciation	10b 67,855.	10c	35,113.
	<b>11</b> Investments - publicly traded securities	72,578,722.	<b>11</b>	71,932,563.
	<b>12</b> Investments - other securities. See Part IV, line 11	21,264,825.	<b>12</b>	23,012,755.
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	102,145,952.	<b>16</b>	105,494,018.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	2,644.	<b>17</b>	22,677.
	<b>18</b> Grants payable	224,604.	<b>18</b>	223,453.
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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	17,765,881.	<b>25</b>	18,809,309.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	17,993,129.	<b>26</b>	19,055,439.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	9,695,568.	<b>27</b>	9,388,087.
	<b>28</b> Temporarily restricted net assets		<b>28</b>	
	<b>29</b> Permanently restricted net assets	74,457,255.	<b>29</b>	77,050,492.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b>	84,152,823.	<b>33</b>	86,438,579.	
<b>34</b> <b>Total liabilities and net assets/fund balances</b>	102,145,952.	<b>34</b>	105,494,018.	

Form 990 (2014)

**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	10,574,413.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,491,705.
3	Revenue less expenses Subtract line 2 from line 1	3	4,082,708.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	84,152,823.
5	Net unrealized gains (losses) on investments	5	<753,524.>
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	<1,043,428.>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	86,438,579.

**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"/>
b 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"/>	
c 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"/>
b 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 (2014)

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2014

## Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF ABILENE

Employer identification number

75-2045832

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
---------------	--

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_

**g** Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,495,057.	3,366,683.	5,612,472.	5,203,584.	6,425,925.	26,103,721.
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 <b>Total.</b> Add lines 1 through 3	5,495,057.	3,366,683.	5,612,472.	5,203,584.	6,425,925.	26,103,721.
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)						5,333,763.
6 <b>Public support.</b> Subtract line 5 from line 4						20,769,958.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	5,495,057.	3,366,683.	5,612,472.	5,203,584.	6,425,925.	26,103,721.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,338,072.	1,765,009.	1,815,501.	2,163,539.	2,541,508.	9,623,629.
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 VI)						
11 <b>Total support.</b> Add lines 7 through 10						35,727,350.

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** ► ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	58.13 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	53.11 %
16a <b>33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 <b>Private foundation.</b> 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) 2014

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV Supporting Organizations** (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
<b>1</b>		

**Section D. Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

**3** Parent of Supported Organizations. Answer (a) and (b) below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

  

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

  

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2014

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions		
7	<b>Total annual distributions.</b> Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions		
9	Distributable amount for 2014 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)			
	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)		
3	Excess distributions carryover, if any, to 2014		
a			
b			
c			
d			
e	From 2013		
f	<b>Total</b> of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2014 distributable amount		
i	Carryover from 2009 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2014 from Section D, line 7. \$		
a	Applied to underdistributions of prior years		
b	Applied to 2014 distributable amount		
c	Remainder Subtract lines 4a and 4b from 4		
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)		
7	<b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c		
8	Breakdown of line 7:		
a			
b			
c			
d	Excess from 2013		
e	Excess from 2014		

Schedule A (Form 990 or 990-EZ) 2014

## Part VI

**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)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**Open 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	130	52
2 Aggregate value of contributions to (during year)	4,051,071.	977,824.
3 Aggregate value of grants from (during year)	2,750,539.	444,679.
4 Aggregate value at end of year	18,747,852.	18,809,309.
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 a 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) Revenue 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 Revenue 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 exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ 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, for escrow or custodial account liability?

☐ Yes ☐ No

b 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	74,457,255.	65,478,811.	59,437,304.	61,605,700.	51,722,815.
b Contributions	3,428,834.	1,544,948.	1,115,254.	1,218,268.	1,432,501.
c Net investment earnings, gains, and losses	2,431,618.	10,863,542.	7,710,920.	<1,585,632.>	10,818,221.
d Grants or scholarships	2,711,772.				
e Other expenditures for facilities and programs		2,928,529.	2,331,647.	1,381,403.	1,954,750.
f Administrative expenses	555,443.	501,517.	453,020.	419,629.	413,087.
g End of year balance	77,050,492.	74,457,255.	65,478,811.	59,437,304.	61,605,700.

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		102,968.	67,855.	35,113.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)				35,113.

Schedule D (Form 990) 2014

**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	117,859.	END-OF-YEAR MARKET VALUE
(C) ALTERNATIVE INVESTMENTS	16,808,268.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITIES	6,086,628.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>23,012,755.</b>	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENTS	18,809,309.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>18,809,309.</b>

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 ☒

Schedule D (Form 990) 2014



**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	8,238,317.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	<753,524.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	<1,582,572.>
e	Add lines 2a through 2d	2e	<2,336,096.>
3	Subtract line 2e from line 1	3	10,574,413.
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	10,574,413.

**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	6,250,392.
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	311,755.
e	Add lines 2a through 2d	2e	311,755.
3	Subtract line 2e from line 1	3	5,938,637.
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	553,068.
c	Add lines 4a and 4b	4c	553,068.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,491,705.

**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:**

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

**PART X, LINE 2:**

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 13,925.

REVENUE FOR AGENCY ENDOWMENT FDS REPORTED ON AUDIT PER SFAS

136 -1,596,497.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -1,582,572.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AMT REPORTED BY SUPPORTING ORGANIZATION, AVJ FOUNDATION,

FED ID# 75-2625919 311,755.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DISTR &amp; EXP FOR AGENCY ENDOWMENT FUNDS REPORTED ON AUDIT

PER SFAS 136 553,068.

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

**COMMUNITY FOUNDATION OF ABILENE**

Employer identification number  
**75-2045832**

**Part I General Information on Grants and Assistance**

**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 Domestic Organizations and Domestic Governments.** 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)	20,258.	0.			GENERAL OPERATIONS
ABILENE ARTS ALLIANCE 1101 N. 1ST ST ABILENE, TX 79601	75-2411239	501(C)(3)	57,710.	0.			PROGRAM SUPPORT
ABILENE CHRISTIAN SCHOOLS 2550 N. JUDGE ELY BLVD. ABILENE, TX 79601	75-2137523	501(C)(3)	5,000.	0.			FALL SPORTS PROGRAM
ABILENE CHRISTIAN UNIVERSITY ACU BOX 29139 ABILENE, TX 79699	75-0851900	501(C)(3)	29,300.	0.			SCHOLARSHIPS
ABILENE DAMASCUS ROAD 302 CHESTNUT ST. ABILENE, TX 79602	46-3122501	501(C)(3)	5,000.	0.			REMODEL PROJECT
ABILENE EDUCATION FOUNDATION P.O. BOX 1999 ABILENE, TX 79604	31-1741496	501(C)(3)	345,429.	0.			PROGRAM SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

**145.**

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

Schedule I (Form 990) (2014)

**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 HOPE HAVEN 801 S TREADAWAY ABILENE, TX 79602	75-2518820	501(C)(3)	12,400.	0.			PROGRAM SUPPORT
ABILENE INDEPENDENT SCHOOL DISTRICT - 241 PINE ST. - ABILENE, TX 79601	75-6000004	PUBLIC SCHOOL	12,306.	0.			PROGRAM SUPPORT
ABILENE PERFORMING ARTS COMPANY 1049 INDUSTRIAL BLVD ABILENE, TX 79602	75-2822456	501(C)(3)	7,100.	0.			PROGRAM SUPPORT
ABILENE PHILHARMONIC ASSOC 402 CYPRESS, SUITE 130 ABILENE, TX 79601	75-6004978	501(C)(3)	35,287.	0.			GENERAL OPERATIONS
ABILENE PHILHARMONIC FOUNDATION 402 CYPRESS, SUITE 130 ABILENE, TX 79601	75-2281734	501(C)(3)	15,626.	0.			GENERAL OPERATIONS
ABILENE PUBLIC LIBRARY 202 CEDAR ST. ABILENE, TX 79601	75-6000440	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
ABILENE WOMAN'S CLUB 3425 SOUTH 14TH STREET ABILENE, TX 79605	75-0101641	501(C)(4)	6,403.	0.			GENERAL OPERATIONS
ABILENE WOMAN'S CLUB FOUNDATION 3425 SOUTH 14TH STREET ABILENE, TX 79605	75-2766452	501(C)(3)	7,050.	0.			PROGRAM SUPPORT
ABILENE ZOOLOGICAL SOCIETY 2070 ZOO LANE ABILENE, TX 79602	75-1226706	501(C)(3)	14,350.	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
ABILENE-TAYLOR COUNTY PUBLIC HEALTH DISTRICT - 850 NORTH 6TH - ABILENE, TX 79601	75-6000440	MUNICIPALITY	30,000.	0.			SAFE KIDS PROGRAM
ADULT PROTECTIVE SERVICES P.O. BOX 521 ABILENE, TX 79604	75-2897499	501(C)(3)	10,100.	0.			GENERAL OPERATIONS
ALDRSGATE UNITED METHODIST CHURCH 1741 SAYLES BLVD ABILENE, TX 79605	75-6004841	501(C)(3)	8,500.	0.			GENERAL OPERATIONS
ALLIANCE FOR WOMEN AND CHILDREN 1350 N. 10TH ABILENE, TX 79601	75-1013058	501(C)(3)	43,727.	0.			GENERAL OPERATIONS
PATTY HANKS SHELTON SCHOOL OF NURSING (AISN) - P.O. BOX 16020, HSU STATION - ABILENE, TX 79698	20-2173932	501(C)(3)	150,246.	0.			SCHOLARSHIPS
AMERICAN CANCER SOCIETY - ABILENE 3402 N 1ST, SUITE 102 ABILENE, TX 79603	13-1788491	501(C)(3)	5,200.	0.			PROGRAM SUPPORT
BCFS, ABILENE TRANSITION CENTER 1290 S WILLIS ST STE. 55 ABILENE, TX 79605	74-1260710	501(C)(3)	17,900.	0.			PROGRAM SUPPORT
BELTWAY PARK BAPTIST CHURCH 4009 BELTWAY SOUTH ABILENE, TX 79606	75-2077730	501(C)(3)	33,300.	0.			PROGRAM SUPPORT
BEN RICHEY BOYS RANCH P.O. BOX 6839 ABILENE, TX 79608	75-0948921	501(C)(3)	58,569.	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 UNITED METHODIST CHURCH 1102 N. WILLIS ST ABILENE, TX 79603	75-1537276	CHURCH	9,550.	0.			PROGRAM SUPPORT
BOY SCOUTS OF AMERICA TEXAS TRAILS COUNCIL - 1208 NORTH 5TH STREET - ABILENE, TX 79601	23-7206784	501(C)(3)	48,995.	0.			PROGRAM SUPPORT
BOYS & GIRLS CLUB OF ABILENE P.O. BOX 2013 ABILENE, TX 79604	75-1001991	501(C)(3)	13,122.	0.			OPERATIONS AND PROGRAM SUPPORT
BROOK HOLLOW CHRISTIAN CHURCH 2310 SOUTH WILLIS ABILENE, TX 79605	17-5600499	501(C)(3)	26,572.	0.			GENERAL OPERATIONS
BUFFALO GAP HISTORIC VILLAGE 133 WILLIAM STREET BUFFALO GAP, TX 79508	75-2672110	501(C)(3)	114,585.	0.			RENOVATION AND PROGRAM SUPPORT
CALEB COMPANY P.O. BOX 493 THOMPSONS STN, TN 37179	62-1634874	501(C)(3)	25,000.	0.			PRAYER HOUSE
CALLAHAN CO. FRIENDS OF THE NRA 13795 CR 463 BAIRD, TX 79504	52-1710886	501(C)(3)	10,000.	0.			SAFETY EDUCATION
CALVARY COMMISSION INC. P.O. BOX 100 LINDALE, TX 75771	75-1566201	501(C)(3)	10,000.	0.			GENERAL OPERATIONS
CANCER SERVICES NETWORK, INC P.O. BOX 2026 ABILENE, TX 79604	75-2794022	501(C)(3)	41,972.	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
CENTER FOR CONTEMPORARY ARTS 220 CYPRESS ABILENE, TX 79601	75-2290138	501(C)(3)	48,488.	0.			GENERAL OPERATIONS
CENTRAL TEXAS OPPORTUNITIES INC. P.O. BOX 820 COLEMAN, TX 76834	75-1230663	501(C)(3)	12,300.	0.			PROGRAM SUPPORT
CHORUS OF ABILENE, INC 1174 NORTH 1ST STREET ABILENE, TX 79601	75-2350753	501(C)(3)	12,565.	0.			PROGRAM SUPPORT
CHRISTIAN BOOKS PUBLISHING HOUSE P.O. BOX 3317 JACKSONVILLE, FL 32206	95-3745081	501(C)(3)	30,000.	0.			GENERAL OPERATIONS
CHRISTIAN FAMILY MINISTRIES OF COLEMAN COUNTY - P.O. BOX 105 - COLEMAN, TX 76834	33-1159461	501(C)(3)	9,250.	0.			PROGRAM SUPPORT
CHRISTIAN HOMES AND FAMILY SERVICES - P.O. BOX 270 - ABILENE, TX 79604	75-1105043	501(C)(3)	6,500.	0.			PROGRAM SUPPORT
CHRISTIAN SERVICE CENTER 901 MESQUITE ABILENE, TX 79601	36-4561080	501(C)(3)	54,350.	0.			GENERAL OPERATIONS
CHRISTIAN WOMEN'S JOB CORPS 336 HICKORY STREET ABILENE, TX 79601	26-2971714	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
CHURCH OF THE HEAVENLY REST EPISCOPAL - 602 MEANDER - ABILENE, TX 79602	75-0908981	501(C)(3)	151,128.	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
CISCO FIRE DEPT 411 CONRAD HILTON CISCO, TX 76437	75-6000486	501(C)(3)	14,270.	0.			GENERAL OPERATIONS
CITY OF ABILENE P.O. BOX 60 ABILENE, TX 79604	75-6000440	501(C)(3)	29,114.	0.			PROGRAM SUPPORT
CITY OF NOVICE P.O. BOX 3 NOVICE, TX 79538	75-2234973	MUNICIPALITY	5,960.	0.			PROGRAM SUPPORT
COLEMAN FIRE DEPARTMENT 117 NORTH CONCHO STREET COLEMAN, TX 76834	27-0070097	501(C)(3)	16,405.	0.			OPERATING SUPPORT
COLEMAN ISD FOUNDATION 815 WEST 15TH COLEMAN, TX 76834	74-2783795	501(C)(3)	7,019.	0.			GENERAL OPERATIONS
COLEMAN PUBLIC LIBRARY 402 COMMERCIAL AVE. COLEMAN, TX 76834	75-6000495	501(C)(3)	7,632.	0.			GENERAL OPERATIONS
COMFORT CREW FOR MILITARY KIDS 1114 LOST CREEK BLVD. STE. G20 AUSTIN, TX 78746	26-0141940	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
CONNECTING CARING COMMUNITIES 402 CYPRESS, SUITE 420 ABILENE, TX 79601	14-1959607	501(C)(3)	22,425.	0.			GENERAL OPERATIONS
CROSS TIMBERS CHURCH 6134 E. FM 922 VALLEY VIEW, TX 76272	75-1964707	501(C)(3)	56,000.	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
DAY NURSERY OF ABILENE 702 CEDAR ST ABILENE, TX 79601	75-1399992	501(C)(3)	55,273.	0.			GENERAL OPERATIONS
DESTINY MINISTRIES 4003 N. LIBERTY ST. JACKSONVILLE, FL 32206	22-2777636	501(C)(3)	40,000.	0.			PROGRAM SUPPORT
DOCTORS WITHOUT BORDERS USA, INC 333 7TH AVENUE, 2ND FLOOR NEW YORK, NY 10001-5004	13-3433452	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
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)	7,000.	0.			GENERAL OPERATIONS
FAITHWORKS OF ABILENE, INC 1229 N. MOCKINGBIRD ABILENE, TX 79603	30-1042845	501(C)(3)	27,350.	0.			PROGRAM SUPPORT
FIRST ASSEMBLY OF GOD - KAUFMAN 3401 S. HOUSTON KAUFMAN, TX 75142	75-1850349	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
FIRST BAPTIST CHURCH 1333 NORTH 3RD ABILENE, TX 79601	75-0939916	501(C)(3)	23,809.	0.			GENERAL OPERATIONS
FIRST CENTRAL PRESBYTERIAN CHURCH 400 ORANGE ST. ABILENE, TX 79601	75-1330538	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
FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) - ROUTE 2, BOX 17B - ERIE, KS 66733	48-0879166	501(C)(3)	26,572.	0.			GENERAL OPERATIONS
FIRST CHRISTIAN CHURCH OF ABILENE 1420 N. 3RD ABILENE, TX 79601	20-1771370	501(C)(3)	63,572.	0.			PROGRAM SUPPORT
FIRST CHRISTIAN CHURCH OF GRAND PRAIRIE - 202 WEST TARRANT RD - GRAND PRAIRIE, TX 75050	75-6003558	501(C)(3)	26,572.	0.			GENERAL OPERATIONS
FIRST CHRISTIAN CHURCH OF SWEETWATER - 1611 HAILEY ST - SWEETWATER, TX 79556	75-1075034	501(C)(3)	20,000.	0.			GENERAL OPERATIONS
FIRST CHURCH OF CHRIST SCIENTIST 1201 SOUTH PIONEER ABILENE, TX 79605	04-2254742	501(C)(3)	6,180.	0.			PROGRAM SUPPORT
FOOD BANK OF WEST CENTRAL TEXAS 5505 NORTH 1ST STREET ABILENE, TX 79603	75-1888192	501(C)(3)	11,198.	0.			PROGRAM SUPPORT
FOOD FOR THE POOR 6401 LYONS ROAD - DEPT 9662 COCONUT CREEK, FL 33097	59-2174510	501(C)(3)	5,300.	0.			GENERAL OPERATIONS
GENESIS CENTER 2800 WEST LOUISIANA AVE. MIDLAND, TX 79701	75-2923564	501(C)(3)	7,500.	0.			GENERAL OPERATIONS
GLOBAL SAMARITAN RESOURCES P.O. BOX 3431 ABILENE, TX 79604	83-0459639	501(C)(3)	26,250.	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
GRACE CHURCH OF THE ROARING FORK VALLEY - 1776 EMMA RD - BASALT, CO 81621	81-0574831	501(C)(3)	50,000.	0.			GENERAL OPERATIONS
HABITAT FOR HUMANITY, ABILENE 101 FULWIDER RD ABILENE, TX 79603	75-2321956	501(C)(3)	13,620.	0.			PROGRAM SUPPORT
HARDIN SIMMONS UNIVERSITY HSU STATION, BOX 16100 ABILENE, TX 79698	75-0808791	501(C)(3)	71,127.	0.			SCHOLARSHIPS AND PROGRAM SUPPORT
HENDRICK HOSPICE CARE P.O. BOX 1922 ABILENE, TX 79604	75-1835287	501(C)(3)	18,738.	0.			GENERAL OPERATIONS
HENDRICK MEDICAL CENTER FOUNDATION 1242 N. 19TH ABILENE, TX 79601	23-7413284	501(C)(3)	17,736.	0.			GENERAL OPERATIONS
HIGHLAND CHURCH OF CHRIST 425 HIGHLAND AVE ABILENE, TX 79605	75-0808793	501(C)(3)	36,300.	0.			PROGRAM SUPPORT
HILLCREST CHURCH OF CHRIST 650 EAST AMBLER ABILENE, TX 79601	75-1174098	501(C)(3)	34,250.	0.			GENERAL SUPPORT
HOLIDAY HILL INC. P.O. BOX 392 COLEMAN, TX 76834	75-0964546	501(C)(3)	10,000.	0.			GENERAL OPERATIONS
HOUSTON GRAND OPERA 510 PRESTON STREET HOUSTON, TX 77002	74-6016764	501(C)(3)	250,150.	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
I-CAN 701 MESQUITE ST. ABILENE, TX 79604	75-2598865	501(C)(3)	7,158.	0.			GENERAL OPERATIONS
INTERNATIONAL RESCUE COMMITTEE 3303 NORTH 3RD ABILENE, TX 79603	13-5660870	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
IRIS ABILENE CAMP BARKELEY P.O. BOX 845 BUFFALO GAP, TX 79508	46-4309697	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
JUNIOR ACHIEVEMENT ABILENE 3300 S. 14TH ST, SUITE 205 ABILENE, TX 79605	84-1267604	501(C)(3)	18,600.	0.			PROGRAM SUPPORT
JUNIOR LEAGUE OF ABILENE 774 BUTTERNUT STREET ABILENE, TX 79602	75-6024175	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
KENLEY SCHOOL 1434 MATADOR ABILENE, TX 79605	75-1469186	501(C)(3)	142,363.	0.			PROGRAM SUPPORT
LA>ART 2640 S. LA CIENEGA LOS ANGELES, CA 90034	20-2911916	501(C)(3)	10,000.	0.			GENERAL OPERATIONS
LAITY RENEWAL FOUNDATION P.O. BOX 290670 KERRVILLE, TX 78029	74-2749249	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
LAKE COLEMAN VOLUNTEER FIRE DEPT. 227 LAKEVIEW DR. COLEMAN, TX 76834	75-1532406	501(C)(3)	12,246.	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
LOVE & CARE MINISTRIES 233 FANNIN ABILENE, TX 79603	75-2668227	501(C)(3)	46,710.	0.			GENERAL OPERATIONS
M.D. ANDERSON CANCER CENTER P.O. BOX 4486 HOUSTON, TX 77210	74-6000203	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
MANASSEH MINISTRIES 6705 FM 279 BEN WHEELER, TX 75754	75-2908838	501(C)(3)	205,000.	0.			GENERAL OPERATIONS
MCMURRY UNIVERSITY MCM STATION, BOX 98 ABILENE, TX 79697	75-0855633	501(C)(3)	77,717.	0.			PROGRAM SUPPORT AND SCHOLARSHIPS
MEALS ON WHEELS PLUS, INC. P.O. BOX 903 ABILENE, TX 79604	51-0148188	501(C)(3)	16,300.	0.			PROGRAM SUPPORT
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 ST. ABILENE, TX 79602	75-1723282	CHURCH	18,358.	0.			PROJECT SUPPORT
MINISTRY OF COUNSELING AND ENRICHMENT - 1502 NORTH 1ST - ABILENE, TX 79601	75-1295177	501(C)(3)	18,000.	0.			PROGRAM SUPPORT
NATL CTR CHILDREN'S ILLUS LITERATURE - 102 CEDAR - ABILENE, TX 79601	75-2733048	501(C)(3)	68,100.	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 HORIZONS 500 CHESTNUT STREET, SUITE 1101 ABILENE, TX 79602	75-1530340	501(C)(3)	30,460.	0.			PROGRAM SUPPORT
NEW LIFE ALLIANCE 2934 OLD ANSON RD ABILENE, TX 79603	81-0622081	501(C)(3)	17,500.	0.			PROGRAM SUPPORT
NOAH PROJECT P.O. BOX 875 ABILENE, TX 79604	75-1704926	501(C)(3)	15,300.	0.			GENERAL OPERATIONS
NORTH LAKE BROWNWOOD VFD 3340 WINDJAMMER DR. MAY, TX 76857	75-1946052	501(C)(3)	6,000.	0.			GENERAL OPERATIONS
ONE MAN'S TREASURE 519 I-30 EAST #211 ROCKWALL, TX 75087	46-1866831	501(C)(3)	6,000.	0.			GENERAL OPERATIONS
PARAMOUNT THEATRE P.O. BOX 1818 ABILENE, TX 79604	74-1774711	501(C)(3)	163,672.	0.			GENERAL OPERATIONS
PIONEER DRIVE BAPTIST CHURCH 701 S. PIONEER DR. ABILENE, TX 79605	75-6004469	501(C)(3)	32,600.	0.			PROGRAM SUPPORT
PREGNANCY RESOURCES 2110 NORTH WILLIS STREET ABILENE, TX 79603	75-1893072	501(C)(3)	25,000.	0.			OPERATING SUPPORT
PRESBYTERIAN MEDICAL CARE MISSION 1857 PINE STREET ABILENE, TX 79601	75-1910600	501(C)(3)	28,423.	0.			GENERAL OPERATING 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
REACH FOR A DIFFERENCE P.O. BOX 7032 ABILENE, TX 79608	80-0838122	501(C)(3)	7,550.	0.			PROGRAM SUPPORT
REGIONAL CRIME VICTIM CRISIS CENTER - P.O. BOX 122 - ABILENE, TX 79604	75-2720588	501(C)(3)	35,550.	0.			GENERAL OPERATIONS
RESCUE THE ANIMALS 4620 NORTH FIRST ABILENE, TX 79603	75-2801188	501(C)(3)	60,325.	0.			GENERAL OPERATIONS
RESOURCE CARE COMMUNITY HEALTH CENTER - P.O. BOX 2435 - ALBANY, TX 76430	75-2541970	501(C)(3)	5,000.	0.			ROOF IMPROVEMENTS
RESTORED HOPE MINISTRIES P.O. BOX 710127 DALLAS, TX 75371	45-5457155	501(C)(3)	10,000.	0.			HEATING AND A/C
RISING STAR VFD P.O. BOX 547 RISING STAR, TX 76471	43-2116600	501(C)(3)	10,275.	0.			GENERAL OPERATIONS
ROLLING PLAINS MEMORIAL HOSPITAL FOUNDATION - P.O. BOX 690 - SWEETWATER, TX 79556	30-1166763	501(C)(3)	40,000.	0.			PROGRAM SUPPORT
SACRED HEART CHURCH 837 JEANETTE ST. ABILENE, TX 79602	75-1279152	501(C)(3)	12,433.	0.			GENERAL OPERATIONS
SALVATION ARMY P.O. BOX 6929 ABILENE, TX 79608	58-0660607	501(C)(3)	14,275.	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
SPECIAL OLYMPICS TEXAS - BIG COUNTRY - 1804 RUTHERFORD LN - AUSTIN, TX 78754	74-1998367	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
ST. JOHN'S EPISCOPAL SCHOOL 1600 SHERMAN ABILENE, TX 79605	75-1915144	501(C)(3)	229,138.	0.			GENERAL OPERATIONS AND SCHOLARSHIPS
ST. MARK'S BABY ROOM 3150 VOGEL ST ABILENE, TX 79603	75-6031684	501(C)(3)	16,500.	0.			PROGRAM SUPPORT
TARLETON STATE UNIVERSITY 343 N MCILHANEY ST STEPHENVILLE, TX 76401	74-6076233	501(C)(3)	7,800.	0.			SCHOLARSHIPS
TAYLOR JONES HASKELL CALLAHAN COUNTY MEDICAL - P.O. BOX 420 - ABILENE, TX 79604	75-2163826	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
TAYLOR JONES HUMANE SOCIETY 2301 N. 3RD ST. ABILENE, TX 79603	75-1812795	501(C)(3)	7,479.	0.			PROGRAM SUPPORT
TEXAS A&M UNIVERSITY P.O. BOX 30016 COLLEGE STATION, TX 77842	74-6000531	501(C)(3)	28,310.	0.			SCHOLARSHIPS
TEXAS SENTINEL FOUNDATION 18000 GROESCHKE RD. A-7 HOUSTON, TX 77084	26-1639155	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
TEXAS SMILE FOUNDATION 1946 SOUTH IH-35 STE 3300 AUSTIN, TX 78704	74-2897487	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
TEXAS SOCIETY FOR THE PRESERVATION OF ST. JOSEPH'S HALL - P.O. BOX 2046 - FREDERICKSBURG, TX 78624	45-2019790	501(C)(3)	62,500.	0.			PROGRAM SUPPORT
TEXAS STATE - SAN MARCOS J.C. KELLAM BLDG. STE 200, 601 UNIVERSITY DR. - SAN MARCOS, TX 78666	74-6002248	501(C)(3)	25,000.	0.			SCHOLARSHIPS
THE ARK DOMESTIC VIOLENCE SHELTER, INC. - P.O. BOX 1202 - BROWNWOOD, TX 76804	75-2870676	501(C)(3)	5,000.	0.			GENERAL OPERATIONS
THE GRACE MUSEUM P.O. BOX 33 ABILENE, TX 79604	75-6026849	501(C)(3)	486,275.	0.			GENERAL OPERATIONS & PROGRAM SUPPORT
UNDIVIDED HEART, INC. 250 ELM COVE ABILENE, TX 79605	59-3628171	501(C)(3)	10,000.	0.			GENERAL OPERATIONS
UNITED WAY OF ABILENE P.O. BOX 82 ABILENE, TX 79604	75-0808772	501(C)(3)	67,531.	0.			GENERAL OPERATIONS
UNIVERSITY OF TEXAS AT ARLINGTON 701 S. NEDDERMAN DR. ARLINGTON, TX 76013	75-6000121	501(C)(3)	5,300.	0.			SCHOLARSHIPS
UTI - UNIVERSAL TECHNICAL INSTITUTE 16220 N SCOTTSDALE RD STE. 100 SCOTTSDALE, AZ 85254	59-3828402	501(C)(3)	8,000.	0.			SCHOLARSHIPS
VALERA VFD P.O. BOX 63 VALERA, TX 76884	75-2320370	501(C)(4)	5,317.	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
VIEW VFD 250 BOYNTON RD ABILENE, TX 79606	75-6023583	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
WEST TEXAS REHAB CENTER 4601 HARTFORD STREET ABILENE, TX 79605	75-0868320	501(C)(3)	48,698.	0.			GENERAL OPERATIONS
YMCA OF ABILENE P.O. BOX 13137 ABILENE, TX 79604	75-0855638	501(C)(3)	16,631.	0.			GENERAL OPERATIONS
YOUNG AUDIENCES 1101 N. 1ST ST ABILENE, TX 79601	75-2411239	501(C)(3)	7,100.	0.			PROGRAM SUPPORT
YOUNG LIFE OF ABILENE 1917 SOUTH 6TH ABILENE, TX 79602	84-0385934	501(C)(3)	13,649.	0.			GENERAL OPERATIONS
ZAMBIA MISSION FUND 658 E.N. 21ST ST. ABILENE, TX 79601	71-0407333	501(C)(3)	4,600.	0.			PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION 149 N. WILLIS ST. #10 ABILENE, TX 79603	13-5613797	501(C)(3)	12,700.	0.			PROGRAM SUPPORT
CISCO COLLEGE 101 COLLEGE HEIGHTS CISCO, TX 76437	75-1164343	501(C)(3)	22,800.	0.			SCHOLARSHIPS
HARMONY FAMILY SERVICES 305 GRAPE ST. ABILENE, TX 79601	75-1255107	501(C)(3)	11,600.	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
HENDRICK HOME FOR CHILDREN 2758 JEANNETTE ST. ABILENE, TX 79602	75-0818165	501(C)(3)	16,000.	0.			GENERAL SUPPORT
HOLY FAMILY CATHOLIC CHURCH 5410 BUFFALO GAP ROAD ABILENE, TX 79606	75-1458567	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
TEXAS TECH UNIVERSITY 2500 BROADWAY LUBBOCK, TX 79409	75-6002622	501(C)(3)	20,100.	0.			SCHOLARSHIPS
TEXAS TECH UNIVERSITY - ABILENE CAMPUS - 302 PINE STREET - ABILENE, TX 79601	75-6043842	501(C)(3)	20,250.	0.			GENERAL SUPPORT
UNITED METHODIST SERVICE CENTER P.O. BOX 863 ABILENE, TX 79604	75-1523927	501(C)(3)	10,100.	0.			GENERAL OPERATIONS
UNIVERSITY CHURCH OF CHRIST 733 E NORTH 16TH ST. ABILENE, TX 79601	75-0859661	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ANGELO STATE UNIVERSITY ASU STATION #11015 SAN ANGELO, TX 76909	75-1585285	501(C)(3)	10,500.	0.			SCHOLARSHIPS
BIG BROTHERS BIG SISTERS 547 CHESTNUT STREET ABILENE, TX 79602	75-0800632	501(C)(3)	20,950.	0.			PROGRAM SUPPORT
COMMUNITIES IN SCHOOLS OF THE BIG COUNTRY - 1290 SOUTH WILLIS, SUITE 103 - ABILENE, TX 79605	75-2945230	501(C)(3)	22,600.	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
DISABILITY RESOURCES, INC. P.O. BOX 1880 ABILENE, TX 79604	75-2157839	501(C)(3)	10,575.	0.			OPERATING SUPPORT
MEMORIAL SPRING BRANCH ROTARY CHARITIES, INC. - P.O. BOX 79172 - HOUSTON, TX 77279-9172	76-0149081	501(C)(3)	9,000.	0.			SCHOLARSHIPS
TEXAS RAMP PROJECT P.O. BOX 832065 RICHARDSON, TX 75083	33-1139484	501(C)(3)	10,600.	0.			PROGRAM SUPPORT
UNIVERSITY OF NORTH TEXAS 1155 UNION CIRCLE #311370 DENTON, TX 76203	27-0618216	501(C)(3)	13,750.	0.			SCHOLARSHIPS

Schedule I (Form 990)

**Part III** Grants and Other Assistance to Domestic Individuals. 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**

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

**2014**

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](http://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	13	835,997.	AVERAGE PRICE PER SH
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
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 through 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) (2014)

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

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:

THE 2014 RETURN WILL BE EMAILED TO ALL BOARD MEMBERS AND WILL BE REVIEWED  
BY THE AUDIT COMMITTEE.

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

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:

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:

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

-1,596,497.

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

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14

Name of the organization

COMMUNITY FOUNDATION OF ABILENE

Employer identification number

75-2045832

GRANTS &amp; EXP RE TO AGENCY ENDOWMENT FUNDS PER SFAS #136 553,069.

TOTAL TO FORM 990, PART XI, LINE 9 -1,043,428.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED.

FORM 990 PAGE 1 ITEM B

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

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

Name of the organization

**COMMUNITY FOUNDATION OF ABILENE**

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number  
**75-2045832**

OMB No 1545-0047

**2014**

Open to Public  
Inspection

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AVJ FOUNDATION - 75-2625919 P.O. BOX 1001 ABILENE, TX 79604	SUPPORTING ORGANIZATION	TEXAS	501 (C) (3)	11, TYPE I N/A			X

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

Schedule R (Form 990) 2014



**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).