Form **990**

Return of Organization Exempt From Income Tax

Depa Inter	ertment of the	he Treasury e Service	▶ Do r	not enter social so rmation about Fo	ecurity numl	ers on this	form as	it may be	made public	» (%	Open to I	
<u>A</u>	For the 2	2016 calen	dar year, or tax	year beginning	09/0		, 2016, a	nd ending		/31	, 20_17	
В	Check if a	pplicable C	Name of organizat	ION ABA COMMU	NITY ENGAC	EMENT FO	UNDATI	ON		D Employe	er identification n	umber
	Address c	hange	Doing business as								83-0397856	
	Name cha	inge	Number and stree	t (or PO box if mail i	s not delivered	to street add	ress)	Room/suit	te	E Telephor	ne number	
	Initial retui	rn	1120 CONNECT	ICUT AVE, NW							202-663-5054	
	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code											
	Amended	return	WASHINGTON,	DC 20036						G Gross re	eceipts \$	1,5 <u>08,01</u> :
	Application	n pending F	Name and address	of principal officer	PETER CO	ОК			H(a) Is this a gr	oup return for	subordinates? Yes	✓ No
	• •	, J	Same as C abo					M2	H(b) Are all s	ubordinates	s included? Tyes	. □ No
1	Tax-exem	pt status	✓ 501(c)(3)	501(c) () ◀ (insert	no) 4947	(a)(1) or	527 J	If "No	o," attach a	a list (see instructio	ns)
J	Website:		//www.aba.com/l						H(c) Group	exemption	number ▶	N/A
K			Corporation T		n Other ▶		L Yea	r of formati	on 2004	M State	of legal domicile	DC
	art I	Summa				<u> </u>		<u> </u>	2001	<u> </u>	<u> </u>	
				uzation's mission	or most si	onificant ac	ctivities:	ABA CO	MMUNITY F	NGAGEN	MENT FOUNDA	TION
	Briefly describe the organization's mission or most significant activities: ABA COMMUNITY ENGAGEMENT FOUNDATION PROMOTES FINANCIAL EDUCATION TO INDIVIDUALS AT EVERY AGE, ELEVATES ISSUES AROUND AFFORDABLE HOUSING											
2		AND COMMUNITY DEVELOPMENT, AND ACHIEVES CORPORATE SOCIAL RESPONSIBILITY OBJECTIVES.										
Governance												
Š				organization dis				sposed o	i iiiore trian			
ত ক	3		_	rs of the govern	-			 4 h-V		3		1
			•	oting members	_	-				4		1
Activities				ls employed in c	•	ar 2016 (Pa	rt V, line	2a) .		5		
ફ				rs (estimate if ne	• •	•				6		15,00
ĕ	7a	Total unre	lated business	revenue from Pa	rt VIII, colur	nn (C), line	12 .			7a		
	b i	Net unrela	ited business ta	xable income fro	om Form 99	0-T, line 34	<u> </u>			7b		N/
								L	Prior Ye	ar	Current Y	ear
Ð	8 (Contributi	ons and grants	(Part VIII, line 1h	n) .	•				25,650		25,00
Ĭ	9 F	orogram s	service revenue	(Part VIII, line 2g	g)					262,833		255,83
Revenue	10 I	nvestmen	it income (Part '	VIII, column (A),	lines 3, 4, a	nd 7d) .				283,488		330,446
Œ				column (A), lines				. [
				3 through 11 (mu				ne 12)		571,971		611,279
				its paid (Part IX,				. —		18,500	-	12,500
	1			mbers (Part IX,						.0,000		
10	1	•		on, employee be			A) lines !	5-10)		540,062		541,00
Se	1			ees (Part IX, col			1,, 111100	· · · · ·		340,002		341,00
Expenses	1		_	es (Part IX, colun				-				
Ä	1		-							224 700		222.42
		-	•	column (A), lines			 	". ⊢		331,708		332,42
	I			13–17 (must ed), line 25	" · -		890,270		885,92
		Revenue I	ess expenses	Subtract line 18	from line 12		<u> </u>	<u> </u>		318,299)	Ford of Vo	(274,649
s or	1							-	Beginning of Cu	Trent Year	End of Ye	
Net Assets or Fund Balances	20		ets (Part X, line	•		•	•		7	<u>,773,338</u>		8,034,81
ag.	21		lities (Part X, lin					· ·		166,407		167,49
				es. Subtract line	21 from lir	e 20 .	<u></u>	<u> </u>	7	,606,931	<u></u>	7,867,32
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Form 99	90 (2016) Pag	e 2
Part	-	
	Check if Schedule O contains a response or note to any line in this Part III	\Box
1	Briefly describe the organization's mission.	
	THROUGH ITS LEADERSHIP, PARTNERSHIPS, AND NATIONAL PROGRAMS THE ABA COMMUNITY ENGAGEMENT FOUNDATION	
	HELPS BANKERS PROVIDE FINANCIAL EDUCATION TO INDIVIDUALS AT EVERY AGE, ELEVATES ISSUES AROUND AFFORDABLI	<u></u> -
	HOUSING AND COMMUNITY DEVELOPMENT, AND ACHIEVES CORPORATE SOCIAL RESPONSIBILITY OBJECTIVES TO IMPROVE	
2	THE WELL-BEING OF THEIR CUSTOMERS AND THEIR COMMUNITIES. Did the organization undertake any significant program services during the year which were not listed on the	_
_	prior Form 990 or 990-EZ?	^
	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?	0
	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 other	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code 611710) (Expenses \$ 86,733 including grants of \$) (Revenue \$ 90,139)	
	TEACH CHILDREN TO SAVE.	
	TEACH CHILDREN TO SAVE (TCTS) IS A NATIONAL PROGRAM-SPONSORED BY THE ABA COMMUNITY ENGAGEMENT	
	FOUNDATION-THAT ORGANIZES BANKER VOLUNTEERS TO HELP YOUNG PEOPLE DEVELOP A SAVINGS HABIT EARLY IN LIFE.	
	MORE DETAIL AT http://www.aba.com/Engagement/Pages/teachchildrentosave.aspx	
4b	(Code 611710) (Expenses \$ 38,489 including grants of \$ 9,777) (Revenue \$ 40,000)	_
	LIGHTS CAMERA SAVE!	
	LIGHTS CAMERA SAVE, SPONSORED BY BANK FINANCIAL SERVICES GROUP, IS A VIDEO CONTEST THAT ENGAGES TEENS IN	
	EDUCATING THEMSELVES AND THEIR PEERS ABOUT THE VALUE OF SAVING AND USING MONEY WISELY.	
	MORE DETAIL AT http://www.aba.com/Engagement/pages/LCSInfo.aspx	
	(Code 044740) (Code 04740) (Code 04740)	
4c	(Code 611710) (Expenses \$ 120,945 including grants of \$ 4,000) (Revenue \$ 125,694)	
	SAFE BANKING FOR SENIORS	
	SAFE BANKING FOR SENIORS IS A NATIONAL PROGRAM TO EMPOWER CUSTOMERS AND COMMUNITIES WITH THE FACTS,	
	TOOLS AND RESOURCES THEY NEED TO BANK MORE SECURELY AND HELP ELIMINATE THE ALMOST \$2.9 BILLION LOST	
	ANNUALLY TO FRAUD AGAINST OLDER AMERICANS. MODE DETAIL AT http://www.aba.com/Engagomont/Pagos/safe hanking for services aspy	
	MORE DETAIL AT http://www.aba.com/Engagement/Pages/safe-banking-for-seniors aspx	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses	

AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION

Form 990 (2016)

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	√	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		→
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	-	1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable		,	!
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		√
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	√
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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? If "Yes," complete Schedule F, Parts I and IV	14b		/
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? If "Yes," complete Schedule F, Parts II and IV	15	-	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
		<u></u>	-000	(0046)

Form 990 (2016)

Part l	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	N	Α
21	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? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	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? If "Yes," complete Schedule I, Parts I and III		,	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	✓	
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		✓
256	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	05-		,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		✓
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I .	25b		✓
26	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? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	- 21	"	1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			,
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	001		
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		-
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
0.4	conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			١,
32	Part I	31		✓
	complete Schedule N, Part II	32	'	1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		✓
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	✓	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		-
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓	
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	_	,	
	13: Note: All Form 330 files are required to complete scriedule O	38	✓	

AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION

Part	V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	• •		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	.		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	.		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and]
0-	reportable gaming (gambling) winnings to prize winners?	1c	N/A	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ĺ
L	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	N/A	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	NA	·
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country. ▶ N/A			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			1
	(FBAR).			لب
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>√</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		<u>√</u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5C</u>	N/A	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua	-	•
U	gifts were not tax deductible?	6b	N/A	4
7	Organizations that may receive deductible contributions under section 170(c).	7		_
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			۶,
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N/A	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			ا ــِــا
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>√</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<u>✓</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/ n	N/	A
8	sponsoring organizations maintaining donor advised funds. Bid a donor advised fund maintaining by the sponsoring organization have excess business holdings at any time during the year?	8		√ '
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	N/A	Α
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	N/	-
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N/A	1		
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources	i		-
	against amounts due or received from them.)	12a	<u> </u> -	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b N/A	-	N/	^
12		1		ļ
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	N/A	<u>_</u>
а	Note. See the instructions for additional information the organization must report on Schedule O	1.50	 'Y	`
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	.]		İ
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	N/	
		For	m 990 ((2016)

Form 990 (2016) 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. Section A. Governing Body and Management Yes Nο 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? . 8a 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 . . . 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c 13 Did the organization have a written whistleblower policy? . 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization . 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? . 16a 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 List the states with which a copy of this Form 990 is required to be filed ▶ 17 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 ☐ 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: ▶ Barry Epstein, 1120 Connecticut Ave, NW, Washington, DC 20036 (202)663-5054

Form 990 (2016)

Board Member

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

☑ Check this box if neither the organization not	or any relate	d org	anız	atio	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
				(O Pos	C) ition			(5)		-
(A) Name and Title	(B) Average hours per	(do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Scott Dueser Board Member	11					i		0	0	o
(2) Darlene Goins	1	<u> </u>		_	 		<u> </u>			0
Board Member		✓						0	0	0
(3) David Hanrahan	11									
Board Member		 	<u> </u>	_	_	<u> </u>	<u> </u>	0	0	0
(4) George Hermann Board Member		1						0	0	0
(5) Courtney Hodapp	1									
Board Member		✓	lacksquare	_	L_	ļ	<u> </u>	0	0	0
(6) Robert Jones	11	↓ ,								
Board Member	 	<u> </u>	├	ļ	<u> </u>	ļ	├	0	0	0
(7) Dennis P Lagueux Board Member	1	1						0	0	O
(8) Angie Garcıa-Lathrop	111									
Board Member		✓	_	L_	<u>_</u>		<u> </u>	0	0	0
(9) Luis Lobo	1	/	1							
Board Member		-	├	}	-	ļ. <u> </u>	├-			0
(10) Jan Miller	1	1								
Board Member			┼				-	0	0	0
(11) Linda W. Navarro Board Member	1	1	1]			o	0	o
(12) Daniel Nissenbaum	1	<u> </u>		-			\vdash	 		
Board Member		1					ļ	٥		o
(13) Evelyn F. Smalls	1	Ė					 		†	`
Board Member		1						0	0	0
(14) Jasmine Thomas	1									

Form **990** (2016)

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	90 (2016)												1	Page 8
Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees			lighes	it C	ompensated E	mployees (c	ontınu	ed)		
	(A) Name and title	(B) Average	box,	unles	Pos neck ss pe	rson	than c	an	(D) Reportable compensation	(E) Reportable compensation		Estu	(F) mated ount of	
		hours per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	a Officer	_	Highest compensated employee	Former	·	related organizatior (W-2/1099-Mi	ns	compe from organ and	ther ensation in the dization related ization	on T
	illiam Dana, Jr.	11	1		1									
	nairman uca Opstad	1	-	-	-	\vdash	\vdash				_0			
	ce Chairman		1		1	L			0		0			0
	eter C Cook	0.25	ļ		,]]				
	nief Communication Officer	37.25		-	1	┼			0	<u> </u>	_0			0
	obert G. Eady Opointed CFO	1 36 5	1		1	ł			0	613	,532		10	05,213
(19) C	prey Carlisle enior Vice President	26.5 11				1			0		,650			29,681
3	obert Schmermund													
(21)	rmer Executive Vice President			-	-	-	ļ	✓	0	541	,489			<u>42,911</u>
(22)				-		_		_						
				<u> </u>	_	<u> </u>	ļ							
(23)														
(24)														
(25)														
1b	Sub-total		<u> </u>	<u>. </u>	<u>. </u>	L.,	٠	_	0	1,374	,671		1	77,805
C	Total from continuation sheets to Part	VII, Section	n A	•				>	0	 	0			0
d	Total (add lines 1b and 1c) Total number of individuals (including bu	t not limited	to th	nose	e lis	ted	above	e) w	ho received m			of	1	77,805
	reportable compensation from the organ	ization ►							NON	<u></u>			l	T
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	nest comper	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	porta	ble	con	npe	nsatio					, 🗀	V	
	ındıvıdual	·										4	1	
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind		5		1
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Rej year.													ax
	(A) Name and business add	iress							(B) Description of s	services		(C) Compens	ation	
NONE				_										
								L						
2	Total number of independent contractor) th		ove) who				,
	received more than \$100,000 of compens	ation from	rue or	rgan	ıızat	uon			NONE		_			•

Part	VIII	Statement of Reve				5		
		Check if Schedule O	contains a res	ponse or note to	any line in this (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns Membership dues	. <u>1a</u>			revenue		512-014
G E	c	Fundraising events	. 1c				·	~ t
Gifts, ilar An	d	Related organizations	1d					*_ >
S, C	е	Government grants (con						-14
er S	f	All other contributions, gi				•	, , , , , , , , , , , , , , , , , , ,	7 Tall 10,17 JA
현		and similar amounts not inc	<u> </u>	25,000				
Contributions, and Other Sim	g h	Noncash contributions include Total. Add lines 1a-1			25,000		= .	
		Total. Add lines Ta-1		Business Code	25,000		·,	* ,
l en	2a	TEACH CHILDREN TO	SAVE	611710	90,139	90,139		
Be	b	LIGHTS CAMERA SAV	E!	611710	40,000	40,000		
, sic	С	c SAFE BANKING FOR SENIORS d		611710	125,694	125,694		
Ser	d							
Program Service Revenue	e	All all and an arrangement						<u> </u>
Z o	T g	All other program sen Total. Add lines 2a-2		. •	255,833			L
	3	Investment income			233,033	<u> </u>		
		and other similar amo			108,147			108,147
	4	Income from investment of tax-exempt bond pr		ond proceeds ►				
	5	Royalties .	<u></u>					
	_		(i) Real	(ii) Personal			-	- ,
	6a	Gross rents .						, ,
	b	Less rental expenses Rental income or (loss)						br.
	d	Net rental income or	(loss) .	•		Access de décessaries des la constitución de la con		
	7a	Gross amount from sales of	(i) Securities	(II) Other				, 1
		assets other than inventory	1,119,033			-	. ,	- '*
	b	Less cost or other basis and sales expenses	896,734				200	,
	c			1				1
	d	Net gain or (loss) .	222,299	, •	222,299			222,299
une	8a	Gross income from fu	undraising					* * * * * * * * * * * * * * * * * * * *
		events (not including \$					<i>-</i>	1357
Other Reve		of contributions report	ed on line 1c)			•		<i>\$</i> -
þer		See Part IV, line 18	. а				- 	S. S. S.
ŏ	b	Less direct expenses						
		Net income or (loss) f Gross income from ga		events				
		See Part IV, line 19	· a	1				,
	b	Less direct expenses	s . b)	1			
	C	Net income or (loss) t		ivities			-	
	10a	Gross sales of in returns and allowance	es a					
	b	Less cost of goods s		L				
	<u> </u>	Net income or (loss) 1 Miscellaneous F		entory . ► Business Code				
	11a							
	b							
	С							
	d	All other revenue	•				ļ	
	е	Total. Add lines 11a-		🟲				
	12	Total revenue. See	nstructions	•	611,279	255,833	<u> </u>	330,446 Form 990 (2016)

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Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	l other organization:	s must complete colu	mn (A).
	Check if Schedule O contains a respons	·			
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,000	4,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22 .	9,777	9,777		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees .	219,650	42,154	172,812	4,684
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	110,994	21,302	87,325	2,367
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	210,360	36,034	170,322	4,004
9	Other employee benefits .				
10	Payroll taxes				
11	Fees for services (non-employees).				
a	Management				
b	Legal				
d C	Accounting				
d e	Lobbying		2 3		- · - · - · - · - · - · · - · · · · · ·
f	Investment management fees	33,140		33,140	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	30,160	28,273	1,887	
12	Advertising and promotion	5,671	4,374	1,297	
13	Office expenses	36,456	33,750	2,706	
14	Information technology	1,308	1,308		
15	Royalties				
16	Occupancy	93,175	26,206	64,058	2,911
17	Travel	29,484	8,091	21,393	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,356	192	5,164	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	OVERHEAD	85,813	24,135	58,996	2,682
b	PRINTING	9,782	6,571	3,211	
С					
d					
е	All other expenses MISCELLANEOUS	802		802	
25	Total functional expenses. Add lines 1 through 24e	885,928	246,167	623,113	16,648
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if				

Form 990 (2016)

Р	art X				
		Check if Schedule O contains a response or note to any line in this Pal	tX	<u> </u>	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	217,010	2	223,525
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	20,215	4	7,669
	5	Loans and other receivables from current and former officers, directors,		.	
		trustees, key employees, and highest compensated employees		<u>, </u>	· · · · · · · · · · · · · · · · · · ·
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section	` •-	. 3	_ v
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		2,7	, · · · · · · · · · · · · · · · · · · ·
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
Assets	7	Notes and loans receivable, net		6 7	
Ass	8	Inventories for sale or use	-	8	
'	9	Prepaid expenses and deferred charges	-	9	
	10a	Land, buildings, and equipment: cost or		-	s ',\(\tau^-\)
		other basis. Complete Part VI of Schedule D 10a	iş A	, = ₄	
	ь	Less. accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	7,531,843	11	7,802,873
	12	Investments—other securities See Part IV, line 11		12	.,,,,,,,,,,
	13	Investments—program-related See Part IV, line 11		13	 .
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	4,270	15	750
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,773,338	16	8,034,817
	17	Accounts payable and accrued expenses	5,356	17	3,664
	18	Grants payable		18	
	19	Deferred revenue	35,417	19	109,583
	20	Tax-exempt bond liabilities	<u> </u>	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors,	,	2 *	
粪		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	- <u>-</u>	23	
	24	Unsecured notes and loans payable to unrelated third parties .		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	125,634	25	54,249
	26	Total liabilities. Add lines 17 through 25	166,407	26	167,496
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and	100,407		107,430
ès		complete lines 27 through 29, and lines 33 and 34.			en 16
ä	27	Unrestricted net assets	275,943	27	203,998
39	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets	7,330,988	29	7,663,323
r Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			,
Si	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net Assets or Fund Balances	33	Total net assets or fund balances	7,606,931	33	7,867,321
		Total liabilities and net assets/fund balances	7,773,338	_	8,034,817

Form 99	90 (2016)			Pa	ge 12
Parl					
	Check if Schedule O contains a response or note to any line in this Part XI		<u>···</u>		<u>Ц</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,279
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,928
3	Revenue less expenses Subtract line 2 from line 1	3			1,649)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			6,931
5	Net unrealized gains (losses) on investments	5		53	5,039
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		7,86	7,321
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	· · · ·	· ·		
			r	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	Java va		*	
	If the organization changed its method of accounting from a prior year or checked "Other," exp	piain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ļ	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	nied or			Ì
	reviewed on a separate basis, consolidated basis, or both.		ļ		-
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	✓.	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a			
	separate basis, consolidated basis, or both		1.		-
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov of the audit, review, or compilation of its financial statements and selection of an independent account			١,	
			2c	✓	 -
	If the organization changed either its oversight process or selection process during the tax year, ex	piairi iri	4	-	
_	Schedule O.	familia in	ئىسىد		
3a		iorth in			
	the Single Audit Act and OMB Circular A-133?		3a	<u> </u>	 ✓
р	If "Yes," did the organization undergo the required audit or audits? If the organization did not unde	rgo the	24	N.	A
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	Juils.	3b	000	<u> </u>
	,		For	n 99 0	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Inspection

Name	of the organization					Employer identification	Humber	
ABA (COMMUNITY ENGAGEMENT FOUND					83-039		_
Par							ns	_
The c	rganization is not a private founda							
1	A church, convention of church							_
2	A school described in section						-	
3	A hospital or a cooperative hos						iii) Entor the	
4	A medical research organization hospital's name, city, and state		onjunction with a nosp	niai desci	nbea in S	ection 170(b)(1)(A)(iii). Eintei tile	
5	An organization operated for t		college or university	owned o	r operate	d by a government	al unit described	'n
3	section 170(b)(1)(A)(iv). (Comp		college of diliversity	OWNEG O	Орогис	a by a government	ar arm accomod	
6	A federal, state, or local govern		mental unit described	ın sectio	n 170(b)	(1)(A)(v).		
7	An organization that normally						the general publ	IC
	described in section 170(b)(1)				•			
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	art II.)				
9	An agricultural research organi	zation described	in section 170(b)(1)((A)(ix) op	erated in	conjunction with a la	and-grant college	
	or university or a non-land-gra	nt college of agr	iculture (see instructio	ns) Ente	r the nam	ne, city, and state of	the college or	
	university							
10	An organization that normally r receipts from activities related	eceives: (1) more	e than 331/3% of its sunctions—subject to ce	apport fro ertain exc	m contrit entions.	outions, membership and (2) no more that	n 331/3% of its	
	support from gross investment	: income and uni	related business taxat	ble incom	ie (less se	ection 511 tax) from	businesses	
	acquired by the organization a							
11	☐ An organization organized and☑ An organization organized and						ny out the nurnose	20
12	of one or more publicly suppo	operated exclus	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Sec	e section 509(a)(3	3).
	Check the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting o	rganizatio	on and complete line	s 12e, 12f, and 12	ġ.
а								
	the supported organization	(s) the power to	regularly appoint or e	lect a ma	jority of t	he directors or trust	ees of the	
	supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B.	•			
b								
	control or management of				persons	that control or man	age the supported	ı
	organization(s) You must					a could be something of	-11	_
С	Type III functionally integ its supported organization(raτed. A suppor ε) (see instructio	ting organization oper	rated in C lete Part	IV Secti	ons A.D. and F.	any integrated with	١,
							orted organization	(e)
d	that is not functionally integ	rrated. The orga	nization generally mus	st satisfy	a distribi	ution requirement an	id an attentivenes	ری S
	requirement (see instruction							
е	☐ Check this box if the organ	ization received	a written determination	on from th	ne IRS th	at it is a Type I. Type	e II. Type III	
	functionally integrated, or	Type III non-func	tionally integrated sur	oporting (organizat	ion.		
f							1	
g	Provide the following information	about the supp	orted organization(s).					_
	(i) Name of supported organization	(II) EIN	(iii) Type of organization		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
			(described on lines 1–10 above (see instructions))		ment?	instructions)	instructions)	
				Yes	No			
				103	110			
(A) A	merican Bankers Association	52-1001304	10	1		0		0
		32-1001304	10	· ·				<u> </u>
(B)								
(C)		·						_
(C)				ļ				
(D)								
					 			_
(E)	•							
			ļ	ļ		 		

Schedule A (Form 990 or 990-EZ) 2016

Par		ations Desc	ribed in Sect	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(A)(v	<u>(i)</u>
	(Complete only if you checked the	ne box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	qualify und	er the tests li	sted below, p	lease compl	ete Part III.)	•
	ion A. Public Support						/
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				/		
4	Total. Add lines 1 through 3	· · · · · · · · · · · · · · · · · · ·					
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4				·	- v	
	ion B. Total Support						·
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 20,13	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	!					
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	Total support. Add lines 7 through 10			-			
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	e organization	n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
0	organization, check this box and stop her		<u> </u>		· · · ·	· · · · ·	▶ □
	on C. Computation of Public Suppor						
14 15	Public support percentage for 2016 (line 6	i, column (f) di	vided by line 1			14	<u></u>
16a	Public support percentage from 2015 Sch 331/3% support test—2016. If the organization	edule A, Part	II, line 14 .			15	<u>%</u>
100	box and stop here. The organization qual	ifice se a publ	check the box	on line 13, ar	ia line 14 is 30		. —
b	331/3% support test — 2015. If the organization this box and stop here. The organization	zation did not qualifies as a j	check a box o oublicly suppo	n line 13 or 16 rted organizati	a, and line 15 on .		ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts- facts-and-circ	-and-circumsta umstances" te	ances" test, ch st The organiz	eck this box a zation qualifies	and stop here. s as a publicly 	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization	tion meets the ets the fact	e "facts-and-c s-and-circums 	rcumstances" stances" test	test, check the organizati	this box and son qualifies as	a publicly
18	Private foundation. If the organization did	d not check a l	oox on line 13,	16a, 16b, 17a	, or 17b, chec	k this box and	see
	instructions		<u> </u>			<u> </u>	. 🕨 🗀
/					Sch	edule A (Form 990	or 990-E71 2016

Schedule A (Form 990 or 990-EZ) 2016

rait	(Complete only if you checked the					l to qualify u	nder Part II
	If the organization fails to qualify						ider Fart II.
Secti	on A. Public Support	under the te	isted Del	ow, picase co	omplete Fait	!· <i>)</i>	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2012	(0) 2013	(6) 2014	(0) 2015	(e) 2010	(i) Total
•	received (Do not include any "unusual grants")			ļ	,		
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the		ľ				}
•	organization's tax-exempt purpose .						<u> </u>
3	Gross receipts from activities that are not an		1				ļ
	unrelated trade or business under section 513						ļ
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		1	}			1
	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		/		ļ	1	}
	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			-	-	4	
	line 6.)					<u> </u>	<u> </u>
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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		Į				
С	Add lines 10a and 10b ./ .						
11	Net income from unrelated business						
	activities not included in line 1,0b, whether		1				
	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	e organizatioi	n's first, secon	d. third. fourth	or fifth tax ve	ear as a section	on 501(c)(3)
	organization, check this box and stop her						▶ □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8			3 column (fl)		15	%
16	Public support percentage from 2015 Sch		-	o, oo.a (1)		16	
	on D. Computation of Investment Inc			·	·	1 : 5 1	
17	Investment income percentage for 2016 (I			v line 13. colu	mn (fl)	17	%
18	Investment income percentage from 2015			-		18	//
19a	33 ¹ / ₃ % support tests – 2016. If the organi				nd line 15 is m		
	1/7 is not more than 331/3%, check this box						
b	331/3% support tests—2015. If the organiz						
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did		_		· · · · · ·	· ·	_

Yes No

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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
- 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
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- 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.
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- 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)

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	3b	✓	<u></u>
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	5b 5c	N/N/	A
	5b 5c		A
	5b 5c		A
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	5b 5c 6 7 8 9a 9b 9c 10a 10b		\ \ \ \ \

AME	RICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION 83-	03978	oc	
	le A (Form 990 or 990-EZ) 2016		!	Page 5
Part	Supporting Organizations (continued)		V	
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		Yes	No
_	below, the governing body of a supported organization?	11a		1
	A family member of a person described in (a) above?	11b		✓
	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. on B. Type I Supporting Organizations	11c	L	✓
Secti	on B. Type I Supporting Organizations		Yes	No
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.	- 1	***	
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.	2	- Lag.	· ·
Secti	on 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)	1	Yes	No
Secti	ion D. All Type III Supporting Organizations	<u></u> -	1	1
			Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).	2		
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.	3	A- %.	Gastrature (1-
Sect	ion 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	instru	ction	s).
a b c	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity 	(see ırı	struc	tions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
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.	2b	-	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Sa	-	+
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ Section A - Adjusted Net Income	ızaı	(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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).		,	*
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		<u></u>
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 Minimum Asset Amount (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	1	
2 Enter 85% of line 1.	2	- <u>1</u> -	
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 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	ly in	tegrated Type III supporting	ng organization (see

Part) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	mpt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	anno of supported area	nizotiono	
	Amounts paid to acquire exempt-use assets	oses of supported orga	IIIZations	
	Qualified set-aside amounts (prior IRS approval required)			
<u>5</u>				
	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6		-	
<u>7</u> 8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI) See instructions	J	•	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016.			
a				
b		÷		
С	From 2013		, ,	
d	From 2014		د د - برخ آبویر در سیست	, , , ,
е	From 2015		a ayan kari	, , , , , , , , , , , , , , , , , , , ,
f	Total of lines 3a through e			3 11 THE 21
g	Applied to underdistributions of prior years			1 1426 新常島沙漠
<u>h</u>	Applied to 2016 distributable amount	`	(生)	
i_	Carryover from 2011 not applied (see instructions)			A CONTRACTOR OF THE PARTY OF TH
<u>j</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f			7
4	Distributions for 2016 from Section D, line 7. \$	·	- '	ر چيک اړيا د او د
a	Applied to underdistributions of prior years	,		
b	Applied to 2016 distributable amount		No. g	<u>-</u>
С	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			-
	any Subtract lines 3g and 4a from line 2. For result			- v- ž
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h		3	
	and 4b from line 1. For result greater than zero, explain in Part VI See instructions		(' ' ' '	
	Excess distributions carryover to 2017 Add lines 3			
7	and 4c		2	
8	Breakdown of line 7.	•		-
а				
b	Excess from 2013			5, 5, -
С	Excess from 2014			`
d	Excess from 2015			,
е	Excess from 2016 .			
				A (Farm 000 at 000 F7) 0046

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part IV, Sec	tion A, 3b:
The suppor	ted organization, American Bankers Association, qualifies under section 501(c)(6) and has received an IRS determination letter on
August 24,	1977 ABA completes annually a pro forma Schedule A
Part IV, Sec	tion A, 3c:
Support giv	ren to a supported section 501(c)(6) organization is used solely for charitable purposes.
There was r	no support given to the supported organization, American Bankers Association, for the tax year.
Part IV, Sec	tion A, 6:
ABA Comm	nunity Engagement Foundation provided support of \$1,000 to National Adult Protective Services Association (EIN:30-0044497),
a national n	on-profit 501(c)(3) organization, for World Elder Abuse Awareness Day program.
ABA Comm	nunity Engagement Foundation donated \$1,500 to The Next Door (EIN:43-2001774) for community development tour program.
ABA Comm	nunity Engagement Foundation provided support of \$1,500 to Southeast Community Capital Corporation (EIN:62-1823596) for
help in plar	nning and effort making in community development tour program
•	
	<i>*</i>
	•

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Name of the organization Employer identification number AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year 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? . ☐ Yes ☐ No 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? ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Total number of conservation easements 2a 2b Total acreage restricted by conservation easements . Number of conservation easements on a certified historic structure included in (a) . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 on Form 990. Part VIII. line 1 Assets included in Form 990, Part X . .

Schedule D (Form 990) 2016 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) Public exhibition d Loan or exchange programs ☐ Scholarly research Other ____ ☐ Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ Yes ☐ No **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year Distributions during the year 1e Ending balance 1f 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 on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (b) Prior year (d) Three years back (a) Current year (e) Four years back Beginning of year balance 7,171,788 7,330,988 7,393,429 7,967,842 6,790,109 Contributions . Net investment earnings, gains, and losses 796,054 332,335 (62,441)(574,413)381,679 Grants or scholarships Other expenditures for facilities and programs . Administrative expenses f End of year balance . 7,663,323 7,330,988 7,967,842 7,393,429 7,171,788 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶ _____% а b Permanent endowment ► 100% Temporarily restricted endowment ▶ % The percentages on 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 Yes No (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) depreciation Land **b** Buildings c Leasehold improvements Equipment . . . d Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).

Part VII	Investments — Other Securities Complete if the organization and		m 990. Part IV I	ine 11b. See Forr	m 990 Part X line 12
	(a) Description of security or categor (including name of security)		(b) Book value	(c) Me	ethod of valuation d-of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					-
(F)					
(G) (H)				_	
)				
Part VIII	n) must equal Form 990, Part X, col. (B) line 12.) ▶	-d			
Part VIII	Investments - Program Relate		000 D+ IV I		000 B + W + + 40
	Complete if the organization ans	wered tes on For			
	(a) Description of investment		(b) Book value		ethod of valuation d-of-year market value
_(1)					
(2)					
(3)					
(4)				 -	
(5)					
<u>(6)</u>		· · · · · · · · · · · · · · · · · · ·			
<u>(7)</u> <u>(8)</u>					
(9)					
	must equal Form 990, Part X, col (B) line 13)			-	
Part IX	Other Assets.	<u> </u>		- _U R	
	Complete if the organization ans	wered "Yes" on For	m 990. Part IV. I	ne 11d. See Forn	n 990 Part X line 15
		a) Description	,		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(1)			<u> </u>	
	nn (b) must equal Form 990, Part X, c	ol (B) line 15.)		<u> ▶</u>	<u> </u>
Part X	Other Liabilities.				
	Complete if the organization ansuline 25.	wered "Yes" on Forr	n 990, Part IV, li	ne 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal inc					
(2) Payables	to related organization - ABA	54	1,249		•
(3)					
(4)					7
(5)				-	· ·
(6)					,
(7)					,
(8)					,
(9)	15 200				•
	must equal Form 990, Part X, col (B) line 25.) ▶	54	,249		···
 Liability for organization's 	uncertain tax positions. In Part XIII, provi liability for uncertain tax positions under	de the text of the footno FIN 48 (ASC 740). Chec	te to the organization to the text of	on's financial statement the footnote has been	ents that reports the en provided in Part XIII

	e D (Form 990) 2016				Page 4
Par	Reconciliation of Revenue per Audited Financial Statem		•	Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	1,146,318
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments	10-1			
a	Donated services and use of facilities	2a	535,039		
b	Recoveries of prior year grants	2b 2c			
c d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d	_ <u>zu</u>		2e	E2E 020
3	Subtract line 2e from line 1			3	<u>535,039</u> 611,279
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	i .		-	011,273
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	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	611,279
Part					
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	885,928
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		-	
b	Prior year adjustments	2b			
С	Other losses	2c			
ď	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	885,928
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII)	4b		* 5	
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ie 18.) .	<u> </u>	5	885,928
Part			 		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an				e 4; Part X, line
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provi	de any additional in	tormation.	
		-			
Part V	Line 4:				
An ani	nually determined amount of income from the endowment funds is used for the	e general	exempt purposes of	the organiz	ation
	·			-	
Part X	line 2:				
	No. of Action Action (Co.)				
Note 1	Nature Of Activities And Significant Accounting Policies: Income Taxes				
Americ	an Bankers Association Community Engagement Foundation is exempt unde	r Section	501(c)(3) of the IRC	and is class	offied as an
organi	zation that is not a private foundation. Therefore, no provision for income tax	es has be	en provided for this	entity in the	accompanying
conso	idated financial statements, except for that resulting from the Association's u	nrelated	business income.		
wanag	ement evaluated the Association's tax positions and concluded that the Association	ciation n	as taken no uncertair	i tax positio	ins that require
adusat	ment to the concellidated financial statements to comply with the		damas Cassasilla di s	. Annonius:-	m io mo lo
aujust	ment to the consolidated financial statements to comply with the provisions of	ınış gui	uarice. Generally, the	ASSOCIATIO	n is no longer
subios	t to income tax examinations by the U.S. federal, state, or local tax authorities	for year	hofore 2014		•
JUNICU			1 DEIOIE 2014		
	to medile tax examinations by the 0.3. lederal, state, or local tax autitorities	ioi years		·	

AMERICAN	BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION	83-0397856
Schedule D (Fo	rm 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
		_,
,		
		•

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

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

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

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

Open to Public Inspection 2016

OMB No 1545-0047

Employer identification number 83-0307856

AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION	MUNITY ENGAGEMENT	FOUNDATION					83-0397856
Part I General Information on Grants and Assistance	n on Grants and	Assistance					
1 Does the organization maintain records to substant	tain records to subs	stantiate the amoi	unt of the grants or	assistance, the g	rantees' eligibility fo	liate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	e, and
	award the grants	or assistance?	•				· Ves N
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	nization's procedur	es for monitoring	the use of grant fur	nds in the United	States		
Part II Grants and Other Assistance to Domes 990, Part IV, line 21, for any recipient that	Assistance to Do for any recipient	mestic Organize that received m	zations and Dom lore than \$5,000.	estic Governm Part II can be d	ents. Complete if uplicated if addition	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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	rered "Yes" on Form
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 noncash assistance	(h) Purpose of grant or assistance
(1) NAPSA, 25 Massachusetts Ave NW NW #500, Washington, DC 20001	30-0044497	501(c)(3)	1,000	NONE	N/A	A/N	SAFE BANKING FOR SENIOF
(2) The Next Door PO Box 23336, Nashville, TN 37202	43-2001774	501(c)(3)	1,500	NONE		N/A	community development
(3) Southeast Community Capital Corp 201 Venture Circle, Nashville, TN 37228	62-1823596	501(c)(3)	1,500	NONE	N/A	N/A	community development
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	n 501(c)(3) and gov	ernment organiza	tions listed in the li	ne 1 table .			m •
3 Enter total number of other organizations listed in the line 1 table	organizations listed	in the line 1 table					•

Schedule ! (Form 990) (2016)

Cat No 50055P

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

Part III can be duplicated if additional space is needed	il space is needec				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Video contest for teens to promote saving	3	8,500	772,1	FMV	Award Prizes GoPro camera, IPad
2					
3					
4					
5					
9					
Part IV Supplemental Information. Provide the in	the information r	equired in Part I, line	e 2; Part III, column	formation required in Part I, line 2; Part III, column (b); and any other additional information.	onal information.
ABACEF has specific eligibility rules for our Lights Camera Save contest. Those can be found at http://www.aba.com/Engagement/Documents/2015-16%20LCS%20Official%20Rules pdf	contest Those can be fo	und at http://www.aba.cc	om/Engagement/Docume	nts/2015-16%20LCS%20Official9	620Rules pdf
ABACEF serves as the national sponsor of the program and selects the Grand-Prize, 2nd place and 3rd Place winners from the videos that win at the local (bank) level	ts the Grand-Prize, 2nd	place and 3rd Place winne	ers from the videos that w	in at the local (bank) level	
As the contest sponsor, ABA maintains the official rules, selects the national judging panel and provides a framework and materials to make bank participation easy and turnkey	the national Judging pai	nel and provides a framew	ork and materials to mak	bank participation easy and turi	nkey
Part III, Column (b)					
Lights, Camera, Sayel is a video contest that encourages teens to educate themselves and their peers about the value of saving and using money wisely Students enter the contest by	o educate themselves a	nd their peers about the va	alue of saving and using n	noney wisely Students enter the	contest by
submitting videos to local participating banks. These banks then choose	n choose a local winning	a local winning video and submit it for judging at the national level	idging at the national lev	-	
The top three national winners will receive a cash prize of \$1,000, \$2,500, and \$5,000 to fund their savings goal! Additionally, each winner's school will receive a scholarship for a teacher to	0, \$2,500, and \$5,000 to	fund their savings goal! A	dditionally, each winner's	school will receive a scholarship	for a teacher to
attend the annual Jump\$tart National Educator Conference.					
Visit Lights, Camera, Savel website at http://www.aba.com/Engagement/LCS/Pages/default aspx to learn about the winners	igement/LCS/Pages/def	ault aspx to learn about th	ie winners		

Schedule I (Form 990) (2016)

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

rs.gov/form990. Open to Public Inspection

Employer identification number

AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION 83-0397856 Part I Questions Regarding Compensation Yes Nο 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to N/A 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line NA 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Compensation survey or study ☐ Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? . . 5a Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53 4958-6(c)?

compensation contingent on the net earnings of

If "Yes" on line 6a or 6b, describe in Part III

The organization? .

Any related organization?

6a

7

Schedule J (Form 990) 2016

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

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

Note: The sum of columns (Bi(b-Liii) for each listed individual must equal the total amount of Form 990. Part VII. Section A line 1a applicable column (D) and (E) amounts for that individual

(B) Breakdown of W-2 and/or 1099-MISC compensation		(B) Breakdown of W-2	W-2 and/or 1099-MISC compensation	C compensation) (a) (b) (b) (c)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Robert G. Eady	8							
1 Appointed CFÓ	Ξ	422,849	63,600	127,083	86,339	18,874	718,745	0
Robert Schmermund	€							
2 Former Executive Vice President		328,920	66,700	145,869	20,972	21,940	584,401	0
Corey Carlisle	€			-				
3 Senior Vice President	Ξ	204,313	14,000	1,337	19,803	9,878	249,331	0
	(1)							
4	€							
	ε							
S	Ξ			111111111111111111111111111111111111111	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6
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Schedule J (Form 990) 2016

Page 3 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part The organization relied on its related organization, American Bankers Association (FEIN: 52-1001304), to establish the top management official's compensation by the following methods: There are two people listed in Form 990, Part VII, Section A, Line 1a, who participated in a non-qualified Supplemental Employee Retirement Plan provided by related organization. The accrued present value estimated benefits for the year provided by American Bankers Association to Robert Schmermund is \$19,800. The accrued present value estimated benefits for the year provided by American Bankers Association to Robert G. Eady is \$177,900. The organization does not provide a supplemental nonqualified retirement plan to its board members and officers. Approval by the board and compensation committee of the American Bankers Association Compensation survey study done by American Bankers Association The organization does not compensate its board members and officers. Compensation committee of the American Bankers Association Supplemental Information for any additional information. American Bankers Association Schedule J (Form 990) 2016 Part I, Line 4b. Part I, Line 3

Schedule J (Form 990) 2016

SCHEDULE O (Fòrm 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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.

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

The methodology used included the following

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION	Employer identification number 83-0397856
• Utilizing salary surveys, including those from Mercer, Watson Wyatt, PRM Consulting, Quatt Associates and ASAE, jobs	were benchmarked to comparable
positions	
• The outside compensation consulting firm reviewed applicable market data and the benchmarked position information	on and developed a market-based pay
Structure	·
Additional factors considered were position requirements, organizational impact, and job complexity	
• Minutes are kept of the compensation committee's deliberations and decisions regarding compensation arrangement	ts
Part VI, Line 19	
The Foundation does not make its governing documents, conflict of interest policy, or its financial statements available to	o the public
The organization's Form 990 is available for public inspection upon request	
••••	
•••••	

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.

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

Employer Identification number

(f)
Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had 83-0397856 (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33 (c)
Legal domicile (state or foreign country) (b) Primary activity AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION (a) Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part II Part I 4

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90) 2016	(Form 9	Schedule R (Form 990) 2016		Cat No 50135Y	Cat N	990.	For Paperwork Reduction Act Notice, see the Instructions for Form 9
							· (2)
							(9)
>		ABA	N/A	501 (C) (4)	۸۸	Education, Advocacy	1120 CONNECTICUT AVE, NW, WASHINGTON, DC 20036
_				_		•	(5) The Fund for Economic Growth (61-1579521)
>		ABA	N/A	501 (C) (6)	DC	Banking Membership	1120 CONNECTICUT AVE, NW, WASHINGTON, DC 20036
,						•	(4) American Bankers Association (52-1001304)
>		ABA	N/A	501 (C) (6)	DE	Financial Services	1120 CONNECTICUT AVE, NW, WASHINGTON, DC 20036
,		•				``	(3) BAFT, Inc (11-3642835)
>		ABA	N/A	501 (C) (6)	OC	International Banking	1120 CONNECTICUT AVE, NW, WASHINGTON, DC 20036
						•	(2) International Monetary Conference (23-7244320)
>		ABA	N/A	501 (C) (6)	DE	Education, Membership	1120 CONNECTICUT AVE, NW, WASHINGTON, DC 20036
•	_					1	(1) ABA Securities Association (52-1935145)
S O	Yes						
controlled entity?	con	entity			or foreign country)	יייים אַ מכוועונ	nalle, audiess, ald Ein of leated organization
g) 512(b)(13)	Section	(f) Direct confronting	(e) Dublic chamb status	(a)	(c)	(q)	(a)
						luring the tax year	one or more related tax-exempt organizations or

Schedule R (Form 990) 2016

(i) Section 512(b)(13) controlled X. Schedule R (Form 990) 2016 (k) Percentage ownership ŝ Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year. entity? Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Yes (J) General or managing partner? Yes No (h) Percentage N/A ownership of Schedule K-1 (Form 1065) N/A (g) Share of end-of-year assets Code V-UBI N/A (h) Disproportionate ž altocations? (f) Share of total Y/A Yes Income (g) Share of end-of- [N/A (e)
Type of entity
(C corp, S corp, or trust) C corp (f) Share of total Α× income (d)
I Direct controlling entity ٧ ٨ (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (state or foreign country) (c) Legal domicile 퓜 (d) Direct controlling entity Ϋ́ (b)
Primary activity **Business Services** (c) Legal domicile foreign country) (state or 핌 Secondary Mortgages Primary activity 1120 CONNECTICUT AVE, NW, WASHINGTON, DC (a)
Name, address, and EIN of related organization (1) ABA Card Solutions Inc (36-3515025) (1) Community Bank Mortgage (a) Name, address, and EIN of related organization LLC (84-1717504) Part III Part IV 3 ন ල € 3 9 5 <u>N</u> ල ₹ © 9

4)

Schedule R (F	orm 990) 2016
Part V	on answered "Yes" on Form 990,

Voc No		>	>	>	>	>	>	>	. >	. >	. >	>	>	>		>	,	>	>	>	sholds.		involved							990) 2016
		1 a	1b	10	1d	1e	=	10	4	÷	=	¥	=	Ξ	4	9	1р	19	1.	18	on thres		g amount	ا ي		tion	Actual/Cash			A (Form
	: II–IV2										•										ships and transacti	(P)	Method of determining amount involved	Contraction		Allocation	Actua			Schedule B (Form 990) 2016
	zations listed in Parts									•	•									•	ding covered relation	(၁)	Amount involved	371 60	02,150	541,004	852,391			
	r more related organı										•										mplete this line, inclu	(q)	Transaction type (a-s)	•	=	0	d			
	Note: Complete line 1 if any entity is listed in Parts II, iii, of 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?		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)	o Sale of assets to related organization(s)	b Purchase of assets from related organization(s)	Exchange of accepts with related organization(c)	i 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)	Sharing of facilities, equipment, mailing lists, or other as		p Reimbursement paid to related organization(s) for expenses	q Reimbursement paid by related organization(s) for expenses	 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.	(e)	Name of related organization	(4) American Doubters Accessisting (F2) and 2004	(1) Alliel Icali Balikels Association (32-1001304)	(2) American Bankers Association (52-1001304)	(3) American Bankers Association (52-1001304)	(4)	(5)	

Schedule R (Form 990) 2016

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

of gross revenue) that was not a related of gameanon. See mondounds regarding exclusion for tall investment particles into	gariization. Ged	a cuononana a	garding everasi	101 101 101	III III MASILII CINI DO	in the strips	3	6	3	3
(a) Name, address, and EIN of entity	Primary activity	Legal domicile	nant	Are all partners	Share of	Share of	Disproportionate	Code	U) General or	(N) Percentage
				section 501(c)(3)	total income	5	allocations?	₩ O	managing partner?	ownership
			sections 512-514)	Yes No			Yes	(200)	Yes	
(1)										
(2)										
(3)										
(4)										
(5)										
(9)										
(1)										
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(16)										

Schedule R (Form 990) 2016

AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION

83-0397856

Schedule R (F	Form 990) 2016	Page 5
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See Instructions.	
	Trovide additional information for responses to questions on concedure it. See instructions.	
	b	

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