

Form **990** 

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

**Open to Public** 

		ie Service	Go to www.irs.gov/Forms90 for instructions and the latest			<u> </u>	inspection
			endar year, or tax year beginning 8/1/2017 , and e	ndıng		31/201	
		applicable	C Name of organization THE ABILENE EDUCATION FOUNDATION		D Employe	r identif	ication number
	ddress	change	Doing business as		4	_	
	lame cha	ange	Number and street (or P O box if mail is not delivered to street address)		31-174149		
$\equiv$			P O BOX 1999		E Telephor	e numbe	er er
<u>Ш</u> "	nitial retu	ım	City or town State ZIP code	_	325-677-8	589	
$\Box$	anal return	/terminated	ABILENE TX 79604-199				
=			Foreign country name Foreign province/state/county Foreign postal	code			
LJ /	mended	l retum		<del>,</del>	G Gross re	ceipts \$	443,763
$\prod A$	pplication	n pending	F Name and address of pnncipal officer	H(a) is i	this a group return	for subor	dinates? Yes X No
			Mike Breckenridge 2026 Brookhollow Dr. Abilene, TX 79605-5504		re all subordina		= =
				1 ''	"No," attach a l		
		pt status		. "	NO, allacina	131 (300	manucions)
JV	Vebsite	:: ► ww	w abileneeducationfoundation org	H(c) G	roup exemption	number	<u> </u>
ΚF	orm of o	rganization	X Corporation Trust Association Other ► L Yes	ar of form	nation 2000	, из	State of legal domicile TX
P	art I	Sui	mmary				
	1			PAM	STE AND E	NHAN	CE EXCELLENCE IN
æ	١.	EDITON O	escribe the organization's mission or most significant activities FOFOF TION FOR THE STUDENTS OF THE ABILENE INDEPENDENTS (HOD	LEG.	PICT AIST	) THE	OUGH
Activities & Governance				E BIST	1010101	37-11177	00011
Ĕ					<del> </del> ∯		
Š	2	Check to	his box   ▶ 🔲 if the organization discontinued its operations றிசிடுற்₫s&	2018	re than 25%	of its r	net assets
Ō	3		of voting members of the governing body (Part VI, line 114)		1851	3	17
ω V	4	Number	of independent voting members of the governing body (Part VI_line 1b)	1.1	<del>-</del>	4	17
ë	5	Total nu	mber of individuals employed in calendar year 2017 (Part V, hee 2a)	. U		5	4
<b>≩</b>	6		mber of volunteers (estimate if necessary)			6	215
ě	7a	Total un	related business revenue from Part VIII, column (C), line 12			7a	0
	lь	Net unre	0				
	†			[	Prior Year		Current Year
en.	8	Contribu	itions and grants (Part VIII, line 1h)		1.04	4,479	346,661
Revenue	9		n service revenue (Part VIII, line 2g)		· · · · ·	0	0
Ş.	10	•	ent income (Part VIII, column (A), lines 3, 4, and 7d)		8	8,871	78,604
ď	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			9,385	-34,874
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	· · · · · ·		3,965	390,391
_	13		and similar amounts paid (Part IX, column (A), lines 1–3)	<del> </del>	<del></del>	1,800	333,111
	14		paid to or for members (Part IX, column (A), line 4)			0	333,111
	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	115,831			117 222
Ses	1			-			117,223
ë	16a		onal fundraising fees (Part IX, column (A), line 11e)	0			
Expenses	b		ndraising expenses (Part IX, column (D), line 25) 13,145				
ш	17		openses (Part IX, column (A), lines 11a–11d, 11f–24e)		12	116,518	
	18		penses Add lines 13–17 (must equal Part IX, column (A), line 25)	-		7,048	566,852
	19	Revenu	e less expenses Subtract line 18 from line 12	ļ		6,917	-176,461
ts or	]			Begin	ning of Curren		End of Year
sset	20		sets (Part X, line 16)			1,987	1,452,832
Net Assets Fund Balanc	21		bilities (Part X, line 26)	ļ		2,283	13,085
žŽ	22	Net asse	ets or fund balances Subtract line 21 from line 20	1	1,60	9,704	1,439,747
Pa	rt <u>II</u>	Sig	nature Block				
	-		y, I declare that I have examined this return, including accompanying schedules and statements		•	-	e
and I	selief, it i	s true, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of which	n prepare	er has any know	/ledge	
Sig	n				,l		
Hei		7	Signature of officer		Date	40	4440040
	-		E B DOTSON III, CPA	<u>ASUR</u>	ER	12	/14/2018
			Type or prnt name and title				
		Pnn	VType preparer's name Preparer's signature	Da	ite	I	PTIN
Pai	d	1 11	NDA F. SISSEL, CPA	12/		Check   self-emp	
Pre	parer	·		.   /	1		·
	Only		's name ► LINDA F. SISSEL, CPA		Firm's EIN	45	-4477088
			's address ► 425 CYPRESS STREET: ABILENE TX 79601		Phone no	(3	25) 677-6362
May	the IF	RS discus	s this return with the preparer shown above? (see instructions).				X Yes No

Form 9	90 (2017)	THE ABILENE EDUCATION FOUNDATION	31-1741496	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III .		X
1	TO PRO	escribe the organization's mission MOTE AND ENHANCE EXCELLENCE IN EDUCATION FOR THE STUDENTS OF THE ABILENE L DISTRICT (AISD) THROUGHT ENRICHMENT OF ITS PROGRAMS	INDEPENDENT	
2	Did the	organization undertake any significant program services during the year which were not listed on	-	
-	the prior	Form 990 or 990-EZ?  describe these new services on Schedule O	Yes	X No
3		organization cease conducting, or make significant changes in how it conducts, any program		
	services		Yes	X No
4		describe these changes on scriedule of the organization's program service accomplishments for each of its three largest program services	as measured by	
•	expense	es Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported		
4a	(Code	) (Expenses \$ 278,679 including grants of \$ ) (Revenue	ıe \$	
	AEF CO	OL Program (College Opportunities for Life) - The Abilene COOL Program began in 2007 and		
		four counselors (added two counselors in July 2012), two on each Abilene ISD high school to identify students that need assistance regarding the college application process. In		-
	addition			
		es field trips to college campuses and helps students to find scholarships and funds for		
	college	They also provide educational workshops for elementary, middle and high school students		
	about th	a basadas and water cours to college. Courte consequed to be 04,0040, the consequent		
		contributions of \$31,573 and incurred expenses of \$278,679		
4b	(Code	) (Expenses \$ 60,985 including grants of \$ ) (Revenue		1
	•	acher Grants (STAR & GIFT) - The AEF raises money each year to honor outstanding Abilene ISD		
		with electron and instruction greats. These STAD (Sympostics Torobox with Academic		
		and aroute are provided to touchers ofter outhings on of great request to find ochool		
		nal projects 76 awards were provided to teachers during September 2018 to fund the		
		nal projects of the school year for a total of \$58,204 The Judy Dudley GIFT (Giving to		
		e Teachers) grants are awarded to AISD employees who are teaching for the first time (new		
		ofession) Grant funds are for additional classroom materials to enhance those provided		
	by the so	chool district 72 GIFT grants were awarded during August 2018 for a total of \$10,800		-
4c	(Code	) (Expenses \$ 26,363 including grants of \$ ) (Revenue		<del></del>
70	•	and the Lorentz to the College of th		
		d work of teachers in Abilene ISD with campus recognition, a formal dinner, and a monetary		
	award	A TI O Assahas assaulte internet internet in the control of the co		
	With the	donation of 3,000 shares of Exxon Mobile stock from Mr. Edwin Jennings, Jr., in 2012, a		
	permane	ent endowment held at Community Foundation of Abilene was established to honor teachers		
	making a	a difference in the lives of students in Abilene ISD with an "Edwin and Agnes Jennings		
		g Excellence Award" in memory of his parents. This endowment will allow AEF to continue		
		vards yearly for generations to come, as part of TLC (Teachers in the Limelight		
	Celebrat	tion) - Continued on Schedule O -		-
				-
4d	· ·	ogram services (Describe in Schedule O )		
	(Expens		0)	
4e	lotal pro	ogram service expenses ► 440,485		

Part IV Checklist of Required Schedules  1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		1 :	•
	II	Yes	No
complete Schedule A	1	X	<b></b> -
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X	<del> </del>
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)	3		X
election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			<u> </u>
assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			ł
Part III	5		Х
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	ļ	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
complete Schedule D, Part III	8	<del> </del>	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			ĺ
negotiation services? If "Yes," complete Schedule D, Part IV	9		x
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	x	ĺ
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			(A.)
VII, VIII, IX, or X as applicable			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
Schedule D, Part VI	11a	X	<u> </u>
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	<u> </u>	X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44.		
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		X
reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
Schedule D, Parts XI and XII	12a	X	<u> </u>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"		١.	
and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
<ul> <li>Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.</li> </ul>	14a	<b></b>	X
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		Х
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		<u> </u>	
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			1
on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	X	<del> </del>
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		x

Form **990** (2017)

Form 9	990 (2017) THE ABILENE EDUCATION FOUNDATION	31-1741496	Р	age 4
Part	Checklist of Required Schedules (continued)		,,	
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	Х	├─
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			$\vdash$
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			١.,
	to defease any tax-exempt bonds?	24c	ļ	X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del>  ^</del> -
<b>25a</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	234		<del>  ^-</del>
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or		ļ	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		х
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			١.,
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		ŀ	
а	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		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		<del>  ^-</del>
•	Schedule L, Part IV	28b	]	x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ı		
	conservation contributions? If "Yes," complete Schedule M .	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		ŀ	,,
	Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<del>  ^-</del>
00	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1.	34	l	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled		İ	
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u>.</u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			,.
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	x
20		31	<del>                                     </del>	<del>  ^</del>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	<sub>Y</sub>	

Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3b Did the organization have unrelated business gross income of \$1,000 or more during the year?  5a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  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;?  b If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization file Form 8886-T?  5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  5b Did any taxable party notify the organization file Form 8886-T?  7b Organization solicit any contributions that were not tax deductible as charitable contributions?  6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contributi	Par				
1a Enter the number reported in Box 3 of Form 1096. Enter 0-4 final applicable 15 1 0 0  Enter the number of Forms W-QC included in let a 1.Enter 0-4 final applicable 15 0 0  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax.  Stalements, field for the calendar year ending with or within the year covered by this return  Stalements, field for the calendar year ending with or within the year covered by this return.  Stalements, field for the calendar year ending with or within the year covered by this return.  Stalements, field for the calendar year ending with or within the year covered by this return.  Stalements, field for the calendar year ending with or within the year covered by this return.  Stalements, field for the calendar year ending with or within the year covered by this return.  Stalements, field for the calendar year ending with or within the year covered by this return.  Stalements are the control of the calendar year ending with or within the year covered by this return.  Stalements are control of the calendar year ending with or within the year covered by this return.  3b Ubt the organization has unrelated business gross increme of \$1,000 or more during the year?  3c A and yith the during the calendar year, did the organization flavor.  3c A lead of the calendar year, did the organization flavor in the stale of the properties of the organization and the organization flavor of the foreign country see in the organization flavor of the year of the properties of the organization and the organization flavor of the year of the properties of the organization has annual gross receipts that are normally greater than \$100,000, and did the organization that with every solicitation an express statement that such contributions or gifts were not based contributions that were not tax deductible.  4 Types 10 lines \$20.00 to th		Check if Schedule O contains a response or note to any line in this Part V	•		닏
be Eller the number of Forms W-2G included in line 1a. Either -0- if not applicable	12	Enter the number reported in Box 3 of Form 1006. Enter -0- if not applicable.	STARKE OF	Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a. Elter the number of employees reported on Form W-3. Transmitted of Wage and Tax Statements, filed for the caterdary vaer anding with or within the year covered by this return  2			- X		
agaming (gambling) wronings to prize winners?  Statements, flied for the calendar year ending with or within the year covered by this return  Islatements, flied for the calendar year ending with or within the year covered by this return  Islatements, flied for the calendar year ending with or within the year covered by this return  Islatements, flied for the calendar year ending with or within the year covered by this return  Islatements, flied for the calendar year ending with or within the year covered the properties of the covered that islate a form the year?  If Yes, it is a filed a Form Sept. To this year? If Not You have be required to e-file (see instructions)  If Yes is a filed a Form Sept. To this year? If Not You have a ninterest in, or a signature or other authority over, a financial account in a foreign country year, and a second, securities account, or other financial account in a foreign country year. If yes, enter the name of the foreign country  If Yes, enter the name of the foreign country  If Yes, enter the name of the foreign country  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR)  If Yes, the filing and party to a prohibited tax shelter transaction at any time during the tax year?  So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization file Form 8886-T?  Dires, "of the reginization of the year and year and year and year and financial Accounts (FEAR)  If Yes," of the file organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  If Yes," indicate the arganization notify the donor of the value of the goods or services provided?  If Yes," indicate the number of Form 8282 filed during the year  If Yes," indicate the number of Form 8282 filed during the year  If the organization received a contribution of upide filed during the year  If the organization received a cont		, '''			
2a Eletr the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fleef for the calendar year endering with or within the year covered by this return  2	•		1c	X	Sizes
Statements, fleed for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Dut the organization have unrelated business gioss is come of \$1,000 or more during the year?  10 but the organization have unrelated business gioss is come of \$1,000 or more during the year?  11 If 'Yes', has it filed a Form 990. To fir this year? If 'No' to line 3p, provide an explanation in Schedule O  12 but the organization have unrelated business gioss is come of \$1,000 or more during the year?  13 but the organization have unrelated business gioss is come of \$1,000 or more during the year?  14 but the year of 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 accounts (FBAR)  16 but the organization of a promption of the foreign country seem in the securities account, or other financial accounts (FBAR)  16 but the organization is partly to a prohibited tax shelter transaction at any time during the tax year?  17 but any taxable partly notify the organization that it was or a partly to a prohibited tax shelter transaction?  18 but the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charable contributions?  19 but the organizations that may receive deductible contributions under section 170(c).  20 but the organization state may receive deductible contributions under section 170(c).  21 but the organization state that may receive deductible contributions under section 170(c).  22 but the organization state and the state of the year of the year organization state organization notify the donor of the value of the goods or services provided?  22 but the organization received a contribution o	2a	· · · · · · · · · · · · · · · · · · ·		3400	333
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Define organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0  If "Yes," enter the name of the foreign country over, a financial account, a financial account, a foreign country year over, a financial account, or other financial accounts (FBAR)  If "Yes," enter the name of the foreign country over, a financial account, or other financial accounts (FBAR)  If "Yes," enter the name of the foreign country over, a financial accounts (FBAR)  If "Yes," enter the name of the foreign country over the organization approach to a prohibited tax shelter transaction?  If "Yes," to line 5a or 5b, did the organization that it was or as party to a prohibited tax shelter transaction?  Do set the organization have annual gross receipts that are normally greater than \$100,00, and did the organization solicit any contributions that are normally greater than \$100,00, and did the organization solicit any contributions and explanation of the very solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization self, exchange, or otherwise dispose of tingplie personal property for which it was required to file form 8262?  If "Yes," indicate the number of forms 8282 filed during the year  Did the organization may be excessed any except or otherwise dispose of tingplie personal property for which it was required to file form 8262?  If "Yes," indicate the number of forms 8282 filed during the year  Did the organization received a contribution of qualified intellectual property, did the organization file form 8262?  If "Yes," indicate the number of forms 8282 filed d		· · · · · · · · · · · · · · · · · · ·	ı		2.0
Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a	b.	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If "Yes," has it flied a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0 A flany time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)  If "Yes," enter the name of the foreign country  See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts  (FBAR)  Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  Did any taxable party notify the organization fills form 8366-T?  Coes the organization have annual gross receipts that are normally greater than \$100,000, and did 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?  If "Yes," did the organization that were not tax deductible as charitable contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," indicate the number of Forms 8282 filed during the year  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization received a contribution of qualified intellectual property, did the organization files Form 1098-C?  To the organization that or activition of ords, bods arganizes, or other vehicles, did the organization files Form 1098-C?  To the organization make any taxable distributions under section 4965?  By Sponsoring organization make any taxable distributions under during the year?  Sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizatio		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		72.73	198
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)?  b If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts  (FPAR)  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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account)?  b If "Yes," refer the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization file Form 8868-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions?  6a X  1f "Yes" to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  1D did the organization notify the donor of the value of the goods or services provided?  1D If "Yes," indicate the number of Forms 8282 filed during the year  2D off the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  1F Yes, "indicate the number of Forms 8282 filed during the year  2D off the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  5D off the organization may be year pay premiums, directly or inderectly, on a personal benefit contract?  7D off the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  5D off the sponsoring organization make any taxable distributions under section 4966?  Sponsoring organization make any taxable distributions under section 4966?  9D off the sponsoring organization make any taxable distribution of contributes.  1D off the sponsoring organization make any taxable distribu	4a				
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			142	PARE SALES	nsiss X
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Part VI

	Check it schedule o contains a response of note to any line in this Part VI.	• •	•	·	<u> </u>			
Sect	on A. Governing Body and Management	<u>.</u>						
_	<u> </u>			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17					
	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	b Enter the number of voting members included in line 1a, above, who are independent 1b 1							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with						
	any other officer, director, trustee, or key employee?		2		X			
3	Did the organization delegate control over management duties customarily performed by or under	the direct		1				
	supervision of officers, directors, or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	as filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets?	5		X			
6	Did the organization have members or stockholders?		6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint						
	one or more members of the governing body?		7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members							
-	stockholders, or persons other than the governing body?	,	7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken	a durana	激素效	<b>*</b>	2540			
O	the year by the following	i during						
1 2	The governing body?		8a	######################################				
a	Each committee with authority to act on behalf of the governing body?		8b	X				
р	· · · · · · · · · · · · · · · · · · ·		80					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read the appropriate of the control of	eacned						
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	Ļ	<u> </u>			
Sect	on B. Policies (This Section B requests information about policies not required by the	<u>internai Revenue</u>	Code					
40.	Dulling a second of the late of the second of the A		40	Yes	No			
	Did the organization have local chapters, branches, or affiliates?		10a		_X_			
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	•	1					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b	N/A				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?	11a	et. m.f 1344.0	X			
þ	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	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	give rise to conflicts?	12b	Х				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If '	'Yes,"	İ					
	describe in Schedule O how this was done		12c	X				
13	Did the organization have a written whistleblower policy?		13	Х				
14	Did the organization have a written document retention and destruction policy?		14	Х				
15	Did the process for determining compensation of the following persons include a review and appro	val by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?						
а	The organization's CEO, Executive Director, or top management official		15a	Х				
b	Other officers or key employees of the organization		15b	Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		7					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	, ement						
	with a taxable entity during the year?		16a	San San San San San San San San San San	X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	1000	833	2000			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safe							
	the organization's exempt status with respect to such arrangements?	guara	16b	· Section 1	20. 25.00			
Sact	ion C. Disclosure	,	100					
17	List the states with which a copy of this Form 990 is required to be filed	<del></del>						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	1-T (Section 501/c)	(3)e onl	 /\				
10		J-1 (GECHOII 301(C)	رااان درد)	')				
	available for public inspection. Indicate how you made these available. Check all that apply	nlain in Cahadiil- C	<b>.</b> .					
40		plain in Schedule C	•	ما				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest p	olicy, ar	u				
20	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 b		,					
	E B DOTSON III, CPA	325-677-8589	?					
	425 CYPRESS STREET, ABILENE, TX 79601-5101							

Form 990 (2017)	THE ABILENE EDUCATION FOUNDATION		31-1741496	3	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes	t Compensa	ited		
	Employees, and Independent Contractors	•			
	Check if Schedule O contains a response or note to any line in this Part VII				
0 .: 4					

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)

(B)

Average hours per week (list any hours for hours for week (list any hours for hours per compensation hours for hours fo

Company   Comp	Name and Title	hours per				irect	is doin or/trusti		compensation	compensation	amount of
PRESIDENT		week (list any hours for related organizations below dotted			_	Key employee	Highest compensated employee		from the organization	from related organizations	compensation from the organization and related
(2) MIKE DUDLEY VICE PRESIDENT 0 00 X X 0 0 0  (3) TIFFANY LAMB 2 500 SECRETARY 0 00 0 X X 0 0 0  (4) E B DOTSON, III 2 00 TREASURER 0 00 X X 0 0 0  (5) TERRY BULL BOARD MEMBER 0 00 X 0 0 0  (6) KEVIN CAMPBELL 1 1 00 BOARD MEMBER 0 00 X 0 0 0  (7) MIKE DUNNAHOO 1 50 BOARD MEMBER 0 00 X 0 0 0  (8) RYAN GIBSON 2 00 BOARD MEMBER 0 0 00 X 0 0 0  (9) ASHLEY HALL 1 1 00 BOARD MEMBER 0 0 0 X 0 0 0  (10) MARILYN LONG 1 1 00 BOARD MEMBER 0 0 0 X 0 0 0  (11) BARBARA MCLEOD BOARD MEMBER 0 0 0 X 0 0 0  (12) JESSICA MELSON 1 50 BOARD MEMBER 0 0 0 X 0 0 0  (13) SUSAN MOUSER 0 0 0 X 0 0 0  (14) KIM OSBORNE 1 00  (10) CONTRACTOR OF THE CONTRACTOR OF											_
VICE PRESIDENT	<del></del>	<del></del>	X	ļ	X	_		L	0	0	
(3) TIFFANY LAMB		<b> </b>		ļ							
SECRETARY		0 00	Х		Х				0	0	
(4) E B DOTSON, III       2 00         TREASURER       0 00 X       X       0       0         (5) TERRY BULL       1 50       0       0       0       0         BOARD MEMBER       0 00 X       0        0 <td></td> <td>2 50</td> <td></td> <td></td> <td>İ</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		2 50			İ						
TREASURER		0 00	Х	<u> </u>	Х	L		L_	0	0	
(5) TERRY BULL	(4) E B DOTSON, III	2 00	i			1					
BOARD MEMBER         0 00 X         0         0           (6) KEVIN CAMPBELL         1 00         0         0           BOARD MEMBER         0 00 X         0         0           (7) MIKE DUNNAHOO         1 50         0         0           BOARD MEMBER         0 00 X         0         0           (8) RYAN GIBSON         2 00         0         0           BOARD MEMBER         0 00 X         0         0           (9) ASHLEY HALL         1 00         0         0           BOARD MEMBER         0 00 X         0         0           (10) MARILYN LONG         1 00         0         0           BOARD MEMBER         0 00 X         0         0           (11) BARBARA MCLEOD         2 00         0         0           BOARD MEMBER         0 00 X         0         0           (12) JESSICA MELSON         1 50         0         0           BOARD MEMBER         0 00 X         0         0           (13) SUSAN MOUSER         1 00         0         0           BOARD MEMBER         0 00 X         0         0           (14) KIM OSBORNE         1 00         0         0	TREASURER	0 00	Х		Х				0	0	
(6) KEVIN CAMPBELL	(5) TERRY BULL	1 50			ļ						
BOARD MEMBER         0 00 X         0           (7) MIKE DUNNAHOO         1 50         0           BOARD MEMBER         0 00 X         0           (8) RYAN GIBSON         2 00         0           BOARD MEMBER         0 00 X         0           (9) ASHLEY HALL         1 00         0           BOARD MEMBER         0 00 X         0           (10) MARILYN LONG         1 00         0           BOARD MEMBER         0 00 X         0           (11) BARBARA MCLEOD         2 00         0           BOARD MEMBER         0 00 X         0           (12) JESSICA MELSON         1 50         0           BOARD MEMBER         0 00 X         0           (13) SUSAN MOUSER         1 00         0           BOARD MEMBER         0 00 X         0           (14) KIM OSBORNE         1 00         0	BOARD MEMBER	0 00	Х						0	0	
(7) MIKE DUNNAHOO	(6) KEVIN CAMPBELL	1 00	i								
BOARD MEMBER   0 00	BOARD MEMBER	0 00	X	<u> </u>					0	0	
(8) RYAN GIBSON         2 00           BOARD MEMBER         0 00 X         0           (9) ASHLEY HALL         1 00         0           BOARD MEMBER         0 00 X         0           (10) MARILYN LONG         1 00         0           BOARD MEMBER         0 00 X         0           (11) BARBARA MCLEOD         2 00         0           BOARD MEMBER         0 00 X         0           (12) JESSICA MELSON         1 50         0           BOARD MEMBER         0 00 X         0           (13) SUSAN MOUSER         1 00         0           BOARD MEMBER         0 00 X         0           (14) KIM OSBORNE         1 00         0	(7) MIKE DUNNAHOO	1 50	İ								
BOARD MEMBER       0 00 X       0         (9) ASHLEY HALL       1 00       0         BOARD MEMBER       0 00 X       0         (10) MARILYN LONG       1 00       0         BOARD MEMBER       0 00 X       0         (11) BARBARA MCLEOD       2 00       0         BOARD MEMBER       0 00 X       0         (12) JESSICA MELSON       1 50       0         BOARD MEMBER       0 00 X       0         (13) SUSAN MOUSER       1 00       0         BOARD MEMBER       0 00 X       0         (14) KIM OSBORNE       1 00       0	BOARD MEMBER	0 00	Х						0	0	
(9) ASHLEY HALL       1 00         BOARD MEMBER       0 00 X       0         (10) MARILYN LONG       1 00       0         BOARD MEMBER       0 00 X       0         (11) BARBARA MCLEOD       2 00       0         BOARD MEMBER       0 00 X       0         (12) JESSICA MELSON       1 50       0         BOARD MEMBER       0 00 X       0         (13) SUSAN MOUSER       1 00       0         BOARD MEMBER       0 00 X       0         (14) KIM OSBORNE       1 00       0	(8) RYAN GIBSON	2 00		ĺ							
BOARD MEMBER         0 00 X         0           (10) MARILYN LONG         1 00         0           BOARD MEMBER         0 00 X         0           (11) BARBARA MCLEOD         2 00         0           BOARD MEMBER         0 00 X         0           (12) JESSICA MELSON         1 50         0           BOARD MEMBER         0 00 X         0           (13) SUSAN MOUSER         1 00         0           BOARD MEMBER         0 00 X         0           (14) KIM OSBORNE         1 00         0	BOARD MEMBER	0 00	Х						0	0	
(10) MARILYN LONG     1 00       BOARD MEMBER     0 00 X       (11) BARBARA MCLEOD     2 00       BOARD MEMBER     0 00 X       (12) JESSICA MELSON     1 50       BOARD MEMBER     0 00 X       (13) SUSAN MOUSER     1 00       BOARD MEMBER     0 00 X       0 00 X     0       (14) KIM OSBORNE     1 00	(9) ASHLEY HALL	1 00									
BOARD MEMBER         0 00 X         0           (11) BARBARA MCLEOD         2 00         0           BOARD MEMBER         0 00 X         0           (12) JESSICA MELSON         1 50         0           BOARD MEMBER         0 00 X         0           (13) SUSAN MOUSER         1 00         0           BOARD MEMBER         0 00 X         0           (14) KIM OSBORNE         1 00         0	BOARD MEMBER	0 00	Х	İ					0	0	
(11) BARBARA MCLEOD     2 00       BOARD MEMBER     0 00 X       (12) JESSICA MELSON     1 50       BOARD MEMBER     0 00 X       (13) SUSAN MOUSER     1 00       BOARD MEMBER     0 00 X       0 00 X     0       (14) KIM OSBORNE     1 00	(10) MARILYN LONG	1 00									
BOARD MEMBER         0 00 X         0           (12) JESSICA MELSON         1 50         0           BOARD MEMBER         0 00 X         0           (13) SUSAN MOUSER         1 00         0           BOARD MEMBER         0 00 X         0           (14) KIM OSBORNE         1 00         0	BOARD MEMBER	0 00	Х						0	0	
(12) JESSICA MELSON     1 50       BOARD MEMBER     0 00 X       (13) SUSAN MOUSER     1 00       BOARD MEMBER     0 00 X       (14) KIM OSBORNE     1 00	(11) BARBARA MCLEOD	2 00									
BOARD MEMBER         0 00 X         0           (13) SUSAN MOUSER         1 00 D         0           BOARD MEMBER         0 00 X         0         0           (14) KIM OSBORNE         1 00 D         0         0	BOARD MEMBER	0 00	Х	ļ					٠ ٥	0	
(13) SUSAN MOUSER 1 00 BOARD MEMBER 0 00 X 0 0 (14) KIM OSBORNE 1 00	(12) JESSICA MELSON	1 50									_
BOARD MEMBER         0 00 X         0         0           (14) KIM OSBORNE         1 00         0	BOARD MEMBER	0 00	Х						0	0	
(14) KIM OSBORNE 1 00	(13) SUSAN MOUSER	1 00									
		0 00	X	L		L			0	0	
	(14) KIM OSBORNE	1 00									
	BOARD MEMBER	0 00	Х						0	0	

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploye	es,	and	Hi	ghes	t Co	ompensated Em	ployees (contin	ued)
					<b>)</b>					
(A)	(B)				more	than c		(D)	(E)	(F)
Name and title	Average hours per				recto	is both or/trusti		Reportable compensation	Reportable compensation	Estimated amount of
	week (list any				ě	Hig		from	from related	other
	hours for related	Individual to	를	Officer	y en	)hes	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations below dotted	함	Sa		oldı	ee toor		(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	Institutional trustee		/ee	nper				organizations
		"	ee			Highest compensated employee				
(15) JOSH RADER	1 50		_							
BOARD MEMBER	0 00	1						0	0	
(16) CANDY SCARBOROUGH								Ţ.	<u></u>	
BOARD MEMBER	0 00	X						0	0	
(17) MIKE YOUNG	1 00							_	_	
BOARD MEMBER (18)	0 00	X	⊢					0	0	
						į				
(19)										
			_							
(20)										
(21)		-		-						
(22)					ı					
(23)										
(23)										
(24)										
		_								
(25)										
1b Sub-total							<b>•</b>	0	0	0
c Total from continuation sheets to Part VII, Se	ection A						•	0	0	0
d Total (add lines 1b and 1c)							<b>&gt;</b>	0	0	0
2 Total number of individuals (including but not lir reportable compensation from the organization		sted a		e) v 0	vho	recei	ved	more than \$100	,000 of	
reportable compensation from the organization				<u> </u>						Yes No
3 Did the organization list any former officer, dire	ctor, or trustee,	key e	empl	loye	e, o	r higi	nest	compensated		
employee on line 1a? If "Yes," complete Sched	ule J for such inc	dıvıdı	ıal							3 X
4 For any individual listed on line 1a, is the sum of										
the organization and related organizations great	ter than \$150,00	00? <i>II</i>	"Ye	s,"	com	plete	Sc	hedule J for suc	h	
individual .						_41				4 X
5 Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo									riduai	5 X
Section B. Independent Contractors		,,,,,,,,,			-	,, pc.	-			<u> </u>
1 Complete this table for your five highest compe	•									
compensation from the organization Report co	mpensation for t	he ca	alen	dar	yea	rend	ıng	with or within the	e organization's t	ax
year (A)								(B)		(C)
Name and business addi	ress							Description of sen	vices C	Compensation
										0
										0
						$\overline{}$				0
										0
2 Total number of independent contractors (include	-	ed to	tho	se li	stec	d abo	ve)	who received		V
more than \$100,000 of compensation from the	organization	<b>&gt;</b>				0				

	1 990 (20		<u>ATIO</u>	<u>N</u>			<u>31-17414</u>	96 Page
Pa	rt VIII	Statement of Revenue						
		Check if Schedule O contains a response	e or n	ote to any line in	this Part VIII			
					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue  excluded from  tax under sections
	4.00					revenue	10101100	512-514
, vi	, 1a	Federated campaigns	1a	0	Personal			多的多数数
rants	b b	Membership dues .	1b	0				
ပြု	) c	Fundraising events	1c	0				
Gifts	d a	Related organizations	1d	, 0				
Š,	e e	Government grants (contributions)	1e	0	A STATE OF THE STA		6,4400 (20kg)	nga (sarajana)
tion ti	္ကို f	All other contributions, gifts, grants, and						
檀	ξl	similar amounts not included above	1f	346,661				
= 7	ہ اہ	Monageh contributions included in lines 1a 1f:	-6	0				

							revenue	revenue	512-514
. s	1a	Federated campaigns		1a	0	Persentation			
tributions, Gifts, Grants Other Similar Amounts	b	Membership dues		1b	0				
ig Gr	С	Fundraising events .		1c	0				
Gifts, ılar An	d	Related organizations		1d	, 0				and the Physiological Service
IS, C	е	Government grants (contributions	s)	1e	0		te caracidades and in the re-		turi Californio Sacoli.
tior er S	f	f All other contributions, gifts, grants, and							
dr 450		similar amounts not included abo	ve	1f	346,661				
Contributions, and Other Sim	g	Noncash contributions included in li	nes 1a-1f	\$	0				
O w	h	Total. Add lines 1a-1f			<b>&gt;</b>	346,661			
le					Business Code				
lua/	2a			. [		0			
Program Service Revenue	b					0			
rice	С		`			0			
Ser	d	,				0			
E .	е					0			
ogra	f	All other program service revenue	9			0			
	g	Total. Add lines 2a-2f			<b>•</b>	0	HER THE STATE OF T		
	3	Investment income (including div	dends, inter	rest,	and			,	
		other similar amounts) .			▶	78,604	78,604		
	4	Income from investment of tax-ex	empt bond	proc	eeds <b>&gt;</b>	0			,
	5	Royalties .			<b>&gt;</b>	0			
		İ	(ı) Real		(II) Personal				
	6a	Gross rents							
	b	Less rental expenses						(A)	
	С	Rental income or (loss)		0	0				
	d	Net rental incomé or (loss)			<b>&gt;</b>	0		٠	
	7a	Gross amount from sales of	(i) Secuntie	s	(II) Other	PARTICIPATE OF THE PARTY OF THE			
		assets other than inventory		0	0			200000	
	b	Less cost or other basis		-				2000年6月	
		and sales expenses .		0	0				
	С	Gain or (loss) .		0	0		16 AL 16 AL 16 AL		
	ď	Net gain or (loss)			<b>&gt;</b>	0			
ne	8a	Gross income from fundraising					CONTRACTOR OF THE PARTY OF THE		
/er		events (not including \$	79,400				100		
Ş.		of contributions reported on line	lc)						
- L		See Part IV, line 18		а	18,498				
Other Revenue	b	Less direct expenses .		b	53,372		35 P. A.		
U	С	Net income or (loss) from fundral			<u> </u>	-34,874	200-0031.30403		TOTAL TOTAL
	9a	Gross income from gaming activi	ties			200			
		See Part IV, line 19		а	0				
	ь	Less direct expenses .		b	0				
	С	Net income or (loss) from gaming	activities		<u> </u>	0	DEPOSED AND ARRESTS TO SEAL AND ADDRESS OF SALES	NATIONAL CONTROL THE ABOUT	To Constitute to the supplemental access
	10a	Gross sales of inventory, less							
		returns and allowances		а	0			A STATE OF THE STATE OF	
	b	Less cost of goods sold		b	0		300		
	<u> </u>	Net income or (loss) from sales of	f inventory		<u> </u>	0	Zen. Ann. security of Marie Marie Marie	becamen himmon its	SALE DECRESAGE JUSTIMENTALISMENT A M
	<u> </u>	Miscellaneous Revenue			Business Code				
	11a			.		0			
	ь			.		0			ļ <u> </u>
	С			.		0			
	d	All other revenue				0	WHO YOU AND DOOR, SPECIAL PROPERTY WHEN	C NOW DANCE OF THE REAL PROPERTY AND ADDRESS OF THE PARTY	Temporari agrici av man a demo
	е	Total. Add lines 11a-11d			<b>&gt;</b>	. 0	THE REAL PROPERTY AND ADDRESS.		152.25741/30
	12	Total revenue. See instructions			<b>&gt;</b>	390,391	78,604	0	0

Part IX Statement of Functional Ex	penses
------------------------------------	--------

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)						
	Check if Schedule O contains a response or note	to any line in this Pa	art IX			
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations					
	domestic governments See Part IV, line 21	210,363	210,363			
2	Grants and other assistance to domestic	,				
	ındıvıduals See Part IV, line 22	122,748	122,748			
3	Grants and other assistance to foreign					
	organizations, foreign governments, and foreign					
	individuals See Part IV, lines 15 and 16.	0				
4	Benefits paid to or for members .	0			MARKATE PARTE	
5	Compensation of current officers, directors,	<del>-</del>		The state of the s	** *** *** *** *** *** *** *** *** ***	
•	trustees, and key employees .	l o		0		
6	Compensation not included above, to disqualified					
•	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)	108,893	48,273	54,027	6,593	
7	Other salaries and wages	0	40,270	54,027	0,000	
8	Pension plan accruals and contributions (include					
U	section 401(k) and 403(b) employer contributions)	0				
9	Other employee benefits	0				
	Payroll taxes .	8,330	3,693	4,133	504	
10	•	0,330	3,093	4,133	504	
11	Fees for services (non-employees)	,				
a	Management	0				
b	Legal	<u></u>		40.005		
C	Accounting	40,225		40,225		
d	Lobbying  Referenced fundament on the Control of the Land 17	0		Mana kata arang manaka		
e	Professional fundraising services. See Part IV, line 17			, , , , , , , , , , , , , , , , , , , ,		
-	Investment management fees	4,341		4,341	-	
g	Other (If line 11g amount exceeds 10% of line 25, column	520		500		
40	(A) amount, list line 11g expenses on Schedule O )	530	4 000	530	2.502	
12	Advertising and promotion	5,384	1,802	1 440	3,582	
13	Office expenses	1,578		1,412	166	
14	Information technology .	3,121	3,121			
15	Royalties	7 450	4 000	5.500		
16	Occupancy .	7,459		5,566		
17	Travel	4,820	4,789	31		
18	Payments of travel or entertainment expenses	,		•		
44	for any federal, state, or local public officials	0				
19	Conferences, conventions, and meetings	0				
20	Interest .	0				
21	Payments to affiliates	0		77		
22	Depreciation, depletion, and amortization	77	0	77	0	
23	Insurance .	1,815	Terrockrote, "Tour Attitude I Supplicate After Color	1,815	The Aleman work when you are	
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)	13847人的温暖。	LEAVE DESCRIPTION OF THE PARTY	<b>医检查式的加度对应</b>	PECTAGRATICAL PROPERTY SER	
a	Program and Event Supplies	41,211	40,791		420	
þ	Dues, Memberships and Subscriptions	1,703		298		
C	Data Base Maintenance	1,689		617	1,072	
d	Fees Bank & Credit Card	808			808	
е	All other expenses Conference & Seminars	1,757	<del></del>	150		
25	Total functional expenses. Add lines 1 through 24e .	566,852	440,485	113,222	13,145	
26	Joint costs. Complete this line only if the				, ,	
	organization reported in column (B) joint costs	1	·			
	from a combined educational campaign and	!				
	fundraising solicitation Check here ► if					
	following SOP 98-2 (ASC 958-720)	ŀ	l			

•						,	
Form	990 (20	THE ABILENE EDUCATION FOUNDA	TION		<del></del>	r	31-1741496 Page <b>11</b>
	irt X		KTION	,	1	1	31-1/41490 . Page 11
	III VA	Check if Schedule O contains a response or n	oto to any lino	in this Bort V			
		, check it schedule o contains a response of th	iote to any line	III UIIS PAILA	<del></del>	· · · · ·	<u> </u>
		å '- ,		•	(A) Beginning of year →		(B) <sup>′</sup> End of year
	1	Cash—non-interest-bearing	······	~	112,826	1	153,768
	2	Savings and temporary cash investments	1	•	436,249		447,139
	3	Pledges and grants receivable, net		•	499,280		252,438
٠	4	Accounts receivable, net		· k	, 0	<i>i</i> '4	0-
	5.	Loans and other receivables from current and for	mer officers, d	rectors:	7.191.124.21.47.47.57.41	1772	
	_	trustees, key employees, and highest compensate Complete Part II of Schedule L	-	•	_ 0	5	
,	`6	Loans and other receivables from other disqualified person 4958(f)(1)), persons described in section 4958(c)(3)(B), and	d contributing em	ployers and	34.00		
,		sponsoring organizations of section 501(c)(9) voluntary em		ary			
set	_	organizations (see instructions) Complete Part II of Schedu	ule L	:	. 0	6	*
Assets	7	Notes and loans receivable, net	•		0	7	0-
Į.	8 9	Inventories for sale or use	· .	٠.	7,415	8	• ,,
	) ~	Prepaid expenses and deferred charges  Land, buildings, and equipment cost or	• 1	•	7,413	EXTENSE EXTENSE	
	.iva		10a	34,811			
	ь	·	10b ·	34,811	-77	10c	Λ.
	11	Investments—publicly traded securities	100	34,011	0	11	, ,
	12	Investments—other securities See Part IV, line 1	1 .		0	12	. 0
· ·	13	Investments—program-related. See Part IV, line			.0	13	0
	14 *	Intangible assets			٠ 0	14	· • 0
	15	Other assets See Part IV, line 11		. , . •	566,140	15	. 599,487
	16	Total assets. Add lines 1 through 15 (must equal	l line 34) '		1,621,987	16	1,452,832
	17	Accounts payable and accrued expenses	. 4		0	_ 17	
	18	Grants payable			0	18	, <u>,</u>
	19	Deferred revenue		• •	. 0	١19	
	20	Tax-exempt bond liabilities	•		0	20 '	<u>, , , , , , , , , , , , , , , , , , , </u>
	21	Escrow or custodial account liability Complete Pa			O	21	AND CONTRACT OF CONTRACT OF CARROLING CONTRACT
-iabilities	22	Loans and other payables to current and former of trustees, key employees, highest compensated e	mployees, and	-			
iat		disqualified persons, Complete Part II of Schedule			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.22	
_	23 <sub>.</sub> 24	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelated		,	-0	23 24	, 0,
	25	Other liabilities (including federal income tax, pay		d third	, ,	24	<u> </u>
	23	parties, and other liabilities not included on lines					` .u
	^	Part X of Schedule D .	., 2., 00p.	,	12,283	25	13,085
	26	Total liabilities. Add lines 17 through 25		•	, 12,283	26	13,085
	ı	Örgánízations that follow SFAS 117 (ASC 958)	. check here	► X and		A Section	
Ses		complete lines 27 through 29, and lines 33 and					
anc	27	Unrestricted net assets		•	95,592	27	118,624
Bal	28	Temporarily restricted net assets *			1,048,305	28	. 850,329
<u> </u>	29	Permanently restricted net assets	1		465,807	29	470,794
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), c complete lines 30 through 34.	heck here	▶ ☐ and			
St	30	Capital stock or trust principal, or current funds			0	30	- 1
Net Assets	31	Paid-in or capital surplus, or land, building, or equ	ipment fund		·. 0	31	•
ř A	32	Retained earnings, endowment, accumulated inc	•	unds '	0	32	- + _ '
Š	33	Total net assets or fund balances		٠,	. 1,609,704	33	1,439,747
	34	Total liabilities and net assets/fund balances	, •	£	1,621,987	34	1,452,832

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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	[	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		390	,391
2	Total expenses (must equal Part IX, column (A), line 25)	2		566	6,852
3	Revenue less expenses Subtract line 2 from line 1	3		-176	3,461
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,609	,704
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O).	9			1
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		1,433	,242
Part				1	·
	Check if Schedule O contains a response or note to any line in this Part XII.		•	<u>.                                    </u>	<u></u>
1	Accounting method used to prepare the Form 990			Yes	No ,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis		2a	X	X
b c	Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	f	20	^	
	the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133? .		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	N/A	

Form **990** (2017)

### **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

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization					Employer identification	number
THE ABILENE EDUCATION FOUNDATI						41496
Part I Reason for Public Chari						
The organization is not a private foundating A church, convention of churche			-			07
2 A school described in section 1	70(b)(1)(A)(II). (Att	ach Schedule E (Form	990 or 99	90-EZ))		
3 A hospital or a cooperative hosp	oital service organiz	ation described in sec	tion 170(l	b)(1)(A)(i	1).	
4 A medical research organization hospital's name, city, and state	n operated in conjui	nction with a hospital d	escribed	ın section	170(b)(1)(A)(iii). Er	iter the
5 An organization operated for the section 170(b)(1)(A)(iv). (Comp		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6 A federal, state, or local govern	ment or governmen	ital unit described in se	ction 170	)(b)(1)(A)(	(v).	
7 X An organization that normally re described in section 170(b)(1)(			m a gove	rnmental ı	unit or from the gene	ral public
8 A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II )			
9 An agricultural research organizer or university or a non-land-granuniversity	ration described in s t college of agriculti	section 170(b)(1)(A)(ix ure (see instructions)	) operated Enter the	d in conjur name, city	nction with a land-gra v, and state of the co	ant college llege or
An organization that normally re receipts from activities related to support from gross investment is acquired by the organization after the support from gross investment is acquired by the organization after the support from gross investment is acquired by the organization after the support from the support from gross investment in the support from gross investment from the support from the support from gross investment from gross inve	o its exempt function its exempt function its income and unrelated its	ns—subject to certain ed business taxable in	exception come (les	is, and (2) s section (	no more than 33 1/3 511 tax) from busine	3% of its
11 An organization organized and	operated exclusivel	y to test for public safe	ty Seese	ection 509	9(a)(4).	
An organization organized and of one or more publicly supporte Check the box in lines 12a through	ed organizations de	scribed in section 509	(a)(1) or	section 50	09(a)(2). See sectio	n 509(a)(3).
a Type I. A supporting organiz the supported organization(s organization You must com	) the power to regu	larly appoint or elect a				
b Type II. A supporting organiz control or management of the organization(s) You must c	e supporting organi	zation vested in the sa				
c Type III functionally integra its supported organization(s)						rated with,
d Type III non-functionally in that is not functionally integra	tegrated. A suppor ated The organizat	ting organization opera ion generally must sati	ited in cor sfy a distr	nnection w	vith its supported org quirement and an att	
requirement (see instructions						100
e Check this box if the organiz functionally integrated, or Ty					Type I, Type II, Typ	e III
f Enter the number of supported of		ny integrated supportin	ig organiz	ation		0
g Provide the following information	about the supporte	ed organization(s)				
(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)			163	No		
(B)						
(C)						
(D)						·
(E)						

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			*	•	•			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 201	4 .	(c) 2015	(d) 2016 ·	' (e) 2017		(f) Total -
1.	Gifts, grants, contributions, and		*. 1			•			•
	membership fees received. (Do not	*	•	1	•		. ,	١.	•
	include any "unusual grants") * .	· 340,902	* 210	,086	409,397	1,037,020	339,20	2	2,336,607
2	Tax revenues levied for the organization's		•		.	-			
	benefit and either paid to or expended on	•	•			•			· · · ·
	its behalf			•	` •	• •	·	_	0
3	The value of services or facilities	- +		ŀ					
•	furnished by a governmental unit to the	•	~	'		•		1.	
•	organization without charge .	- 7,459		5,837	6,837	7,459	7,459	$\overline{}$	36,051
4	Total: Add lines 1 through 3	348,361	'216	5,923	416,234	1,044,479	• 346,66	1	2,372,658
5	The portion of total contributions by	4.5						31 7	
•	each person (other than a					14.5 E. 14.1	7125		
	governmental unit or publicly								• •
	supported organization) included on					700 P. I.	110		•
_	line 1 that exceeds 2% of the amount						(A)		117
-	shown on line 11, column (f)	te more days	14.		De die Car	restrict territor	100	<u>*</u>	1 *
_6_	Public support Subtract line 5 from line 4	34, 3		經 總 医绿	(f)			<b>8</b>	2,372,658
	tion B. Total Support			· .			1 1 2047	_	(D. T. t. l. t.
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 201		(c) 2015	(d) 2016	(e) 2017	+-	(f) Total '
7	Amounts from line 4 .	348,361	216	,923	416,234	1,044,479	- 346,66	1	2,372,658
、8	Gross income from interest, dividends,	•				-	i :		•
•	payments received on securities loans,	,		:		,	, , ,	`   *	
	rents, royalties, and income from			;		_			
	similar sources .	- 42,388	19	9,777	19,656	88,871	78,60	4	249,296
9	Net income from unrelated business		₽°	1		3		٠,	
•	activities, whether or not the business is					,		1. 1	· .•
	regularly carned on .	١.		<u> </u>		• •			0,
10	Other income Do not include gain or	•	,			, ,	4	·   <i>.</i>	
	loss from the sale of capital assets		'					٠,٠	, ,
	(Explain in Part VI )	Resident to the Transport	F-3010970 4-40000-0000	MARKETON MARK	Programme Control of the Control of	The Subsection of the Subsection of the	2000 1000 1000 1000 1000 1000 1000 1000	<u> </u>	U
11	Total support. Add lines 7 through 10		1000	MONE TO	CHALLES SAND	NAME OF STREET	1007	(d)	2,621,954
12	Gross receipts from related activities, etc. (s			9			12		
13.	First five years. If the Form 990 is for the o	irganization's first,	second, third	, fourth, or	fifth tax year a	is a section 501(c)	(3)4		, , ,
	organization, check this box and stop here				•		<u> </u>		
Sec	tion C. Computation of Public Su						г . : Т	···	
14	Public support percentage for 2017 (line 6, o			lumn (f))		•	14		90 49%
*15	Public support percentage from 2016 Sched		•		*	•	15		91 31%
16a	33 1/3% support test—2017. If the organiz				d line 14 is 33	1/3% or more, che	ck this box	,	
	and stop here. The organization qualifies a				•		-	7	, . <b>▶</b> [X]
b	33 1/3% support test-2016. If the organiz				ia, and line 15	is 33 1/3% or more	e, check this		
	box and stop here. The organization qualifi	es as a publicly su	pported orga	nızatıon			· ·		▶└
17a	10%-facts-and-circumstances test-201	7. If the organization	n did not che	ck a box o	on line 13, 16a,	, or 16b, and line 1	4	•	•
-	is 10% or more, and if the organization mee	ts the "facts-and-ci	rcumstances	" test, che	ck this box and	stop here. Expla	in in	٠	• •
	Part VI how the organization meets the "fact	ts-and-circumstand	es" test The	organizat	ion quajifies as	a publicly support	ted ,	: •	' . E
•	organization '.		•					٠.	. 🏲 🗀
b	10%-facts-and-circumstances test—201	6. If the organization	n did not che	ck a box	on line 13, 16a,	, 16b, or 17a, and	line		`
	15 is 10% or more, and if the organization means and in Part VI how the organization mee	neets the "facts-and-or	a-circumstan	ces" test, ( " test. The	Check this box :	and Stop nere. Tualifies as a publi	civ		.*
	supported organization.			1110	, organization (	10011100 00 0 publi	~·,.		<b>▶</b> □
40	• ' '	not shook a bay an	, Juno 12, 165	16h 17a	or 17h sheet	this hav and see	•		, , - 🗀
18	Private foundation. If the organization did	not check a box or	imie is, ioa	, 100, 17 <b>a</b>	, or irb, check	una dux and see	•		. 🏲 🗀
	instructions	<u> </u>			· ·		····		<u> </u>

_		ENE EDUCATION				31-174149	6 Page <b>3</b>
Pat	t III Support Schedule for Orga					/	
	(Complete only if you check					qualify under Pa	irt II.
	If the organization fails to qu	alify under the	tests listed belo	ow, please com	nplete Part II.)	/_	
	tion A. Public Support					/	
Cale	ndar year (or fiscal year beginning ın)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received (Do not include any "unusual grants ")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the					ĺ	
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's	j :					
	benefit and either paid to or expended on						•
	its behalf .						0
5	The value of services or facilities				!		
	furnished by a governmental unit to the						_
	organization without charge		_				0
6	Total. Add lines 1 through 5 .	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						1
_	received from disqualified persons			/	<del> </del>		0
Ь	Amounts included on lines 2 and 3						
	received from other than disqualified	i					
	persons that exceed the greater of \$5,000						•
	or 1% of the amount on line 13 for the year					-	0
С	Add lines, 7a and 7b	0	0	U U	0	0 882 752 153	0
8	Public support (Subtract line 7c from						•
-	line 6)	AND AND THE COLORS	<u> Sellen Sellen Se</u>	Markey Market Secretary	學的學術為語音的數位	[数表示][3] (4] [2] [2] [3]	0
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2014	/a\ 2015	(4) 2016	(0) 2017	(f) Total
	) ( )	(a) 2013 100 100 100 100 100 100 100 100 100	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017 0	(f) Total
9	Amounts from line 6	/0		0		U U	
10a	,						
	payments received on secunities loans, rents,						0
_	royalties, and income from similar sources				· · · · · · · · · · · · · · · · · · ·		
U	Unrelated business taxable income (less section 511 taxes) from businesses				İ		
	acquired after June 30, 1975	/					0
_	Add lines 10a and 10b		0	0	0	0	0
11	Net income from unrelated business	<u>_</u>		<u> </u>	<del> </del>	- J	
•••	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						0
13	Total support. (Add lines 9, 10c, 11,				<del>                                     </del>		
	and 12)	0	0	l o	٥ ا	اه	0
14	First five years. If the Form 990 is for the o	roanization's first, s		1	<u> </u>	<del></del>	<u> </u>
	organization, check this box and stop here			.,		ζ-,	▶ [
Sec	ction C. Computation of Public Su	pport Percenta	ane				<u> </u>
15	Public support, percentage for 2017 (line 8, o			'ስነ		15	0 00%
16	Public support percentage from 2016 Sched		-			16	0 00%
	ction D. Computation of Investmen					· · <del>···</del>	0 00 70
17	Investment income percentage for 2017 (lin			olumn (fi)	<del></del>	17	` 0 00%
18	Investment income percentage from 2016 S			C.C (1))		18	0 00%
	33 1/3% support tests—2017. If the organ			l4, and line 15 is m	nore than 33 1/3%.		
	not more than 33 1/3%, check this box and					-	▶ [
þ	33 1/3% support tests—2016. If the organ					33 1/3%, and	<u> </u>

line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization **Private foundation**. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

### Part IV Support

### 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)

		4 11			_		
Section	Α.	ΑII	Suppor	tınq	O	rganız	zations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 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)
- B 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 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.
- 10a 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
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	NO
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trustees of each of the supported organizations? Provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3a

Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting C	Orgai	nizations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See						
instructions. All other Type III non-functionally integrated supporting orga	nızatı	ons must complete Sections	s A through E			
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year ' (optional)				
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3	4	0	0			
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or	1		•			
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	0	0			
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)	7788					
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	0	0			
e Discount claimed for blockage or other	滿		English Mark			
factors (explain in detail in Part VI)	7.00					
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d	3	0	0			
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,						
see instructions)	4	0	0			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0			
6 Multiply line 5 by 035	6	0	0			
7 Recoveries of prior-year distributions	7	0	0			
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0			
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	SEPTEMBER OF THE AL	, 0			
2 Enter 85% of line 1	2		0			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0			
4 Enter greater of line 2 or line 3	4	KEPENER PER	0			
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		40.5676d296363	,			
emergency temporary reduction (see instructions)	6		0			
7 Check here if the current year is the organization's first as a non-functiona	illy into	egrated Type III supporting	organization (see			
instructions)			<u> </u>			

Part \	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)	,			
Section	on D - Distributions			Current Year			
1	1 Amounts paid to supported organizations to accomplish exempt purposes						
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations				
4	Amounts paid to acquire exempt-use assets	<u></u>					
5	Qualified set-aside amounts (prior IRS approval required)	· · · · · · · · · · · · · · · · · · ·					
6_	Other distributions (describe in Part VI) See instructions	·		· ···· · · · · · · · · · · · · · · · ·			
	Total annual distributions. Add lines 1 through 6	··························		0			
8	Distributions to attentive supported organizations to which the	ne organization is respoi	nsive .				
	(provide details in Part VI) See instructions	<del> </del>					
9	Distributable amount for 2017 from Section C, line 6	<u> </u>		0			
10	Line 8 amount divided by line 9 amount	,	()	· 0 000			
S:	ection E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(II) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
<u>. 1</u>	Distributable amount for 2017 from Section C, line 6		OF STREET, STR	. 0			
	Underdistributions, if any, for years prior to 2017		_				
2	(reasonable cause required—explain in Part VI) See		· -				
	instructions		Physical River Service (Control of Control o				
<u> 3</u>	Excess distributions carryover, if any, to 2017						
<u>a</u>				Catching and only of the property of the catching of the catch			
<u>b</u> _	From 2013 0			The first of the second of the			
<u>. c</u>	From 2014 U			4.大火火火火火火火火火火火火火火火火火火火火火火火火火火火火火火火火火火火火			
<u>d</u>	From 2015 0 From 2016 0	THE SALE OF STREET AND					
e f	Total of lines 3a through e	V	Andreas Appropriate and the con-				
	Applied to underdistributions of prior years		0	EBRESS 555 755 FEMALE			
	Applied to 2017 distributable amount			O CONTRACTOR CONTRACTO			
	Carryover from 2012 not applied (see instructions)		About Tracing the Commission of the				
	Remainder, Subtract lines 3g, 3h, and 3i from 3f	0		The state of the s			
4	Distributions for 2017 from						
	Section D, line 7 \$ 0	and a supplied to the supplied of the supplied	r declar de da « de l'agric product. L'Addres Const. L'agu Andrés (1901).	decolorium w. grospi, chiefe dia cin. Management			
а	Applied to underdistributions of prior years		0				
b	Applied to 2017 distributable amount	AND THE STATE OF T		, 0			
С	Remainder Subtract lines 4a and 4b from 4	0					
5	Remaining underdistributions for years prior to 2017, if						
	any Subtract lines 3g and 4a from line 2 For result						
	greater than zero, explain in Part VI See instructions		0				
6	Remaining underdistributions for 2017 Subtract lines 3h						
	and 4b from line 1 For result greater than zero, explain in						
	Part VI See instructions			0			
7	Excess distributions carryover to 2018. Add lines 3j						
	and 4c	O		The Control of the State of the			
8	Breakdown of line 7			and the second second second			
<u>a</u>	Excess from 2013 0		Supplied the Control of the Control				
b	Excess from 2014 0	TOTAL TOTAL	A CHILDREN TO A PROPERTY OF THE PARTY OF THE				
<u>c</u>	Excess from 2015 0						
d	Excess from 2016 0		SANATA SALES				
Α.	Excess from 2017	138CL DOLLER AND ASSESSMENT COMPANY STOREGISS OF THE STATE	Introduction of the property of the control of the	tera-andreament in district and the environment of the control of			

	rm 990 or 990-EZ) 2017 THE ABILENE EDUCATION FOUNDATION	31-1741496 Page <b>8</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IB, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, line 17a	or 17b, Part V, Section
	3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	·
	······································	
	,	
	•••••••••••••••••••••••••••••••••••••••	

### **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.

Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Go to www irs gov/Form990 for instructions and the latest information.

Name	of the organization		Employer identification number
THE	ABILENE EDUCATION FOUNDATION		31-1741496
	Organizations Maintaining Donor	Advised Funds or Other Similar Fu	inds or Accounts.
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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 don		
	funds are the organization's property, subject t	•	
6	Did the organization inform all grantees, donor		
	used only for charitable purposes and not for t		· — —
_	purpose conferring impermissible private bene	HILS.	. Yes No
Par	Conservation Easements.		
		ed "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e g , re	ecreation or education) Preservation	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	in in the form of a conservation
	easement on the last day of the tax year	·	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easer	ments	2b
С	Number of conservation easements on a certif		2c
d	Number of conservation easements included in		
_	historic structure listed in the National Register		
3	Number of conservation easements modified,	transferred, released, extinguished, or terr	ninated by the organization during
	the tax year		
4	Number of states where property subject to co		h = - 10 = f
5	Does the organization have a written policy required to the construction of the constr		
6	violations, and enforcement of the conservatio		Yes No
O	Staff and volunteer hours devoted to monitoring, in	specting, nandling of violations, and emorcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	ting handling of violations, and enforcing cons	constion accoments during the year
•	► \$	ting, handling or violations, and emorcing cons	ervation easements during the year
8	Does each conservation easement reported or	h line 2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
-	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization repo	orts conservation easements in its revenue	
	balance sheet, and include, if applicable, the te		•
	the organization's accounting for conservation	· ·	
Par	Organizations Maintaining Collect		r Other Similar Assets.
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under	SFAS 116 (ASC 958), not to report in its r	evenue statement and balance sheet
	works of art, historical treasures, or other simil	ar assets held for public exhibition, educat	ion, or research in furtherance
	of public service, provide, in Part XIII, the text	of the footnote to its financial statements th	nat describes these items
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its rever	nue statement and balance sheet
	works of art, historical treasures, or other simil		ion, or research in furtherance
	of public service, provide the following amount		
	(i) Revenue included on Form 990, Part VIII, I	ne 1 .	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of ar		- · · · · · · · · · · · · · · · · · · ·
	following amounts required to be reported und		tems
a	Revenue included on Form 990, Part VIII, line	1 .	<b>▶</b> \$
h	Accets included in Form 990 Part Y		▶ €

0200	2
raue	~

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0	0	0	0
С	Leasehold improvements	0	0	0	0
d	Equipment .	0	34,811	34,811	0
е	Other	0	0	0	0
Tota	I. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part X,	column (B), line 10c)	<b>•</b>	0

(0) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ▶

Schedule D (Form 990) 2017 THE ABILENE EDUCATION	FOUNDATION		31-1741496 Page 3
Part VII Investments—Other Securities.			
Complete if the organization answer	red "Yes" on Form 99	O, Part IV, line 11b See Forn	n 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Financial derivatives .	0		
(2) Closely-held equity interests	0		
(3) Other			<del></del>
(A)			·····
(B)	·		
(C)		` · · · · · · · · · · · · · · · · · · ·	
(D) (E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	0	The summer trace of the summer state of the su	
Part VIII Investments—Program Related.			
Complete if the organization answe	red "Yes" on Form 99	0, Part IV, line 11c See Form	n 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year r	aluation
(2)			
(3)		-	
(4)			
(5)			
(6)			
(7)			•
(8)			·
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX: Other Assets.	Ţ	THE STATE OF THE S	
Complete if the organization answer	red "Yes" on Form 99	0 Part IV line 11d See Form	n 990 Part Y line 15
	escription	o, raitiv, interra occironi	(b) Book value
(1) Deposit - Safe Deposit Box Key			. 10
(2) AEF Endowment Fund Held by CFA			599,477
_(3)			,
(4)			
(5)			,
(6)			
(7)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)	<u> </u>	599,487
Part X Other Liabilities.	IIVII F 00	0 Dart IV trans 445 are 445 Ca	- F 000 D-4V
Complete if the organization answe	ered Yes on Form 99	o, Partiv, line Tie or Tif Se	e Form 990, Part X,
line 25.  1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	(b) Book value	Admitted to the state of the st	
(2) Payroll Liabilities	2,085		
(3) Audit	11,000		
(4)	,000		
(5)		State Office And Association of Street, and the Street, and th	
(C)		woodenmaar ee'n ameentopmee'n Meeting de weg a minde soon.	

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

13,085

Par	Reconciliation of Revenue per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Par			eturn.	
1	Total revenue, gains, and other support per audited financial statements	<u> </u>		1	450,268
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		_		
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII )	2d	53,372	100	
е	Add lines 2a through 2d			2e	53,372
3	Subtract line 2e from line 1			3	396,896
4	Amounts included on Form 990, Part VIII, line 12, 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			_
C	Add lines 4a and 4b		•	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	396,896
	t XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Par			Return	
1	Total expenses and losses per audited financial statements			1	620,224
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1.1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c	50.070		
d	Other (Describe in Part XIII ) Add lines 2a through 2d .	2d	53,372	3.	50.070
е 3	Subtract line 2e from line 1			2e	53,372 566,852
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1			300,832
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		. V.	
b	Other (Describe in Part XIII )	4b			
c	Add lines 4a and 4b			4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	566,852
Par	t XIII Supplemental Information.				•
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	art IV, Im	es 1b and 2b, Par	t V, line 4	1, Part X, line
2, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro	vide any	additional informa	ition	
Part	XI Line 2d FUNDRAISING DIRECT EXPENSES OF \$53,372 WAS INCLUDED O	N FORM	990. PART		
			<u> </u>		
VIII,	LINE 8b AS REQUIRED, THEREBY THE AMOUNT WAS INCLUDED ON FORM	990, PAI	RT VIII, LINE		
12, E	UT NOT ON LINE 1 OF SCHEDULE D, PART XI, LINE 1 THE END RESULT IS	MEREL	Υ.Α		
REA	LLOCATION OF FUNDRAISING DIRECT EXPENSE (PLEASE NOTE SCHEDUL	E G, PAI	RT II, LINE 10), AS	3	
REQ	UIRED, WITH ZERO NET IMPACT ON NET EARNINGS				
Part	XII Line 2d FUNDRAISING DIRECT EXPENSES OF \$53,372 WAS INCLUDED O	N FORM	1 990, PART		
	LINE 8b AS REQUIRED, THEREBY THE AMOUNT WAS INCLUDED ON FORM				
12, E	UT NOT ON LINE 1 OF SCHEDULE D, PART II, LINE 1 THE END RESULT IS	MERELY	<u>A</u>		
REA	LLOCATION OF FUNDRAISING DIRECT EXPENSE (PLEASE NOTE SCHEDUL	E G, PAI	RT II, LINE 10), AS	3	·
REQ	UIRED, WITH ZERO NET IMPACT ON NET EARNINGS	·			·
					·
		-			

Schedule D (Form	990) 2017 THE ABILENE ED	UCATION FOUNDATION		31-1741496	Page 5
Part XIII	Supplemental Information	n (continued)			
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### **SCHEDULE G** (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Go to www irs gov/Form990 for the latest instructions. Name of the organization Employer identification number THE ABILENE EDUCATION FOUNDATION 31-1741496 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants а e Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events C In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (III) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (II) Activity custody or control of (or retained by) fundraiser listed in or entity (fundraiser) from activity contributions? organization col (i) Yes No 1 0 0 0 O 0 0 0 0 ٥ 0 0 0 0 0 0 0 ٥ Ó 0 0 0 0 10 0 0 Total 0 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

		accounts could account as a country	<del>-</del>	-	come on roim 990-LZ,	lines 1 and 6b. List
		events with gross rece	(a) Event #1  CAJUN FEST  (event type)	(b) Event #2	(c) Other events  NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts .	97,898		0	97,898
ď	2	Less Contributions	79,400		0	79,400
	3	Gross income (line 1 minus line 2)	18,498		0	18,498
	4	Cash prizes .			0	0
	5	Noncash prizes			0	0
suses	6	Rent/facility costs	8,070		0	8,070
Direct Expenses	7	Food and beverages	21,939		0	21,939
Direc	8	Entertainment .	7,004	····	0	7,004
	9	Other direct expenses	16,359		0	16,359
Pa	10 11 11	Direct expense summary Add Net income summary Subtrate Gaming. Complete if than \$15,000 on Form	ct line 10 from line 3, colu the organization answe	mn (d)	<b>▶</b> ( <b>▶</b> 90, Part IV, line 19, or re	53,372) -34,874 eported more
- anue		man \$13,000 on 1 onn	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue	1					col (a) through col (c))
S		Gross revenue				
ě	2	Gross revenue  Cash prizes				0
xpense	2					C
rect Expense		Cash prizes				COI (a) through COI (c))  O  O
Direct Expenses	3	Cash prizes  Noncash prizes				0
Direct Expense	3	Cash prizes  Noncash prizes  Rent/facility costs	Yes %	☐ Yes%	Yes %	
Direct Expense	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	No	No		0 0 0
Direct Expense	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	No No lines 2 through 5 in colu	No mn (d)	No No	
Direct Expense:	3 4 5 6 7 8 E a ls	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add  Net gaming income summary inter the state(s) in which the original to co	No d lines 2 through 5 in coluing Subtract line 7 from line ganization conducts gaminduct gaming activities in	No mn (d) 1, column (d) ng activities each of these states?	No D	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Sched	ule G (Form 990 or 990-EZ) 2017 THE ABILENE EDUCATION FOUNDATION	31-1741496 Page 3
11	Does the organization conduct gaming activities with nonmembers? .	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in	
a	The organization's facility	13a %
14 14	An outside facility .	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name ▶	
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ 0 and the	
	amount of gaming revenue retained by the third party > \$0	•
c	If "Yes," enter name and address of the third party	
	Name ▶	
	Address ▶	· <b></b>
16	Gaming manager information	
	Name ▶	· <del></del>
	Gaming manager compensation ► \$0	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year   \$ \$	0
Par		
	See instructions	
		'
_		

**SCHEDULE I** (Form 990)

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

2017

OMB No 1545-0047

			Complete if the or	ganization answered "Y	'es" on Form 990, Par	l IV, line 21 or 22		
Department of the Treasury				► Attach to Fe	orm 990.			Open to Public
Internal Revenue Service			► Go to	www.irs.gov/Form990	for the latest informat	ion		Inspection
Name of the organization		-					Employer identi	fication number
THE ABILENE EDUCA	TION FOUN	IDATION					3	1-1741496
Part i General	Information	on on Grants	and Assistance					
the selection cnt	ena used to	award the grant	s or assistance?	unt of the grants or assi the use of grant funds i	, ,	eligibility for the grants o	or assistance, and	X Yes No
						s. Complete if the organicated if additional spa		ed "Yes" on Form
1 (a) Name and address of 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) Abilene Indep Schoo PO Box 981 Abilene, TX				210,363				
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)	-							

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

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

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

Schedule I (Form 990) (2017)

HTA

(12)

31-1741496 Schedula I (Form 990) (2017) Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of noncash assistance cash grant noncash assistance FMV, appraisal other) Scholarships 33 31,650 STAR Teacher Grants 76 58,204 Teachers in the Limelight 42 16,100 GIFT New Teacher Grants 10,800 72 PASS for Success 2,580 Art in the Classroom 2,500 Million-Word Reader Grant 500 Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Part IV Part I Line 2 Grant and assistance in the United States that are granted to the Abilene Independent School District (AISD) are monitored, by wage and benefits approval of the four on-campus counselors, first by AISD and then reviewed and acceptance by AEF Comparative analysis is performed with similar schools whenever adjustments are recommended Part I Line 2 Grant and assistance in the United States that are granted to high school students via the numerous programs offered by AEF is by committee selection, grant writing, review and approval, or judged art competition, it is monitored by writing checks directly to the appropriate college. Campus counselors follow up on awarded students as to their status and needs. AEF has a strong desire to keep students in college and monitors their status and progress through graduation Part I Line 2 Grant and assistance in the United States that are awarded to teachers are by grant writing and committee review and selection based on needs and available funds. New teachers receiving the one time GIFT grant are identified and verified by school

officials as to their status which qualifies them for a grant

Schedule I (Form 990) (2017)

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	Employer identification number
THE ABILENE EDUCATION FOUNDATION	31-1741496
Form 990, Part III, Line 4d Program Service Expenses 26,363, Grants and allocations 0,	·
Revenue 0 AEF Young Masters Program - The AEF Young Masters Juried Art Exhibition for	
Advanced Placement Art students celebrates young master artists and their dedicated teachers	
for demonstrating excellence in artistic education with a quality museum art exhibition. The	
Young Masters exhibition extends the supporting role of the AEF with Abilene ISD, and will	
impact the future of not only the students selected for the show, but all advanced placement	
art students by inspiring them to reach their full potential. Additionally, it provides	
students acclamation that may further enhance opportunities for acceptance into higher	
education art programs A-P studio art students and art history students at both high schools	
participated in the 2018 exhibit being judged by a professional artist from Ft Worth, TX,	
resulting in 5 scholarships being awarded for a total of \$4,000	
Form 990, Part III, Line 4d Program Service Expenses 2,200, Grants and allocations 0,	
Revenue 0 Alumni Scholarship Endowment Program - The program began in February 2008 Th	ne
monies raised for the program are used to fund an endowment where earnings are awarded to	
seniors in AISD in the from of scholarships. The amount of the scholarships varies depending	
on the donations and earnings from investments. These scholarship funds are generated by the	
alumni of the two high schools in the district. Funds are held by the Community Foundation of	
Abilene for investment and remain there as a permanent (asset) endowment for future	
scholarships Alumni Scholarship Funds - Funds in the AEF	
Scholarship Endowment Program are designated between the two high school, they consist of	
permanently restricted donations and as well as board restricted funds. AEF collects all	
donations, writes all acknowledgements, and administers all scholarships following the	
guidelines established for past AEF scholarships. Donated funds added to the program will be	
shared equally by both unless restricted by the donor. Two \$1,100 scholarships were awarded	

and administrative and accounting services required