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	99	an a	Poture of Oro	anization Exer	nnt Eron	lnc	ome Ta	· l	OMB No 154	5-0047
¥or⊓	, J;	9 0	Under section 501(c), 527, or 4		•				201	
Dens	artment o	of the Treasury		l security numbers on th				KIN	Open to P	
Inter	nal Reve	of the Treasury nue Service	► Go to www.irs.g	ov/Form990 for instruct	ions and the I	atest in	formation.	<u> </u>	Inspect	ion
<u>A</u>	For the	e 2017 caler	idar year, or tax year beginning	09/01	, 2017, and	ending	08/		, 20 18	
В	Check i	f applicable	C Name of organization ABA COMN	MUNITY ENGAGEMENT	FOUNDATION	<u> </u>			identification nu	ımber
	Address	s change	Doing business as						<u>33-0397856</u>	
	Name c	hange	Number and street (or P O box if m	ail is not delivered to street a	ddress) Ro	om/suite	' I	E Telephone		
	Initial re	eturn	1120 CONNECTICUT AVE, NV					2	02-663-5054	
	Final retu	um/terminated	City or town, state or province, cour	ntry, and ZIP or foreign posta	ı code			• •		
$\overline{}$		ed return	WASHINGTON, DC 20036					G Gross rece		2,560,288
Ш	Applicat	tion pending	F Name and address of principal office	er PETER COOK		0			ordinates? Yes	
			Same as C above			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			icluded? Ye s	
_		empt status	✓ 501(c)(3)) ◀ (insert no)	947(a)(1) or L	3	4	exemption nu	·	
	Website		//www.aba.com/Engagement // Corporation Trust Associa	ution ☐ Other ▶	L Year of	formatio		T	legal domicile	DC
_	art I	Summa Summa		ition Other >	L Year Or	TOTTIALIO	n 2004	IVI State of	legal domicile	
	1		scribe the organization's miss	ion or most significant	activities: 4	BA CO	MMUNITY F	NGAGEME	NT FOUNDAT	ION
ø	'		S FINANCIAL EDUCATION TO		_					
Governance			MUNITY DEVELOPMENT, AND	· · · · · · · · · · · · · · · · · · ·					CANDLE HOUS	<u> </u>
ž	2		s box ▶ ☐ if the organization						net assets.	
Š	3		f voting members of the gove					3		18
<u>ھ</u>	4		of independent voting member			e 1b)		4		18
es	5		ber of individuals employed in					5		0
ΞΞ	6		ber of volunteers (estimate if					6	-	15,000
Activities	7a	Total unre	elated business revenue from	Part VIII. column (C).	ne 12DEC		<u> </u>	7a		0
•	ь		ated business taxable income			LiVi	一, 元	7b	-	N/A
							Prio Pe	ar	Current Ye	
41	8	Contributi	ons and grants (Part VIII, line	1h)	₽ inr	2 3 2 t	19 0	25,000		40,000
Revenue	9		service revenue (Part VIII, line		` 			255,833		242,916
eve	10	-	nt income (Part VIII, column (A		. OGD	EN.	UT	330,446		677,133
Œ	11	Other reve	enue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, a	nd He)	· -	لنـــــــــــــــــــــــــــــــــــــ			
	12		nue—add lines 8 through 11 (r			12)		611,279		960,049
	13	Grants an	d similar amounts paid (Part I	X, column (A), lines 1-3	3)			12,500		53,278
	14	Benefits p	aid to or for members (Part I)	(, column (A), line 4) .		·				
S	15	Salaries, o	ther compensation, employee	benefits (Part IX, columr	n (A), lines 5–1	i0)		541,004		351,188
Expenses	16a	Profession	nal fundraising fees (Part IX, c	olumn (A), line 11e) .						
×pe	b		Iraising expenses (Part IX, col							
Ш	17		enses (Part IX, column (A), Im			· _		332,424		306,190
	18	•	enses. Add lines 13-17 (must	•		· _		885,928		710,656
	19	Revenue I	ess expenses. Subtract line 1	8 from line 12	<u> </u>		,	274,649)		249,393
Net Assets or Fund Balances						Be	ginning of Cur	rent Year	End of Yea	ar ———
sets	20		ets (Part X, line 16)				8	,034,817		3,512,23 <u>8</u>
ad B	21		lities (Part X, line 26) .			· _		167,496		136,070
			s or fund balances Subtract I	ine 21 from line 20 .	· · · · · · · · · · · · · · · · · · ·		7	,867,321		3,376,168
_	art II		ure Block							
Un	der pena	alties of perjur	y, I declare that I have examined this	return, including accompanyi	ng schedules an	d statem	ents, and to th	e best of my	knowledge and	belief, it is
tru	e, correc	and comple	te Declaration of preparer (other than	onicer) is based on all inform	nation of which p	neparer r	any Knowle		10	
٥.		F	Lover 18 Car	dy				7-10-	/7	
Sig		17-	ture of officer	_/			Dat	5		
He	re	1 B	ert G Eady, APPOINTED CF						•	
		- years	or print name and title e preparer's name	Preparer's signature		Date	<u> </u>		PTIN	
Pa	id 🧐	مريس المع	o proparor a namo				:	Check self-employ	if	

Preparer

Use Only

Firm's address ▶

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

For Paperwork Reduction Act Notice, see the separate instructions.

638

☐ Yes ☐ No

Form **990** (2017)

Firm's EIN ▶

Phone no

Cat No 11282Y

Page 2 Form 990 (2017) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III . Briefly describe the organization's mission: THROUGH ITS LEADERSHIP, PARTNERSHIPS, AND NATIONAL PROGRAMS THE ABA COMMUNITY ENGAGEMENT FOUNDATION HELPS BANKERS PROVIDE FINANCIAL EDUCATION TO INDIVIDUALS AT EVERY AGE, ELEVATES ISSUES AROUND AFFORDABLE HOUSING AND COMMUNITY DEVELOPMENT, AND ACHIEVES CORPORATE SOCIAL RESPONSIBILITY OBJECTIVES TO IMPROVE THE WELL-BEING OF THEIR CUSTOMERS AND THEIR COMMUNITIES. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ✓ No If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program ☐ Yes ☑ No If "Yes." describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code: 611710) (Expenses \$ 58,012 including grants of \$ 0) (Revenue \$ 50,000) TEACH CHILDREN TO SAVE: GEARED TOWARD GRADES K-8, TEACH CHILDREN TO SAVE (TCTS), IS A FREE NATIONAL PROGRAM SPONSORED BY THE ABA COMMUNITY ENGAGEMENT FOUNDATION, THAT ORGANIZES BANKER VOLUNTEERS THROUGHOUT THE YEAR TO HELP YOUNG PEOPLE DEVELOP A SAVINGS HABIT EARLY IN LIFE MORE DETAIL AT http://www.aba.com/Engagement/Pages/teachchildrentosave.aspx (Code: 611710) (Expenses \$ 88,468 including grants of \$ 0) (Revenue \$ **LIGHTS CAMERA SAVE!** LIGHTS CAMERA SAVE, SPONSORED BY THE ABA COMMUNITY ENGAGEMENT FOUNDATION, IS A VIDEO CONTEST THAT ENGAGES TEENS IN EDUCATING THEMSELVES AND THEIR PEERS ABOUT THE VALUE OF SAVING AND USING MONEY WISELY MORE DETAIL AT http://www.aba.com/Engagement/pages/LCSInfo.aspx (Code: 611710) (Expenses \$ 135,361 including grants of \$) (Revenue \$ SAFE BANKING FOR SENIORS SAFE BANKING FOR SENIORS (SBFS) IS A FREE NATIONAL PROGRAM, SPONSORED BY THE ABA COMMUNITY ENGAGEMENT FOUNDATION, THAT PROVIDES BANKERS WITH THE TOOLS AND RESOURCES NECESSARY TO HELP OLDER ADULTS, THEIR FAMILIES AND CAREGIVERS PREVENT ELDER FINANCIAL ABUSE AND EXPLOITATION. MORE DETAIL AT http://www.aba.com/Engagement/Pages/safe-banking-for-seniors.aspx Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses >

281,841

orm 9	90 (2017)			Page 🕄
Part	IV Checklist of Required Schedules			
_	1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		√
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e	√	✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	•	√
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	√	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
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		✓

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	N.	Α
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			}
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	/	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	
04-	employees? If "Yes," complete Schedule J	23	V	
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		/
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		7
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	2.40		-
	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		1
25a	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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a	,	$\overline{\checkmark}$
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		_
٠.	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		_
	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		\
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
05-	or IV, and Part V, line 1	34	✓	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	254		,
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		√
00	related organization? If "Yes," complete Schedule R, Part V, line 2	36	1	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 55	•	
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION 83-0397856 Form 990 (2017) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . 1b Did the organization comply with backup withholding rules for reportable payments to vendors and NA 1c 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 NA b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b NΙΑ 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 4a b If "Yes." enter the name of the foreign country: ► N/A See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a 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 that it was or is a party to a prohibited tax shelter transaction? 5b 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a b if "Yes," did the organization include with every solicitation an express statement that such contributions or NA 6b 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 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b NΙΑ Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g NΙΑ 7h N/A If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? . 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a NA **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? NA 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a N/A b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A 11 Section 501(c)(12) organizations. Enter: 11a N/A Gross income from other sources (Do not net amounts due or paid to other sources 11b N/A Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a NA **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . N/A Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a a Is the organization licensed to issue qualified health plans in more than one state? ΝlΑ Note. See the instructions for additional information the organization must report on Schedule O.

Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

C

13b

13c

N/A

N/A

14a

AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION 83-0397856 Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes Nο 1a Enter the number of voting members of the governing body at the end of the tax year. . . 18 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? . 13 14 14 / 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? NΙΑ Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18

- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only available for public inspection. Indicate how you made these available Check all that apply.
 - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►

 Barry Epstein, 1120 Connecticut Ave, NW, Washington, DC 20036 (202)663-5054

Form 990 (2017) Page **7**

			_					
Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest Co	mpensated	Employees,	and
	Independent Contractors							

Check if Schedule	O contains a response or note to a	ny line in this Part VII	<u></u>	

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 no	r any relate	d org	anız	atio	n c	ompe	nsa	ted any currer	t officer, director	r, or trustee
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an (ee)	from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	dividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
/ (1) Michael J Adelman	11									
Board Member (2) Scott Dueser	1	/						0	0	0
Board Member	 	1						0	ام	0
(3) Janet Garufis	1								<u>~</u>	
Board Member		\						0	o	0
✓ (4) Darlene Goins Board Member	1	>						0	0	0
(5) Michael E Grove Board Member	11	1						0	0	0
(6) David Hanrahan Board Member	1	1						0	o 	0
(7) George Hermann Board Member	1	1						0	0	0
(8) Courtney Hodapp Board Member	1	✓				_		0	o	0
(9) Dennis P Lagueux Board Member	11	✓						0	0	0
(10) Angle Garcia-Lathrop Board Member	11	✓						o	0	0
(11) Luis Lobo Board Member	11	✓						0	0	0
(12) Jan Miller Board Member	1	✓						0	0	0
(13) Evelyn F Smalls Board Member	1	√						0	0	0
/ (14) Charles E Snyder Board Member	1	/						0	0	0

Form 990 (2017)

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (continu	ied)		
					•	C)								
	(A)	(B)	(do n	ot ch		ition more	than o	one	(D)	(E)			(F)	
	Name and title	Average hours per	box, i	unles	s pe	rson	is both	n an	Reportable compensation	Reportab compensation			mated ount of	
		week (list any			_	_	or/trust		from	related		0	ther	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	agig	Former	the organization	organizatio (W-2/1099-N			ensatic m the)N
		organizations	ecta	ut io	ª	풀	est c	Ē	(W-2/1099-MISC)		,,,,,,		nization	n
		below dotted	입 물 기	nal		Ş	mo e						related	
		line)	ste	lsu'i		ď	Pen					organ	ızatıon	5
			١	ee			Highest compensated employee							
(15)	asmine Thomas	1					_							
	Board Member		✓					ļ	0		0			
(16) E	rıca Opstad	11												
	Chair		✓		✓.	_		_	0		0			C
	Robert Jones	11	,		/	Ι΄								
	/ice Chair		✓		•	-		 	0		0			0
	Villiam Dana, Jr.	11	1		/									C
	Ex-Officio	0.25	-	\vdash	-	\vdash		-			-			
	Peter C. Cook Chief Communication Officer	0 25 37 25			/				۱ ،	36	1,032			51,063
		0 25	_		Ť	-			 		1,032			31,000
	Appointed CFO	37 25			1				١ ،	69	8,279		ç	97,161
	Corey Carlisle	3.75							-		3,2.3			.,
	Senior Vice President	33.75				1			0	22	8,660		2	22,447
	Robert Schmermund	0												
	ormer Executive Vice President	37.5						1	0	50	3,069		2	29,184
(23)														
(24)														
						_	ļ				.			
(25)														
	Sub-total				<u> </u>	L	L	_		1 70	1,040		10	99,855
C	Total from continuation sheets to Part	VII Sectio	n Δ				•	•	0	 	0	-		03,033
d	Total (add lines 1b and 1c)			•	•		•	•	0		1,040		19	99,855
2	Total number of individuals (including but				_	ed	above	e) w	<u> </u>			of		,0,000
_	reportable compensation from the organi							-,	NONE		,			
													Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compe	nsated	'		
	employee on line 1a? If "Yes," complete S											3	✓	
4	For any individual listed on line 1a, is the	sum of rep	portat	ole d	com	pe	nsatio	n a	ind other comp	ensation fr	om the	•		
	organization and related organizations	greater tha	an \$1	50,	UUU	17 1	r "Ye	S, "	complete Sch	eaule J 10	r sucr			
-	individualDid any person listed on line 1a receive of				·	fro	m anı		rolated organia	·	Inudua	. 4	✓	ļ
5	for services rendered to the organization?									allon or inc	ividua	5		
Section	on B. Independent Contractors								, p					
1	Complete this table for your five highest of	compensate	ed inc	dene	end	ent	contr	acto	ors that receive	ed more tha	n \$100	0.000 of		
•	compensation from the organization. Rep													ax
	year.	•						•	_					
	(A)								(B)			(C)		
	Name and business add	ress						<u> </u>	Description of s	ervices		Compens	ation	
NONE								ļ						
								-						
								\vdash					-	
								\vdash	<u> </u>					
2	Total number of independent contracto	rs (includir	ng bu	t ne	ot I	ımıt	ed to	th	ose listed abo	ove) who				
_	received more than \$100,000 of compens								NONE					

Form 990 (2017)

Par	t VIII	Check if Schedule (a raci	nonso or noto to	any line in this l	Part VIII		
		Officer if Schedule C	Contains	a res	porise or riote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रे रे	1a	Federated campaign	S	1a			,	· · · ·	1.000
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b		}			
S, G	С	Fundraising events .		1c					
Gift dar,	d	Related organizations	3	1d	15,000				
ž,	е	Government grants (cor		1e					
ar S	f	All other contributions, g				ĺ	[1
ë≨		and similar amounts not inc		1f	25,000				
ont	9	Noncash contributions inclu							
	h	Total. Add lines 1a-1	<u>f </u>	<u>· · </u>		40,000			
Program Service Revenue		75.00 0 W 005N 70	041/5		Business Code				
eve	2a	TEACH CHILDREN TO			611710	50,000	50,000	·-	
8	b	SAFE BANKING FOR S			611710	76,250	76,250		
Š	C d				611710	116,666	116,666	·	
Š	e								
gran	f	All other program ser			- 			· · · · · · · · · · · · · · · · · · ·	
Po	g	Total. Add lines 2a-2				242,916	<u> </u>		
	3	Investment income				2.12/0.10			
	,	and other similar amo	ounts)		▶	106,476			106,476
	4	Income from investmen	t of tax-exer	npt bo	ond proceeds▶				
	5	Royalties	<u> </u>		<u>.</u> ▶				
			(i) Real		(ii) Personal				
	6a	Gross rents .							
	ь	Less. rental expenses							
	С	Rental income or (loss)							<u> </u>
	d	Net rental income or		·-					
	7a	Gross amount from sales of assets other than inventory	(i) Securiti		(II) Other				
	۱ .	Less' cost or other basis	2,17	0,896					
	b	and sales expenses							
	c	Gain or (loss) .		<u>0,239</u> 0,657					
	d	Net gain or (loss) .			▶	570,657			570,657
	"	rvot gain or (1005)		• •		370,037			370,037
Other Revenue	8a	Gross income from fu events (not including \$ of contributions report See Part IV, line 18	ed on line 1						
ŧ	h	Less: direct expenses							
0		Net income or (loss) f					-		
		Gross income from ga See Part IV, line 19	aming activit	ies.			-		
		Less. direct expenses Net income or (loss) f							
	10a	Gross sales of in returns and allowance							
	b	Less. cost of goods s	old	. b					
	С	Net income or (loss) f		of inve	entory ►				
		Miscellaneous F	evenue		Business Code				
	11a]					
	b								
	С	A. II.							<u> </u>
1	d	All other revenue .		1					
	e	Total Add lines 11a-							
	12	Total revenue. See in	ISTRUCTIONS	<u> </u>	P [960,049	242,916		Form 990 (2017)
									FULLI 3/3/14 (2017)

Par	90 (2017) Statement of Functional Expenses				Page 10
Section	on 501(c)(3) and 501(c)(4) organizations must comp			must complete colu	
Do no	Check if Schedule O contains a respons of include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	43,000	43,000	goneral expenses	- expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22	10,278	10,278		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	22,866	6,869	15,234	763
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	198,973	59,767	132,565	6,641
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	129,349	34,817	90,663	3,869
9	Other employee benefits				
10 11	Payroll taxes				
'' a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	34,394		34,394	
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .	26,281	24,565	1,716	
12	Advertising and promotion	6,040	5,590	450	
13	Office expenses	38,407	31,011	7,396	
14 15	Information technology				
16	Occupancy	75,744	26,219	46,611	2,914
17	Travel	32,817	6,902	25,915	2,514
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	32,077	. 5,002	20,0:0	
19 20	Conferences, conventions, and meetings Interest	8,056	2,711	5,345	
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	OVEDHEAD	75,726	26,213	46,602	2,911
b	PRINTING	7,210	3,095	4,115	2,011
c		.,			
d					
е	All other expenses MISCELLANEOUS	1,515	804	711	
25	Total functional expenses. Add lines 1 through 24e	710,656	281,841	411,717	17,098
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				5 000 (00.7)

art X				
	Check if Schedule O contains a response or note to any line in this Par			
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	223,525	2	186,27
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	7,669	4	21,78
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	<u>-</u>
7	Notes and loans receivable, net	-	7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
11	Investments—publicly traded securities	7,802,873	11	8,135,53
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	750		11,9
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,034,817		8,512,2
17	Accounts payable and accrued expenses	3,664	17	19,40
18	Grants payable		18	
19	Deferred revenue	109,583	19	116,60
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L		22	
	· · · · · · · · · · · · · · · · · · ·		23	
23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
25	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	54,249	25	
26	Total liabilities. Add lines 17 through 25	167,496		136,07
	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and			
	complete lines 27 through 29, and lines 33 and 34.	202.555	27	220.00
27	Unrestricted net assets	203,998	28	326,69
28 29	Permanently restricted net assets	7,663,323	29	8,049,5
23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.	7,000,020		0,040,0
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds.		32	
33	Total net assets or fund balances	7,867,321	33	8,376,16
	-	8,034,817	34	8,512,23

AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION

Form 9	0 (2017)			Pa	age 12
["] Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			50,049
2	Total expenses (must equal Part IX, column (A), line 25)	2			10,656
3	Revenue less expenses. Subtract line 2 from line 1	3			49,39 <u>3</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			57,321
5	Net unrealized gains (losses) on investments	5		25	<u>59,454</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		8,37	76,168
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
				Yes	No
1	Accounting method used to prepare the Form 990. Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	laın ın			
	Schedule O				لبدا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or			
	reviewed on a separate basis, consolidated basis, or both.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				,
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	a no t			
	separate basis, consolidated basis, or both.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		_		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	1	ļ
	If the organization changed either its oversight process or selection process during the tax year, exp	olain in			
	Schedule O				لـــــا
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in			
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go the		NI.	A
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits	3b		
		<u> </u>	Fori	n 990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

	COMMUNITY ENGAGEMENT FOUND	ATION					97856		
Par							ns		
The o	organization is not a private foundation)		
1	A church, convention of church	•					Χ		
2	A school described in section						, ,		
3	A hospital or a cooperative hos						/iii\	tor the	
4	A medical research organizatio		onjunction with a nost	ollai uesu	indea in s	section 170(b)(1)(A)(iny. Cit	ter the	
5	hospital's name, city, and state An organization operated for t	he henefit of a	college or university	owned o	r operate	ad by a dovernment	al unit	describe	d in
3	section 170(b)(1)(A)(iv). (Comp		college of diliversity	owned o	Орогис	a by a government	J. 01	40001100	
6	A federal, state, or local govern		mental unit described	ın sectio	n 170(b)	(1)(A)(v).			
7	An organization that normally i						ı the a	eneral pu	blic
·	described in section 170(b)(1)(, , , , , , , , , , , , , , , , , , , ,	3		J	•	
8	☐ A community trust described in			Part II.)					
9	An agricultural research organiz				erated in	conjunction with a la	and-gr	ant collec	ie
	or university or a non-land-grar university:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the co	llege or	
10	☐ An organization that normally re	eceives: (1) mor	e than 331/3% of its si	pport fro	m contri	butions, membership	o fees,	and gros	s
	receipts from activities related support from gross investment	to its exempt fui income and uni	nctions—subject to c related business taxal	ertain ext ble incom	ceptions, ne (less se	and (2) no more that ection 511 tax) from	busine	% OF ITS	
	acquired by the organization af	ter June 30, 197	75. See section 509(a	ı)(2). (Cor	mplete Pa	art III)			
11	☐ An organization organized and								
12	☑ An organization organized and	operated exclus	ively for the benefit of	f, to perfo	orm the fu	inctions of, or to car	ry out	the purpo	ses
	of one or more publicly suppo Check the box in lines 12a throi	rted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Sec	e secti	on 509(a)(3). 100
		-	* *						
а	Type I A supporting organithe supported organization								ıg
	supporting organization. Yo	ou must comple	ete Part IV, Sections	A and B					
b		ization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), t	by having	~d
	control or management of to organization(s). You must o				persons	that control of man	age inc	Support	su
					ounectio	n with and functions	ally mle	eoraled w	illa.
Ċ	its supported organization(s	s) (see instructio	ns). You must comp	lete Part	IV, Secti	ions A, D, and E.			
d	Type III non-functionally integrated that is not functionally integrated.	ntegrated. A su	pporting organization	operaleo	ın conne a dietribi	ection with its suppt	nteg o	igailizatio Itantivano	ill(S)
	requirement (see instruction						u an a	itentivene	.33
_	_ ` ` `	•	•				a II Tva	الا مد	
е	functionally integrated, or T	voe III non-func	tionally integrated sur	portina (organizat	ion	, ıı, ı yı	JO 111	
f	Enter the number of supported o							1	
g			orted organization(s)						
	(i) Name of supported organization	(II) EIN	(III) Type of organization		organization	(v) Amount of monetary		Amount of	
			(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)		support (se structions)	е
			acovo (aco moneonomo)			,		,	
				Yes	No		<u> </u>		
(A) A	merican Bankers Association								
·		52-1001304	10		-	.0		-	0
(B)									
(C)									
						-			
(D)									
/E\									
(E)							<u></u>		
Tota	ı J İ			İ	I		i		

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

Schedule A (Form 990 or 990-EZ) 2017

Part	III Support Schedule for Organiza	tions Descr	ibed in Sect	ion 509(a)(2)	= ·		
	(Complete only if you checked the	ne box on line	e 10 of Part I	or if the orga	nızatıon faile	d to qualify/ur	nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	<u>II.) / _</u>	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(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")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the				i /	1	
	organization's tax-exempt purpose .					ļ	
3	Gross receipts from activities that are not an			1		1	
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to				/	1	
	or expended on its behalf				/		
5	The value of services or facilities				/		
	furnished by a governmental unit to the			/	1		
	organization without charge			/-	ļ	-	
6	Total. Add lines 1 through 5			//_			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			/			
				-/			
b	Amounts included on lines 2 and 3 received from other than disqualified			/			
	persons that exceed the greater of \$5,000			/			,
	or 1% of the amount on line 13 for the year			/			
_	Add lines 7a and 7b		· · · · · · · · · · · · · · · · · · ·	7			
8	Public support. (Subtract line 7c from		- /				
	line 6.)		/	1			
Secti	on B. Total Support	,		<u>. </u>			
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		1				
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		/				
	royalties, and income from similar sources .		/				
b	Unrelated business taxable income (less	•	ĺ		,		
	section 511 taxes) from businesses	/					
	acquired after June 30, 1975 .	/					
С	Add lines 10a and 10b						
11	Net income from unrelated business	/					
	activities not included in line 10b, whether	/		1			
	or not the business is regularly carried on						
12	Other income. Do not include gain or	/		1			
	loss from the sale of capital assets	/		1			
4.0	(Explain in Part VI.)	/			 		
13	Total support. (Add lines 9, 10c, 11,	7					
4.4	and 12.)	o organization	'o firet secon	d third fourth	or fifth tay v	ear as a section	501(c)(3)
14	organization, check this box and stop/he	-					
Sooti	on C. Computation of Public Suppor					<u> </u>	
15	Public support percentage for 2017/(line 8			13 column (fl)		15	%
16	Public support percentage from 2016 Sch						<u> </u>
	on D. Computation of Investment In			·	<u> </u>		
17	Investment income percentage for 2017 (y line 13, colui	mn (f))	17	%
18	Investment income percentage from 2016						%
19a	331/3% support tests - 2017. If the organ	zation did not	check the box	x on line 14, a			
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2016! If the organiz						
-	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions ► 🗌

determine whether the organization had excess business holdings)

Page 4

Part IV 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.)

	Sections A, D, and E. If you checked 12d of 7 art 1, complete Sections A and D, and complete 1	ui i v	·/	
<u>Secti</u>	on A. All Supporting Organizations		Vac	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	/	
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			
За	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2	-	-
Ju	(b) and (c) below.	3a	1	-
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.	3b	_	
С	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.	3c	_	
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.	4a		✓
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		N/	
	despite being controlled or supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination	4b	IN/	
С	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.	4c	N/	A
5а	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?	5a 5b	N	√ A
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	N.	
6	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.	6	1	
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)	7	-	1
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		1
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 .	9a		
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.	9b		✓
С	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 .	9c		_
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.	10a		✓
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

10b

Schedu	ule A (Form 990 or 990-EZ) 2017			Page \$
Part	IV Supporting Organizations (continued)		1	
44	the three control of the control of		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a	<u> </u>	7
b	A family member of a person described in (a) above?	11b	-	1
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	7
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			Ì
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	<u></u>	
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		1
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ļ
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Secti	on D. All Type III Supporting Organizations	1		
0000	on b. All Type III oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			ŀ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (soo in:	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
-	that these activities constituted substantially all of its activities.	2a_		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of the supported examplestions? If "Vee " describe in Part VI the role played by the examplestion in this regard	2h		

Schedule A (Form 990 or 990-EZ) 2017

instructions)

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Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035. 6 7 Recoveries of prior-year distributions 7 8 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions			
9_	Distributable amount for 2017 from Section C, line 6			
10_	Line 8 amount divided by line 9 amount		(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e		-	
g	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
<u> </u>	Carryover from 2012 not applied (see instructions)			
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$	'		
	Applied to underdistributions of prior years			
<u>а</u> b	Applied to underdistributions of prior years Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
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.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
C_	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part IV, Sec	tion A, 3b
The support	ted organization, American Bankers Association, qualifies under section 501(c)(6) and has received an IRS determination letter on
August 24,	1977 ABA completes annually a pro forma Schedule A
Part IV, Sec	tion A, 3c
Support giv	en to a supported section 501(c)(6) organization is used solely for charitable purposes
There was n	o support given to the supported organization, American Bankers Association, for the tax year
Part IV, Sect	tion A, 6
ABA Comm	unity Engagement Foundation provided sponsorship of \$25,000 to Council for Economic Education (EIN 13-1623848), a non-profit
501(c)(3) or	ganization, for the 2018 Survey of the States Economic and Personal Finance Education in Our Nation's Schools program
ABA Comm	unity Engagement Foundation donated \$15,000 to the Global Financial Literacy Excellence Center (GFLEC) at the George
Washington	University (EIN 53-0196584), School of Business in Washington, DC for its financial literacy educational programs
ABA Comm	unity Engagement Foundation provided sponsorship of \$3,000 to the National Adult Protective Services Association (NAPSA)
(EIN 30-004	4497), a national non-profit 501(c)(3) organization, for 2018 NAPSA Annual Conference
	······

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

Open to Public Inspection

Name o	the organization		Employer identification number
AMERI	CAN BANKERS ASSOCIATION COMMUNITY ENGAGE	MENT FOUNDATION	83-0397856
Par	Organizations Maintaining Donor Adv	vised Funds or Other Similar Fur	
	Complete if the organization answered	"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		<u> </u>
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gra	int funds can be used
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or	
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	· · · · · · Yes 🗌 No
Part			
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		
	Protection of natural habitat	☐ Preservation of	of a certified historic structure
_	Preservation of open space		. No officer of a second second
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contributi	On in the form of a conservation Held at the End of the Tax Yea
	easement on the last day of the tax year.		
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified		2c
d	Number of conservation easements included in		i I
_	historic structure listed in the National Register .		· · 2d
3	Number of conservation easements modified, trans	sterred, released, extinguished, or ter	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse Does the organization have a written policy re-		proof on handling of
5	violations, and enforcement of the conservation ea	asements it holds?	· · · · · · · · Yes 🗆 No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	ng conservation easements during the yea
7	Amount of expenses incurred in monitoring, inspectir ▶\$		
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements o	if section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		nancial statements that describes the
	organization's accounting for conservation easeme		
Part	Organizations Maintaining Collection		
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar	r assets held for public exhibition, e	aucation, or research in furtherance
	public service, provide, in Part XIII, the text of the f		
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts relat	r assets held for public exhibition, e	revenue statement and balance shed ducation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art	. historical treasures, or other similar	r assets for financial gain, provide th
	following amounts required to be reported under S	SFAS 116 (ASC 958) relating to these	items.
	Revenue included on Form 990, Part VIII, line 1 .		
h	Assets included in Form 990, Part X		> S

Schedu	ale D (Form 990) 2018					Page 2
Par	Organizations Maintaining					
3	Using the organization's acquisition, collection items (check all that apply):		ner records, chec	ck any of the follo	wing that are a sig	gnificant use of its
а	Public exhibition		d ∏ Loan	or exchange prog	ırams	
b	Scholarly research					
C	Preservation for future generations	•	e 🗀 Ottle			
4	Provide a description of the organiza		nd explain how t	hey further the or	nanization's exem	ot purpose in Par
•	XIII.	tion o conconono a	na explain new t	inoy rantinor and on	gamzanon o oxom	p. pa.pood r a
5	During the year, did the organization assets to be sold to raise funds rather					
Dar			nied as part of th	e organization s co	JIIECTION:	☐ Yes ☐ No
Par	Escrow and Custodial Arra Complete if the organization		on Form 000 I	Dort IV line 0 or	ranadad an am	ount on Form
	990, Part X, line 21.	i alisweleu i es	on Form 990, i	raitiv, iiie 5, oi	reported an am	ount on Form
		austodian or othe	ar intermediany fo	or contributions o	r other assets not	
Ia	included on Form 990, Part X?					` □ Yes □ No
.	If "Yes," explain the arrangement in P					☐ fes ☐ No
b	ii fes, explain the arrangement in P	art Aill and comple	te the following to	able.	Δm	nount
	Decinaries balance			1		
ب د	Beginning balance			10		
a	Additions during the year			<u> </u>		
e f	Distributions during the year			16		
2a	Ending balance					Voc 🗆 No
b						
	t V Endowment Funds.	art Alli Check here	il tile explanatio	ir nas been provid	ed Oli Fall XIII .	<u>: , •</u>
	Complete if the organization	answered "Ves"	on Form 990 I	Part IV line 10		
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance		7,330,988			
b	Contributions	7,663,323	7,330,988	7,393,429	7,967,842	7,171,788
c	Net investment earnings, gains, and		· · · · · · · · · · · · · · · · · · ·			
·	losses	206 102	222 225	(62.441)	(574.412)	706.054
d	Grants or scholarships	386,192	332,335	(62,441)	(574,413)	796,054
e	Other expenditures for facilities and				· · · · · · · · · · · · · · · · · · ·	
·	programs					
f	Administrative expenses					
g	End of year balance	8,049,515	7,663,323	7,330,988	7,393,429	7,967,842
2	Provide the estimated percentage of t					1,901,842
a	Board designated or quasi-endowmer	•	_	i, column (a)) nelu	as	
b	· ,	nt ▶ 100%	- ^0			
C	Temperarily restricted and sympost					
C	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and	20 should equal 10	n0%			
За	Are there endowment funds not in the			at are held and ac	iministered for the	1
•	organization by.	o possession or the	organization th	at are more and ac		Yes No
	(i) unrelated organizations					3a(i) ✓
						3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related o			hedule R?		3b ✓
4	Describe in Part XIII the intended uses					00 1
Par						· -
ı aı	Complete if the organization		on Form 990 F	Part IV line 11a	See Form 990 F	Part X line 10
	Description of property	(a) Cost or oth			Accumulated	(d) Book value
	bescription of property	(investme	1		epreciation	(a) Dook value
	Land					····
b	5 11	•				
C	Leasehold improvements					
d	Equipment	•				
e	Other	·				
	Add lines 1a through 1e (Column (d) m	nust equal Form 00	0 Part X column	(B) line 10c)	•	
	mas mes la migugh le Jouluini (u) li	iusi uquai i Oiiii 33	e, i are n, coluilli	(2),	· · · · · · · · · · · · · · · · · · ·	

Schedule D (Form 990) 2018 Page **3**

Part VII	Investments — Other Securitie Complete if the organization and		m 990 Part IV	line 11h See Fo	rm 990 Part X line 12
	(a) Description of security or categor (including name of security)		(b) Book value	(c) I	Method of valuation end-of-year market value
(1) Financial					Site of your market value
	neld equity interests				
(0) (04)	• •			-	<u> </u>
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)		· 			
(H)					
	o) must equal Form 990, Part X, col. (B) line 12)				
Part VIII	Investments – Program Relate Complete if the organization and		m 000 Part IV	line 11e See Ee	rm 000 Port V line 13
	(a) Description of investment	swered tes on For	(b) Book value		Method of valuation
	(a) Description of investment		(b) Book value		end-of-year market value
(1)_					
(2)					
(3)					
(4)					
(5)				<u>.</u>	
(6)			<u> </u>		
_(7)					
(8)		·····		 	
(9)	n) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets.	<u> </u>			
raitix	Complete if the organization and	swered "Ves" on For	m 990 Part IV	line 11d See Fo	rm 990 Part X line 15
		(a) Description	11 000, 1 411 14,	1110 114. 00010	(b) Book value
(1)					
(2)					
(3)			-		
(4)					
(5)					
(6)		<u></u> .			
(7)					
(8)					
(9)	nn (b) must equal Form 990, Part X, o	ant /D) time 15)			
Part X	Other Liabilities.	coi. (b) line 13) .			<u> </u>
I AIL A	Complete if the organization ans	swered "Yes" on For	m 990 Part IV	line 11e or 11f S	See Form 990 Part X
	line 25.	Swered 105 Office	11 000, 1 411 14,	1110 110 01 111.0	, , , , , , , , , , , , , , , , , , ,
1.	(a) Description of liability	(b) Book value			- -
(1) Federal in					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	Service of Ferra COO Deat V and William Co.				
) must equal Form 990, Part X, col. (B) line 25) uncertain tax positions. In Part XIII, prov	uido tho tout of the factor	to to the erece:	tion's financial state	monto that year and all a

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

Scrieda	10 U (FO	1111 990) 2010				raye ¬
Part	: XI	Reconciliation of Revenue per Audited Financial Stateme			Return.	
1	Total	Complete if the organization answered "Yes" on Form 990, I revenue, gains, and other support per audited financial statements			11	1,219,503
2		unts included on line 1 but not on Form 990, Part VIII, line 12:				1,219,503
a		unrealized gains (losses) on investments	2a	259,454		
b		ated services and use of facilities	2b	239,43		
C		overies of prior year grants	2c		1	
d		r (Describe in Part XIII.)	2d	 	1	
e		lines 2a through 2d		<u> </u>	2e	259,454
3		ract line 2e from line 1			3	960,049
4		unts included on Form 990, Part VIII, line 12, but not on line 1	i i			300,040
a		stment expenses not included on Form 990, Part VIII, line 7b	4a			
b		r (Describe in Part XIII.)	4b	 	1	
C		lines 4a and 4b		I	4c	
5		revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	960,049
	XII					
		Complete if the organization answered "Yes" on Form 990, I				
1	Total	expenses and losses per audited financial statements			1	710,656
2		unts included on line 1 but not on Form 990, Part IX, line 25.				
- a		ated services and use of facilities	2a	1		,
b		year adjustments	2b	 		
C		r losses	2c			
d		r (Describe in Part XIII.)	2d		┤ ┣ ■ ┃	
		lines 2a through 2d	<u> 24</u>		2e	
е 3		ract line 2e from line 1	• •		3	710,656
4		unts included on Form 990, Part IX, line 25, but not on line 1.	i .			7 10,030
		stment expenses not included on Form 990, Part VIII, line 7b	40			
a			4a 4b	 	-	
b		r (Describe in Part XIII.)	4D	1		
. с		lines 4a and 4b	. 10 \		4c	
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	= 10./	· · · · · · · · · · · · · · · · · · ·	5	710,656
2; Par	t XI, lır	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	ovide any additional in	nformatio	n
Part V	Line 4	<u> </u>				
An ann	nually	determined amount of income from the endowment funds is used for the	gene	ral exempt purposes o	f the orga	nızatıon
Part X,	line 2					
Note 1	Natur	e Of Activities And Significant Accounting Policies Income Taxes				
Americ	can Ba	nkers Association Community Engagement Foundation is exempt under	Secti	ion 501(c)(3) of the IRC	and is cla	ssified as an
organı	zation	that is not a private foundation. Therefore, no provision for income taxe	s has	been provided for this	entity in	the accompanying
consol	lidated	financial statements, except for that resulting from the Association's ur	relate	ed business income		
Manag	ement	evaluated the Association's tax positions and concluded that the Association	iation	has taken no uncertai	n tax posi	tions that require
<u>adjusti</u>	ment to	o the consolidated financial statements to comply with the provisions of	this c	quidance Generally, th	e Associa	tion is no longer
subjec	t to inc	come tax examinations by the U.S. federal, state, or local tax authorities	for ye	ars before 2015		
		*				

AMERICAN	BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION	83-0397856
Schedule D (Fo	rm 990) 2018	Page 5
Part XIII		
•••••		
		·

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

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

2017	Open to Public Inspection
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OMB No 1545-0047

% □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV line 21 for any recipient that received more than \$5,000. Part II can be displicated if additional space is needed. Employer identification numbe ✓ Yes 83-0397856 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance? General Information on Grants and Assistance AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION Vame of the organization Part II

990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated it additional space is needed.	tor any recipient	that received m	ore than \$5,000.	Part II can be di	uplicated if additiv	onal space is needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Council for Economic Education 122 East 42nd St, Ste 2600, New York	13-1623848	501(c)(3)	25,000	NONE	N/A	N/A	2018 Survey of the States
(2) George Washington University 2201 G St NW, Washington, DC 20052	53-0196584	501(c)(3)	15,000	NONE	N/A	N/A	GFLEC educational programs
(3) NAPSA, 25 Massachusetts Ave NW NW #500, Washington, DC 20001	30-0044497	501(c)(3)	3,000	NONE	N/A	N/A	2018 NAPSA Conference
(4)							
(9)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	n 501(c)(3) and go	vernment organiza	tions listed in the	ine 1 table			3
	organizations liste	d in the line 1 table					△ .

Schedule I (Form 990) (2017)

Cat No 50055P

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

83-0397856

Page 2

Schedule I (Form 990) (2017)

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. Part III

dit in odil be deprised in decine	,				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Video contest for teens to promote saving		8,500	1,778	FMV	Registration fee, Award prize GoPro camera
2					
3					
4					
5		,			
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line	the information i	equired in Part I, lin	e 2; Part III, columr	2; Part III, column (b); and any other additional information	ional information.
Part I, line 2					
ABACEF has specific eligibility rules for our Lights Camera Save contest Those can be found at https://www aba com/Engagement/Documents/lights-camera-save-official-rules pdf	ontest Those can be f	ound at https://www.aba	com/Engagement/Docum	ents/lights-camera-save-official-	rules pdf
ABACEF serves as the national sponsor of the program and selects the Grand-Prize \$5,000, 2nd place \$2,500 and 3rd Place \$1,000 winners from the videos that win at the local (bank) level	ts the Grand-Prize \$5,(000, 2nd place \$2,500 and	3rd Place \$1,000 winners	rom the videos that win at the lo	cal (bank) level
As the contest sponsor, ABA maintains the official rules, selects the national judging panel and provides a framework and materials to make bank participation easy and turnkey	the national Judging p	inel and provides a frame	vork and materials to mak	e bank participation easy and tui	nkey
Part III, Column (b)					
Lights, Camera, Savel is a video contest that encourages teens to educate themselves and their peers about the value of saving and using money wisely. Students enter the contest by submitting videos to local	o educate themselves	ind their peers about the v	/alue of saving and using	noney wisely. Students enter th	e contest by submitting videos to local
participating banks. These banks then choose a local winning video and su	ideo and submit it for J	udging at the national leve	el The top three national v	vinners will receive a cash prize c	ibmit it for judging at the national level. The top three national winners will receive a cash prize of \$1,000, \$2,500, and \$5,000 to fund their
savings goal! Additionally, each winner's school will receive a scholarship for a teacher to attend the annual Jump\$tart National Educator Conference	holarship for a teacher	to attend the annual Jum	pŝtart National Educator (onference	
Visit Lights, Camera, Savel website at http://www aba com/Engagement/LCS/Pages/default aspx to learn about the winners	agement/LCS/Pages/d	fault aspx to learn about (he winners		

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION

83-0397856

Employer identification number

Part	Questions Regarding Compensation			·
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		Yes	No
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.		ļ.	
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to		N	Α
	explain	1b		Ľ.,
2	Did the eventuration require substantiation prior to reimburging or allowing eventure by all			
~	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line		١,	'A
	1a?	2	'`	^
		<u> </u>		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract	[
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Approval by the board or compensation committee			
	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		<u> </u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	✓	1
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		-
	The rest to any or lines 40 of list the persons and provide the applicable amounts for each term in a cities.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			لـــِــا
а	The organization?	5a		√
b	Any related organization?	5b		-
	The Soft line Salor Sb, describe in Fact III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		✓
b	Any related organization?	6b		✓
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		✓
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			_
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		✓
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	 		
J	Regulations section 53 4958-6/c/?	اما	N.	Α

Schedule J (Form 990) 2017

Page 2 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990. Part VII. Section A, line 1a. applicable column (D) and (E) amounts for that individual

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that Individual	or eac	h listed individual mu	ist equal the total am	ount of Form 990, Pa	rt VII, Section A, line	1a, applicable columi	n (D) and (E) amount	s for that individual
		(B) Breakdown o	if W-2 and/or 1099-MI	SC compensation	(C) Retirement and	oldevetook (a)	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Peter C Cook	(3)							
1 Chief Communication Officer	E	278,101	30,400	52,531	22,949	28,114	412,095	0
Robert G. Eady	()							
2 Appointed CFÓ	(E)	438,894	65,800	193,585	81,822	15,339	795,440	0
Corey Carlisle	€							
3 Senior Vice President	Ξ	210,132	14,782	3,746	12,291	10,156	251,107	0
Robert Schmermund								
4 Former Executive Vice President		343,211	002'69	90,158	6,358	22,826	532,253	0
	E		-					
5	€							
	()							
9	Ξ							
	(0)							
7	Ξ			1		• • • • • • • • • • • • • • • • • • •		
	€							
8	€	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	Ξ							
6	(E)							
	Ξ							
10	(<u>ii</u>)							
	€							
11	Ξ							
	Ξ							
12	▣							
	=							
13	€							
	Ξ							
14	Ξ							
	€	11 11 11 11 11 11 11 11 11 11 11 11 11						
15	€							
	Ξ	6 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
16	€							
							•	1,100,000

Schedule J (Form 990) 2017
_ੂ≑ 8
Part I, Line 3:
The organization does not compensate its board members and officers
The organization relied on its related organization, American Bankers Association (FEIN: 52-1001304), to establish the top management official's compensation by the following methods:
Compensation committee of the American Bankers Association
Compensation survey study done by American Bankers Association
Approval by the board and compensation committee of the American Bankers Association
Part I. Line 4b:
The organization does not provide a supplemental nonqualified retirement plan to its board members and officers
There are two people listed in Form 990, Part VII, Section A, Line 1a, who participated in a non-qualified Supplemental Employee Retirement Plan provided by related organization,
American Bankers Association.
The accrued present value of estimated benefits for the year provided by American Bankers Association to Robert G. Eady is \$120,400
The accrued present value of estimated benefits for the year provided by American Bankers Association to Robert Schmermund is \$16,600
Schedule J (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 Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

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

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Varne of the organization

Part I

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

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

AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION

Employer Identification number Inspection

83-0397856

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets (d) Total income (c)
Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity (9) Part II 3 Ξ € 8 ල

יויסיפ ישים אין ווווסיפ וווסיפ ועין פער פעפווואר סואמווויאל מווייאל מווייאל מווייאל	יום אם טום ליוווי						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) lled /?
					,	Yes	No
(1)American Bankers Association (52-1001304)							
1120 CONNECTICUT AVE, NW, WASHINGTON, DC 20036	Banking Membership	DC	501 (C) (6)	N/A	ABA		>
(2) ABA Securities Association (52-1935145)							
1120 CONNECTICUT AVE, NW, WASHINGTON, DC 20036	Education, Membership	DE	501 (C) (6)	N/A	ABA		<u> </u>
(3) International Monetary Conference (23-7244320)							
1120 CONNECTICUT AVE, NW, WASHINGTON, DC 20036	International Banking	DC	501 (C) (6)	N/A	ABA		<u> </u>
(4)BAFT, Inc (11-3642835)							
1120 CONNECTICUT AVE, NW, WASHINGTON, DC 20036	Financial Services	DE	501 (C) (6)	N/A	ABA		>
(5) The Fund for Economic Growth (61-1579521)							
1120 CONNECTICUT AVE, NW, WASHINGTON, DC 20036	Education, Advocacy	۷A	501 (C) (4)	N/A	ABA		`>
(9)							
(2)		-					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	.0.	Cat N	Cat No 50135Y		Schedule R (Form 990) 2017	(Form 990) 2017

PartIII

Page 2 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(9) (h) Share of end-of- year assets allocations?	(h) Disproportiona allocations?	(1) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
(1) Community Bank Mortgage LLC (84-1717504)	Secondary Mortgages		₹ N	A/N	d/N	A/N	Yes	0/2	Yes	N N
(2)										
(3)			`							
(4)										
(5)										
(9)										
(Δ)										
Part IV Identification of Ine 34, because	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ons Taxable	as a Corpora zations treated	tion or Trust. Coas a corporation	omplete if the	organization	ar.	ered "Yes" on Fo	orm 990,	oart IV,

Part IV	Identification of Helated Organizations Laxable as a Corporation or Irust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	zations laxable as a re related organization	Corporation or	Irust. Comple orporation or t	lete if the organizarist the tale	ation answax year.	ered "Yes" on	Form 990,	Part IV	_
Name,	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) (i) (i) Exercentage Section 512(b)(13) controlled entity?	(i) Section 512l controlle entity?	(b)(13) ed
									Yes	٩
(1) ABA Ca 1120 CONNE	(1) ABA Card Solutions Inc (36-3515025) 1120 CONNECTICUT AVE, NW, WASHINGTON, DC	Business Services	DE	N/A	C corp	N/A	N/A	N/A		\
(2)	(2)									
(3)										
(4)								İ		
(2)	(5)									
(9)	(9)								,	

Schedule R (Form 990) 2017

(7)

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

Notes Complete line 1 if any another in lineard II III as IV as this ashedula				× ×	QN.
	or more related organ	izations listed in Parts	S II-IV?	3	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	<u> </u>
b Gift grant, or capital contribution to related organization(s)	•			4	>
c Gift, grant, or capital contribution from related organization(s)				2 2	<u> </u>
	•		· · · ·	2 3	<u> </u>
				밀,	\
e Loans or loan guarantees by related organization(s)				1e	>
				[
f Dividends from related organization(s)				#	>
g Sale of assets to related organization(s)				19	>
				=	>
i Exchange of assets with related organization(s)				=	>
i Lease of facilities, equipment, or other assets to related organization(s)	•	•	- 	: ;=	
		•		-	
k Lease of facilities, equipment, or other assets from related organization(s)	•			 ¥	>
				=	<u> </u>
m Performance of services or membership or fundraising solicitations by related organization(s)				ξ	>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				11 /	
	•		· · ·	. \	
				> 2	
b Reimbursement paid to related organization(s) for expenses			•	15	1
Reimbirsement haid by related organization(s) for expenses			· · ·	2 5	<u>\</u>
			•	<u> </u>	>
Cother transfer of cash or property to related organization(s)			- !	 ;	ļ
			· · ·	<u> </u> = .	>
١				18	>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	omplete this line, inclu	uding covered relation	ships and transaction	n threshol	ds.
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	amount invo	olved
(1) American Bankers Association (52-1001304)	u	75,744	Allocation	ıoı	
(2) American Bankers Association (52-1001304)	0	351,188	Allocation	noi	
(3) American Bankers Association (52-1001304)	• 0	675,872	Actual/Cash	Cash	
(4)					
(5)					
(9)			Schoolile B (Form 990) 2017	/Eorm 000	3047
			- >	(FUI 550	: 27

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Unrelated Organizations Taxable as a Partnership. Complete of the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

or gross revenue) mat was not a reface of gainzanor. See instructions regarding exclusion for certain investment partnerships	garıızatıdır. See	I I STI UCIIOTIS I	egarung exclusit		ertain investment	parmersnips				
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners		(g) Share of	(h) Disproportionate	Code V—UBI	(i) General or	(k) Percentage
		(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income	=	allocations?	₩ C		
			₹	Yes No	0		Yes No		Yes	
(1)										
(2)										
(3)										
(4)										
(9)										
(9)		,								
(2)										
(8)										
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(15)						٠				
(16)										

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Schedule R (Form 990) 2017

AMERICAN BANKERS ASSOCIATION COMMUNITY ENGAGEMENT FOUNDATION

Schedule H (F	orm 990) 2017	Page 3
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	

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