Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

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

Open to Public

			the Treasury ue Service	► Go to www.irs.gov/Form990 for inst	ructions and	d the latest	information.	<i>J</i> 7	Inspection
	<u>A</u>	For the	2018 ca	endar year, or tax year beginning 8/1/	2018	, and e		31/2019	
	<u>B</u>	Check if a	applicable	C Name of organization THE ABILENE EDUCATION	FOUNDATI	ON	D Employe	r identifi	cation number
	\sqcup	Address (change	Doing business as					
	\Box	Name ch	anne	Number and street (or P O box if mail is not delivered to stree	et address)	Room/suite	31-174149		
	二			P O BOX 1999			E Telephor	ie numbei	r
1	□ '	nitial retu	ım	•		ZIP code	325-677-8	589	
		Inal retum	/terminated			79604-1999 Foreign postal			
	$\overline{\Box}$	Amended	Leaturn	Foreign country name Foreign province/state/co	unty	roreign postal	G Gross re	ceints \$	452,621
	\equiv						0 3,055,10	zo.pte v	
	\sqcup	Application	on pending	F Name and address of principal officer			H(a) is this a group return	for subord	= =
				Mike Breckenridge 2026 Brookhollow Dr. Abilene,	TX 79605-	5504 1	H(b) Are all subordina	es include	ed? Yes No
	ΙŢ	ax-exem	pt status	X 501(c)(3) 501(c) () ◀ (insert no)	4947(a)(1) c	or 52/7	If "No," attach a l	st (see ir	nstructions)
	JV	Vebsite	: Nw	v abileneeducationfoundation org		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	H(c) Group exemption	number	>
	—- К ғ	orm of o	rganization	X Corporation Trust Association Other	r >	L Yes	ar of formation 2000	Ms	itate of legal domicile TX
	_	art f		· — · · · · · · · · · · · · · · · · · ·		1 1-10.	2000		tate of legal domicile TX
1	Ĭ	1		nmary escribe the organization's mission or most significa	nt activities	TOE	POMOTE AND E	NHANC	E EXCELLENCE IN
	ė	'		FION FOR THE STUDENTS AND TEACHERS OF					
	ä			3H ENRICHMENT OF ITS PROGRAMS	TITE ADIED	TIVE INDE	LINDLINI GOLIGO	- 01011	[101 [NOD]
	e.	١ ,		P****			of Abon 050/		
	Activities & Governance	3		is box ▶ if the organization discontinued its of voting members of the governing body (Part VI,		or aisposea	of more than 25%	3 (
	ಶ	4		of independent voting members of the governing b		(Line 1h)	•	4	<u>17</u> 17
	ies	5		mber of individuals employed in calendar year 201			•	5	3
	₹	6		mber of volunteers (estimate if necessary) .	o (i ait v, iii	10 24)	•	6	175
	Act	7a		related business revenue from Part VIII, column (C	:) line 12		•	7a	- 1/3
	-	b		lated business taxable income from Form 990-T, li	• •			7b	0
,							Prior Year	1	Current Year
	Φ	8	Contribu	tions and grants (Part VIII, line 1h)			34	6,661	396,874
	ž	9		service revenue (Part VIII, line 2g).				0	0
	Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d	i) .		7	8,604	34,794
2021	œ	11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10	c, and 11e)		-3	4,874	-36,332
7		12	Total rev	enue—add lines 8 through 11 (must equal Part VIII, co	lumn (A), line	e 12)	39	0,391	395,336
∞		13		nd sımılar amounts paid (Part IX, column (A), lınes		•		3,111	354,098
_		14		paid to or for members (Part IX, column (A), line 4)			·	0	0
MAR	es	15		other compensation, employee benefits (Part IX, colun		5–10) .	11	7,223	117,981
\geq	Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)				이	
	×	b		draising expenses (Part IX, column (D), line 25)		16,486		2 - 1 -	
\mathbb{H}	ш	17		penses (Part IX, column (A), lines 11a–11d, 11f–2				6,518	167,982
NNED		18		penses Add lines 13-17 (must equal Part IX, cotur				6,852	640,061
Z.	<u> </u>	19	Revenue	less expenses Subtract line 18 from line 12	<u> </u>	IVED		6,461	-244,725
SCA	Assets or Balances	20	Total acc	sets (Part X, line 16)			Beginning of Curren	2,832	End of Year 1,220,607
Ś	Ass.	21		tets (Part X, line 16)	MAR. 2	3 2020	1001	3,085	25,585
	Fund	22		ts or fund balances Subtract line 21 from line 20_		0 ZUZU		9,747	1,195,022
1		rt II			0000		œ	<u> </u>	
			es of perjury	I declare that I have examined this return, including accompanying		ind, statements,	, and to the best of my k	nowledge)
				t, and complete Declaration of preparer (other than officer) is bas				ledge	
	Sig	n					<u> </u>	7/20	26
	Hei		! !	Signature of officer			Date		
		-		RYAN GIBSON	TREA	SURER			
-			I David	Type or print name and title	tues		Date		PTIN
	Da:			Type preparer's name Preparer's signat	7 ×	001	Date	Check 2	X f
	Pai Pro	u parer	LIN	DA F. SISSEL, CPA	esser	<u> </u>		elf-emplo	
		Parer Only		s name LINDA F. SISSEL, CPA			Firm's EIN ▶	45-4	1477.088
	(s address > 425 CYPRESS STREET: ABILE	NE. TX 7	79601	Phone no		677-6362
•	May	the IR		this return with the preparer shown above? (see					. X Yes No
-				the testin man are propored different above. (600 ii			<u> </u>		. <u>// 105110</u>

HTA

1145200318990LSFEAZOB

Form 9	990 (2018) THE ABILENE EDUCATION FOUNDATION 31-1741496	Page Z
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	. X
1	Briefly describe the organization's mission TO PROMOTE AND ENHANCE EXCELLENCE IN EDUCATION FOR THE STUDENTS AND TEACHERS OF THE ABILEN INDEPENDENT SCHOOL DISTRICT (AISD) THROUGHT ENRICHMENT OF ITS PROGRAMS.	E
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	s X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported	rs,
4a	(Code	
4b	(Code	
4c	(Code) (Expenses \$ 27,801 including grants of \$) (Revenue \$ Teachers in the Limelight Celebration - TLC (Teachers in the Limelight Celebration) honors the dedicated work of teachers in Abilene ISD with campus recognition, a formal dinner, and a monetary award. A TLC teacher possesses integrity and a love for teaching that spills into the classroom. With the donation of 3,000 shares of Exxon Mobile stock from Mr. Edwin Jennings, Jr., in 2012, a permanent endowment held at Community Foundation of Abilene was established to honor teachers making a difference in the lives of students in Abilene ISD with an "Edwin and Agnes Jennings. Teaching Excellence Award" in memory of his parents. This endowment will allow AEF to continue these awards yearly for generations to come, as part of TLC (Teachers in the Limelight. Celebration) Continued on Schedule O.	
4d	Other program services. (Describe in Schedule O.)	

503,571

Total program service expenses

31-1741496

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	"		
	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	l		1
	candidates for public office? If "Yes," complete Schedule C, Part I .	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			i -
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		х
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted	Ť		
•	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X as applicable			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
-	Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1110	\vdash	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		^ -
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	444		
		11c		X
a	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	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
۰.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
za	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		. [
	Schedule D, Parts XI and XII	12a	Х	
D	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	-	<u> </u>
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>_x</u> _
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	\longrightarrow	Χ_
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	l l		
_	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>_x</u> _
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		ļ	
_	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		<u> </u>
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	ĺĺ	ľ	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<u> </u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		l	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	{	<u>_x</u> _
8	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	X	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>_x</u> _
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	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 12 If "Yes," complete Schedule I, Parts I and II.	21	Х	

ı aı	The Checkinst of Required Ochecules (Continued)		T	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	[Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	 	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines]]	
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	ļ	Х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	Х
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	250		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a	 	 ^
	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			l
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	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		х
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)	l		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
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)	200		<u> </u>
ŭ	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		Х
32	If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
D	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1002		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	ĺ		
	19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	
Par	t 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		ı	\neg
	Officer in confedure of contains a response of flote to any fine in this rait v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	Г	. 40	.,,,
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			l
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
		Form	990 (2018)

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	Yes No
2a	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	3 4 4 5
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	NEW ROLL WAS
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	
7.4	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a X
b	If "Yes," enter the name of the foreign country	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	
	organization solicit any contributions that were not tax deductible as charitable contributions?.	6a X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	
_	gifts were not tax deductible?	6b
7	Organizations that may receive deductible contributions under section 170(c).	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70 V
	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a X 7b X
b	Did the organization roting the donor of the value of the goods of services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1011
С	required to file Form 8282?	7c X
d	If "Yes," indicate the number of Forms 8282 filed during the year	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	24 27 E
•	sponsoring organization have excess business holdings at any time during the year?	8
9	Sponsoring organizations maintaining donor advised funds.	847 M 2 186
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b
10	Section 501(c)(7) organizations. Enter	
а	Initiation fees and capital contributions included on Part VIII, line 12	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	
11	Section 501(c)(12) organizations. Enter.	
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources	
b	against amounts due or received from them.)	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a
	Note. See the instructions for additional information the organization must report on Schedule O	
b	Enter the amount of reserves the organization is required to maintain by the states in which	
	the organization is licensed to issue qualified health plans	
С	Enter the amount of reserves on hand	EN ES RE
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	
	excess parachute payment(s) during the year	15 X
	If "Yes," see instructions and file Form 4720, Schedule N	经营业 经金额
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16 X
	If "Yes," complete Form 4720, Schedule O	Tip at the
		Form 990 (2018)

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 State the name, address, and telephone number of the person who possesses the organization's books and records LINDA F SISSEL, CPA (325) 677-6362 425 CYPRESS STREET, ABILENE, TX 79601-5101

20

741	496	Page	•
/4 I	490	Page	

•				
Form 990 (2018)	THE ARII	ENE EDI	ICATION	FOLINDATION

compensated employees, and former such persons.

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	do not checox, unless the ficer and a		c) sition I more than one erson is both an director/trustee employee Key employee		an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MIKE BRECKENRIDGE	1 00									
PRESIDENT	0 00	X	ļ	Х	<u> </u>			0	0	
(2) MIKE DUDLEY	4 00	,			1					
VICE PRESIDENT	0 00	X	-	Х	-			0	0	
(3) TIFFANY LAMB	2 50	U		Ų				,		
SECRETARY (4) E.B. DOTSON, III	0 00 2 00	<u> </u>		Х	Н		_	0	0	
TREASURER	0 00	х		х				o	o	
(5) TERRY BULL	1 50	 ^		 						
BOARD MEMBER	0 00	x						o	o	
(6) KEVIN CAMPBELL	0 50	<u> </u>								
BOARD MEMBER	0 00	x						0	o	
(7) RYAN GIBSON	2 00							· ·		
BOARD MEMBER	0 00	х						o	o	
(8) ASHLEY HALL	1 50									
BOARD MEMBER	0 00	Х				i		0	0	
(9) MARILYN LONG	0 50									
BOARD MEMBER	0 00	X	Щ					0	0	·
(10) BARBARA MCLEOD	0 50					i	- 1			
BOARD MEMBER	0 00	Х	Щ					0	0	
(11) JESSICA MELSON	2.50									
BOARD MEMBER	0 00	X	Н				_	0	0	
(12) SUSAN MOUSER	1 50								_[
BOARD MEMBER	0 00	<u> </u>	Н	-	\vdash		-	0	0	
(13) JOSH RADER	1 50	,				ļ	Į		إ	
BOARD MEMBER	0 00	Х		\dashv	-		_	0	0	
(14) MIKE YOUNG	1 50							ا	ر	
BOARD MEMBER	0 00	_X_			لـــــا			0	0	-

c Total from continuation sheets to Part VII, Section A	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(6) Average week titl any hours for production and title week titl any hours for production for the compensation from the compensation of the compensation from the compensation	(C)										
Compensation Comp	(A)				neck	more					
Vest (lock any hours for organizations below dotted into) Vest (lock any hours for organizations below dotted into) Vest (lock and hours) Vest	Name and title									•	
Itis JASON DARBY		week (list any	_	Τ		ক	함	Ę,	from	from related	
Itis JASON DARBY			la id		혍	y en	thes oldr	mer	organization		•
Itis JASON DARBY			함	on a		oldt	ee ton		(W-2/1099-MISC)		
Itis JASON DARBY		•	uste	trus.		ee	nen				
Itis JASON DARBY			l °	8			sate				11
EOARD MEMBER		0.50		┢		_					
(19) (20) (21) (22) (23) (24) (25): (24) (25): (25): (26) Total from continuation sheets to Part VII, Section A C Total from continuation sheets to Part VII, Secti		1	×						٥	n	
Compensation from the organization list any former officer, director, or trustee, key employee, or highest compensation from the organization or from the organization organization and other compensation from the organization organization organization organization for the compensation from any unrelated organization or individual for services rendered to the organization? Compensation from the organization organization organization in the organization organization organization in the organization organiz				┢							
Capital Capi			ı						0	0	
(29) (29)		·									
(20). (21). (22). (23). (24). (25):		0.00	X	_			ļ	_	0	0	
(21) (22) (23) (24) (25): (25): (25): (25): (25): (25): (25): (25): (25): (25): (25): (25): (25): (25): (25): (25): (25): (25): (26): (27): (27): (28): (28): (28): (29): (20)	(18)										
(21) (22) (23) (24) (25): (25): (25): (25): (25): (25): (25): (25): (25): (25): (25): (25): (25): (25): (25): (25): (25): (25): (26): (27): (27): (28): (28): (28): (29): (20)	(19)			 	\vdash	 					
[21] [22] [23] [24] [24] [25] [26] [27] [28] [28] [28] [29] [29] [29] [29] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [21] [22] [23] [24] [24] [25] [26] [27] [28] [28] [28] [29] [29] [29] [20] [21] [22] [23] [24] [24] [25] [26] [27] [28] [28] [29] [29] [20]	X::										
(22) (23) (24) (25) (25) (25) (26) (27) (28) (28) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (25) (26) (27) (28) (28) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	(20)										
(22) (23) (24) (25) (25) (25) (26) (27) (28) (28) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (25) (26) (27) (28) (28) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20				ļ	_						
(23) (24) (25)	(21)										
(23) (24) (25)	(22)			\vdash							
(24) (25)	\										
(24) (25)	(23)										
1b Sub-total		<u> </u>		_	_						
1b: Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Complete Schedule J for such person 5 X Compensation (C) Compensation O Total number of independent contractors (including but not limited to those listed above) who received	(24)				İ						
1b: Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Complete Schedule J for such person 5 X Compensation (C) Compensation O Total number of independent contractors (including but not limited to those listed above) who received	(25)		<u> </u>	╁				H			
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address (B) Compensation Compensation Compensation Compensation of independent contractors (including but not limited to those listed above) who received	(23)										
Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services O Total number of independent contractors (including but not limited to those listed above) who received	1b Sub-total	·		•	•			>	0	0	0
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Exection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address (C) Description of services O Total number of independent contractors (including but not limited to those listed above) who received		ection A .									
reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation O Total number of independent contractors (including but not limited to those listed above) who received				_				<u> </u>	·		0
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address (B) Description of services 0 0 0 1 1 Total number of independent contractors (including but not limited to those listed above) who received	· · · · · · · · · · · · · · · · · · ·		sted a			vno	recei	ved	more than \$100	to ouo,	
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address (B) Description of services O Total number of independent contractors (including but not limited to those listed above) who received	reportable compensation from the organization				<u> </u>		· · · · · · · ·				Yes No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation 0 0 1 1 Total number of independent contractors (including but not limited to those listed above) who received	3 Did the organization list any former officer, dire	ector, or trustee,	key e	emp	loye	e, o	r higi	hes	t compensated		
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation 0 0 10 10 10 10 10 10 10 10	employee on line 1a? If "Yes," complete Scheo	dule J for such in	dıvıdı	ual.							3 X
Individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Description of services 0 0 1 Output this table for your five highest compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Output this table for your five highest compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Output this table for your five highest compensation for the calendar year ending with or within the organization's tax year (C) Compensation Output this table for your five highest compensation for the calendar year ending with or within the organization's tax year (C) Compensation Output this table for your five highest compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Output this table for your five highest compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Output this table for your five highest compensation for the calendar year ending with or within the organization's tax year (B) (C) Compensation Output this table for your five highest compensation for the calendar year ending with or within the organization's tax year (B) (C) Compensation for the calendar year ending with or within the organization's tax year (B) (C) (C) (C) (C) (C) (C) (C)											
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation 0 0 1 0 1 1 1 1 1 1 1 1 1		ater than \$150,00)0? <i>I</i> I	f "Ye	∍s, "	con	plete	Sc	hedule J for suc	h	
for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Description of services 0 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1		•	_							•	4 X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services O O O Total number of independent contractors (including but not limited to those listed above) who received										ridual	
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation O O Total number of independent contractors (including but not limited to those listed above) who received		es, complete sc	neat	II O J	101	Suc	προι	301			1 1 7
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation O O Total number of independent contractors (including but not limited to those listed above) who received		ensated independ	dent (cont	ract	ors	that r	ece	ived more than	\$100,000 of	
(A) Name and business address Description of services O O Total number of independent contractors (including but not limited to those listed above) who received											ax
Name and business address Description of services O O Total number of independent contractors (including but not limited to those listed above) who received										- 1	W
2 Total number of independent contractors (including but not limited to those listed above) who received		tress								vices	
2 Total number of independent contractors (including but not limited to those listed above) who received	Traine dru pusitions duc								Bosonphon or son		
2 Total number of independent contractors (including but not limited to those listed above) who received		W				*****					
2 Total number of independent contractors (including but not limited to those listed above) who received											
2 Total number of independent contractors (including but not limited to those listed above) who received											
			ا ام	AL -		. <u>.</u> .	al al-		who recented		0
			.ea t0	เกอ	se I	is(e)		ive)	WITO TECEIVED		

	990 (20	,	<u>ATIO</u>	N	<u></u>		31-1/414	196 Page S			
Part VIII Statement of Revenue											
Check if Schedule O contains a response or note to any line in this Part VIII											
					· (A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue			
					, Total Total ac	exempt	business	excluded from			
			1	, distribution	,	function	revenue	tax under sections			
\$4.30° 70° 68°	1a	Federated campaigns	1a	0		revenue		512–514			
at at	b	Membership dues	1b	0		1011					
g g		Fundraising events	1c	- 0		SHAPPER S	14. 30 to 18.				
īts	d	Related organizations	10	0			าวา." การเรากามที่เกรียกสมบัติกับกับกับ เราะเทยเอง 3 โรยนยายาเสียกขึ้นก็การขยา				
	ءَ ا	Government grants (contributions) .	1e	0		i ing ang mga gagagang gan 4					
lons Sir	,	All other contributions, gifts, grants, and	F-6		1:02/05/27						
a e		similar amounts not included above	1f	396,874	91.74	Articles (a)	A STORY OF	151			
Cortributions, Girts, Grants and Other Similar Amounts	a	Noncash contributions included in lines 1a–11:	\$	0		រណៈព្រហ្មិលប្រហែលក្រការពីអ្នកក្រហែលប្រហែល					
ಕ ಬ	h	Total. Add lines 1a-1f	•	. •	396,874		A Page 194				
		,		Business Code		7.27.3.4.710.000000	Janes - Janes Commission				
E E	2a				0			The state of the s			
Re V	b				0						
<u>, 3</u>	. С				0						
Service Revenue	 d				0						
Program §	e e	1-3-			. 0						
g	∵f	All other program service revenue .	٠,	,	0						
<u> </u>	g	Total. Add lines 2a-2f	<u> </u>	. ▶	0	FEBRUARY PROPERTY.		SOME SELECTION OF STREET			
	3	Investment income (including dividends, inte	rest,	and				,			
		other similar amounts)		. •	34,794	34,794					
	4 '1	Income from investment of tax-exempt bond	proc	eeds	0		;				
ļ	5.	Royalties	, ;	. •	O	AND PROTECT OF AND PARK AND	NAT. S'AMENG				
7	,	Figure (1) (i) Real		(ii) Personal							
ĎĘ.	6a	Gross/rents ' ' ' ' '	٠,	,							
13.50	þ	2000 1011101 00001	, 1 .				1200				
÷. è	C	Mental-income of (1033)	0	<u> </u>							
, ,	d 7a	Net rental income or (loss)	es:	(ii) Other			Not the second state	HELENOLOGICA COLORIDA			
() K		assets other than inventory	0	. 0			art of the state o				
 پ	Ь.	Less cost or other basis	Ť			A Company		ALCONOMICS OF THE SECOND			
	2	and sales expenses	Ü	Ü							
412	'c	Gain or (loss)	0	0	204						
1.3	d	Net gain or (loss)	,	. •	O						
71		• , ,			(antioon), gamma antioonagus an antioo	The transport of the second					
ne	8a	Gross income from fundraising									
/eu		events (not including \$ 82,714			- 1						
Ŕe		of contributions reported on line 1c).	-				rist bear				
Other Revenue	1	See Part IV, line 18	ä	20,953	Charles Company of the Company of th						
E !	b	Less direct expenses	b	57,285			30436255453475				
	4 C	Net income or (loss) from fundraising events	`, '	· >	-36,332		STATE TO SERVE SELECTION OF THE SECOND OF TH	Specific Partie Counts O C 14600000			
(::	9a	Gross income from gaming activities		- '							
		See Part IV, line 19	a	0							
-		Less direct expenses	bΙ					7531324714 758			
7,	C	Net income or (loss) from gaming activities. Gross sales of inventory, less	ſ			And the second s	dof. (3804strhudorarrarumdur)	Mila & Marage Westernamen			
	10a	returns and allowances		- 0							
-	b	Less cost of goods sold	a b								
ं ।	ic i	Net income or (loss) from sales of inventory	ן ט	<u> </u>	0		816307814F7787787	(2.A.A.)			
7.7	<u> </u>	Miscellaneous Revenue		Business Code			sign of the department of the second				
- 4	11a	`			O	WHENESTON WOLD WINDS - 20 K T 20 K (2)	400 mm mm 2 2 2 2 1 2 1 2 1 2 1 2 1 2 2 2 2				
	b	,	· ,		0						
^	C		·		0						
**	d	All other revenue		•	0						
٠, .	_	Total Addison 11a 11d	_		^	ESTABLEMENT OF THE	EST PRODUCTION	DESCRIPTION OF THE PROPERTY OF			

0

Form 990 (2018) Statement of Functional Expenses

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

	Check if Schedule O contains a response or note	to any line in this P	art IX		<u> </u>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations				21167477478
	domestic governments. See Part IV, line 21	209,555	209,555		37.5
2	Grants and other assistance to domestic			**************************************	
	individuals See Part IV, line 22	144,543	144,543		Section 1
3.	Grants and other assistance to foreign			2000	45.250 NATE OF
	organizations, foreign governments, and foreign	,			
	individuals See Part IV, lines 15 and 16	l o			
4	Benefits paid to or for members	0			STORY WAY AND THE
5	Compensation of current officers, directors,			22. 1, 100.	
•	trustees, and key employees .	108,780	47,294	54,730	6,756
6	Compensation not included above, to disqualified		,		,
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	i o	ĺ	ľ	i
7.	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
v	section 401(k) and 403(b) employer contributions).	l 0			
9 1	Other employee benefits	879		879	
10	Payroll taxes	8,322	3,618		
		6,322	3,010	4,107	317
11	Fees for services (non-employees)				
- , a ́	· ·	0			
b	Legal			40.405	
C	Accounting	42,105		42,105	<u> </u>
d	Lobbying Can Bart IV Jac 47	0	and destrict that the second pointed it.	CARCUALISMANA A VECCATA D	
е	Professional fundraising services. See Part IV, line 17	<u> </u>	工學形 生物工作等的	7405 W. Sand	
f	Investment management fees	4,366		4,366	
g	Other (If line 11g amount exceeds 10% of line 25, column				
٠,	(A) amount, list line 11g expenses on Schedule O)	877	27	850	
12	Advertising and promotion	7,045	1,979		5,066
13	Office expenses .	2,997		2,918	79
14	Information technology	3,100	3,100		
15	Royalties	0			<u></u>
16	Occupancy	7,459	1,893	5,566	
17	Travel .	4,544	4,505	39	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19 '	Conferences, conventions, and meetings	1,056		1,056	
20	Interest	0			<u> </u>
21	Payments to affiliates	0			
22 ,	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	1,799		1,799	
24	Other expenses Itemize expenses not covered	CONTRACTOR OF THE			1279 (178) (178) (178)
	above (List miscellaneous expenses in line 24e If		Maritan Salah		
	line 24e amount exceeds 10% of line 25, column	54. (68)			
	(A) amount, list line 24e expenses on Schedule O)				
à	Program and Event Supplies	84,358	84,358		
b	Dues, Memberships and Subscriptions	1,510		275	
. с	Data Base Maintenance	3,402		402	3,000
ď	Fees Bank & Credit Card	1,165		97	1,068
_	All other expenses Conferences & Seminars	2,199	1,464	735	
25	Total functional expenses. Add lines 1 through 24e	640,061	503,571	120,004	16,486
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs	[1
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				
	TOTIOWING GOT 30-2 (AGG 330-120)				5 990 (2048)

Part X Balance Sheet

		Check if Schedule O contains a response or	note to	any line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing		•	153,768	1_	282,392
	2	Savings and temporary cash investments	447,139	2	324,394		
	3	Pledges and grants receivable, net	252,438	3	9,857		
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and for	ormer o	fficers, directors,			
		trustees, key employees, and highest compens					
		Complete Part II of Schedule L	0	5			
	6	Loans and other receivables from other disqualified pers	ons (as d	efined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contr	buting employers and			
		sponsoring organizations of section 501(c)(9) voluntary e	employee	s' beneficiary	KIND STARTS		
şţ		organizations (see instructions) Complete Part II of Scho	edule L		0	6	
Assets	7	Notes and loans receivable, net .			0	7	0
4	8	Inventories for sale or use			0	8	
	9	Prepaid expenses and deferred charges			0	9	
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	34,811		14.00	
	b	Less accumulated depreciation .	10b	34,811			0
	11	Investments—publicly traded securities			0		0
	12	Investments—other securities See Part IV, line			0		0_
	13	Investments—program-related See Part IV, lin	0		0		
	14	Intangible assets	- 0		0		
	15	Other assets See Part IV, line 11.			599,487		603,964
	16	Total assets. Add lines 1 through 15 (must equ	ial line (1,452,832		1,220,607
	17	Accounts payable and accrued expenses			0	_	
	18	Grants payable "	0				
	19	Deferred revenue		•	0	_	
	20	Tax-exempt bond liabilities			0		
	21	Escrow or custodial account liability Complete			O	21	A. Ind. revelled result in a second
Liabilities	22	Loans and other payables to current and forme					
Ĕ	١,	trustees, key employees, highest compensated					
ā		disqualified persons Complete Part II of Sched			0		
	23	Securéd mortgages and notes payable to unrel			0	23	0
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line					
	١.	of Schedule D	S 17-24) Complete Part A	13,085	25	25,585
	26	Total liabilities. Add lines 17 through 25			13,085	_	25,585
	20				Y-2007 TO THE COST OF SEC. OF	20	25,500
Ø	3 /	Organizations that follow SFAS 117 (ASC 95		ck here $\blacktriangleright X$ and		2 6 3 2 3	amanango da misanga at maging mpungung pinangung
S.		complete lines 27 through 29, and lines 33 a	na 34.				
<u>a</u>	27	Unrestricted net assets	•		118,624	27	124,986
Fund Balances	28	Temporarily restricted net assets			850,329		584,197
ng	29	Permanently restricted net assets			470,794	29	485,839
Ī	1	Organizations that do not follow SFAS 117 (ASC958)	, check l	nere 🕨 🔛 and		MAT	
ō	<i>'</i>	complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			0	30	
Net Assets	31	Paid-in or capital surplus, or land, building, or e	quipme	nt fund	0		
¥ A	32	Retained earnings, endowment, accumulated in	ncome,	or other funds .	0		
ž	33	Total net assets or fund balances			1,439,747		1,195,022
•	34	Total liabilities and net assets/fund balances			1,452,832	34	1,220,607

Form 9	990 (2018) THE ABILENE EDUCATION FOUNDATION	31-174	11496	Pag	e 12
Par	t 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		395	,336
2	Total expenses (must equal Part IX, column (A), line 25)	2		640	,061
3	Revenue less expenses Subtract line 2 from line 1	3		-244	,725
4 .	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,439	747
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B)) .	10		1,195	,022
Part	Check if Schedule O contains a response or note to any line in this Part XII		· · ·	Yes	No
1	Accounting method used to prepare the Form 990 Cash _X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			887 887 202	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		* 3	(A) Section 1	
-	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		5	3	
· b	Were the organization's financial statements audited by an independent accountant?		2b	X	2442
	If "Yes." check a box below to indicate whether the financial statements for the year were audited on a		(1) j	N 4	(A)
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis		SARTY TE	8	
				7	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		2	X	المعتشد
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?	•	2c	A STANKED	407030
	If the organization changed either its oversight process or selection process during the tax year, explain in				
•	Schedule O		كالتخطير	5.334	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		3a		х
	the Single Audit Act and OMB Circular A-133?		34		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		36	N/A	

Form **990** (2018)

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer Identification number THE ABILENE EDUCATION FOUNDATION 31-1741496 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). \square An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III.

f	Enter the number of supported	-					
<u>g</u> (i)	Provide the following information Name of supported organization	n about the supp (II) EIN	(lii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							- · · · · · · · · · · · · · · · · · · ·
(B)							
(C)	•						
D)		· · · · · · · · · · · · · · · · · · ·				-	<u> </u>
(E)			 	ļ			, <u>, , , , , , , , , , , , , , , , , , </u>
Total						0	

31-1741496 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support		,				····
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ") .	210,086	409,397	1,037,020	339,202	389,415	2,385,120
2	Tax revenues levied for the				,		
	organization's benefit and either paid						
	to or expended on its behalf.					ļ	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	6,837	6,837	7,459	7,459	7,459	36,051
4	Total. Add lines 1 through 3	216,923	416,234	1,044,479	346,661	396,874	2,421,171
5	The portion of total contributions by						
	each person (other than a						
e, i -	governmental unit or publicly						•
- T	supported organization) included on					\$ 17 Period	,
* =	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)				X \		0.404.474
<u>-:6</u>	Public support Subtract line 5 from line 4				2-1-7-5-7-7-6-5-5-6-4-7-5		2,421,171
	ction B. Total Support	N (a) 2014	(h) 2015	(a) 2016	(4) 2017	(e) 2018	(f) Total
4	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017		
7	Amounts from line 4	216,923	416,234	1,044,479	346,661	396,874	2,421,171
8	Gross income from interest, dividends,						
2	payments received on secunties loans,						
	rents, royalties, and income from similar sources	10 777	10.656	00 071	79 604	24 704	244 702
	(a) (b)	19,777	19,656	88,871	78,604	34,794	241,702
9	Net income from unrelated business activities, whether or not the business is						
	regularly carried on						0
10	Other income Do not include gain or						
10	loss from the sale of capital assets		:				
٠,	(Explain in Part VI)						0
11	Total support. Add lines 7 through 10		HETTERNIA DE	A7841003p4 - 171763			2,662,873
12			AND ASSESSMENT OF THE PROPERTY	COLORDO AND A NAME OF STREET	AND DESCRIPTION OF THE PARTY OF	12	2,002,070
13	First five years. If the Form 990 is for the	,		or fifth tax vear a	s a section 501(c)	.	
	organization, check this box and stop her	_		., , ,			. ▶□
Sec	ction C. Computation of Public S		306				
	Public support percentage for 2018 (line 6			f))		14	90 92%
	Public support percentage from 2017 Sch	* *	-	.,,, .		15	90 49%
	33 1/3% support test—2018. If the organ			and line 14 is 33	1/3% or more, che		
	and stop here. The organization qualifies			, and into 14 to 00			▶ X
h	33 1/3% support test—2017. If the organ	. , , , ,	•	r 16a and line 15 i	s 33 1/3% or more	check this	ت -
÷	box and stop here. The organization qua						▶□
	10%-facts-and-circumstances test—20				or 16h and line 1	4	
17 a	10% or more, and if the organization meet						
ł	Part VI how the organization meets the "fa						
	organization						. ▶ 🔲
, b	10%-facts-and-circumstances test-20	17. If the organizatio	n did not check a b	ox on line 13, 16a,	16b, or 17a, and li	ine	
	15 is 10% or more, and if the organization	meets the "facts-and	l-circumstances" te	st, check this box a	and stop here.		
	Explain in Part VI how the organization me	eets the "facts-and-co	rcumstances" test	The organization q	ualifies as a public	ely	. \Box
	supported organization						▶□
18	Private foundation. If the organization di	d not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		<u></u>
	instructions			· · ·			. ▶∐
			-				

Schedule A (Form 990 or 990-EZ) 2018

	THE ADIELINE EDOCATION ON STATE OF THE ADIELINE EDOCATION ON STATE OF THE ADIELINE EDOCATION OF	01-11-11-00
Part III	Support Schedule for Organizations Described in Section 509(a)(2)	
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to q	ualify under Part/lí.
	If the organization fails to qualify under the tests listed below, please complete Part II.)	
Section A	A Public Support	

Sec	ction A. Public Support	1					
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018/	(f) Total
1	Gifts, grants, contributions, and membership fees	\	-			7	
	received (Do not include any "unusual grants ")						0
2	Gross receipts from admissions, merchandise	_					
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	\					0
3	Gross receipts from activities that are not an	\ \ \				/	
٠	unrelated trade or business under section 513 .	1					0
4	Tax revenues levied for the		\		/		
-	organization's benefit and either paid to						
	· ·	j					0
-	or expended on its behalf		\				
5	The value of services or facilities		\				
	furnished by a governmental unit to the		\				•
4	organization without charge .	<u> </u>	\ 0	<u> </u>			0
.6	Total. Add lines 1 through 5	0	\ 0		0	0	0
- 7a	Amounts included on lines 1, 2, and 3		\				_
	received from disqualified persons	J	\			ļ.	0
Ć. b	Amounts included on lines 2 and 3		\				
'' -	received from other than disqualified			\			
4	persons that exceed the greater of \$5,000		-	V			
,	or 1% of the amount on line 13 for the year			Δ			0
., C	Add lines 7a and 7b	0	0,	0	0	0	0
8	Public support (Subtract line 7c from						
·	line 6)	STANDERY	//				0
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	0	0		0	0	0
10a	Gross income from interest, dividends,			\			
	payments received on securities loans, rents,			}	\	j	
	royalties, and income from similar sources		/				0
· b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	/			\		
	acquired after June 30, 1975	/			\		0
^ c	Add lines 10a and 10b	/ 0	0	0	\ 0	0	0
11	Net income from unrelated business				1		
` '	activities not included in line 10b, whether	/			\	1	
	or not the business is regularly carried on	/			\		0
4-	Other income Do not include gain or	/					
Ç	loss from the sale of capital assets	/			\		
ţ	(Explain in Part VI)	/			\		0
12	Total support. (Add lines 9, 10c, 11,	/			-		
13	and 12)	اه ا	. 0	اہ	<u>ا</u> ه	\	0
14	First five years. If the Form 990 is for the o	<u> </u>		or fifth tay year a		0	0
	organization, check this box and stop here	•		i, or murtax year a		3) \	▶□
÷				· -	• • •	\	
	tion C. Computation of Public Sup			·0)		45	0.000/
15	Public support percentage for 2018 (line 8, c	* * *	-	. ((1)		15	0 00%
	Public support percentage from 2017 Sched				<u> </u>	16 \	0 00%
	tion D. Computation of Investmen			-1 (0)	· · · · · · · · · · · · · · · · · · ·	47	0.000/
17	Investment income percentage for 2018 (line			olumn (t))		17	0 00%
	Investment income percentage from 2017 Sc			4 and has 45 sec.	[18 \	0 00%
19a	33 1/3% support tests—2018. If the organi					ina line 17 is	. —
	not more than 33 1/3%, check this box and s					2.4/20/ 254	. ▶ ∟
þ	33 1/3% support tests—2017. If the organi						. □
	line 18 is not more than 36 1/3%, check this					rnzauori.	₹
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19t	check this box a	na see instructions	· · · · · · · · · · · · · · · · · · ·	₽

31-1741496

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.)

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain

- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes." describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a . Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
		1 A 10	
	1	100000	2862-000
	3-14g-	2.5.32	3100 4
	4	23.00	
	1 2	Į.	
			975
	3a	Sealer Street	Selfaritana bud
		· ARM	E2882
	3		
		1000	
	3b	2 14 15 1	CARRAL
		W. C.	部的
	3c		
	N. III		
	4a		ameradisi 4
	- 200 X	成型藥	**************************************
	2880	32.3	
	4b	L	L
			201
	4c	200	
	4C	C., 25 %	
		13.6	
	.,		
		100	
	5a		
		经额	
	5b	- Herenie	E and a
		 	├─
,	5c	N 2 38a	SALZ LA
	薬	1.00	
			1
	ء ا		
		Mile.	
	7	35.75.75.	Service Services
	_	e Gillianit	524D. 4
	8		
	9a		
	600		经 额
	9b	AND AND ELL	*cronpiga
			(1) (A) (1)
			22ph
	9c	55.70	2823),76 7
			黎月
		E/8 (Na.
	10a		
	18. Tr		
	401		A COLUMN TO A COLU

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	<u> Orga</u>	<u>nizations</u>	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng tru	st on Nov 20, 1970 (explain	
instructions. All other Type III non-functionally integrated supporting orga	ınızat	ions must complete Section	s A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
- October A - Adjusted Not modifie		(7.7)	(optional)
1 Net short-term capital gain	1	ļ .	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	-		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6	<u></u>	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	15		
instructions for short tax year or assets held for part of year)			STATE CONT
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	(
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	C
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	1 0	C
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	
6 Multiply line 5 by 035	6	0	C
7 Recoveries of prior-year distributions	7	0	C
8 Minimum Asset Amount (add line 7 to line 6)	8	0	C
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		C
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		C
4 Enter greater of line 2 or line 3	4	PERSONAL PROPERTY.	C
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
emergency temporary reduction (see instructions)	6		o
7 Check here if the current year is the organization's first as a non-functional		The second secon	
instructions)	,	-3 - 11 - 17F - 111FFF - 1111 - 3	. 3 / (

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
_	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpos	es of supported organiz	ations	
4	Amounts paid to acquire exempt-use assets	·		
5	Qualified set-aside amounts (prior IRS approval required)	· ·		
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is respo	nsive	j
	(provide details in Part VI) See instructions		<u> </u>	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			0 000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		STANS STATES	
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required—explain in Part VI) See			
	instructions	Same of the same o	Objective day to the total and a trial and a supplication of the s	
3	Excess distributions carryover, if any, to 2018		Committee of the second	
a				
<u>b</u> _	From 2014 0		mate, colonic insulació de la las establicados establicad	
<u>c</u>	From 2015 0		No. of the description of the second of	organization of the state of th
d_	From 2016 0			
<u>. е</u>	From 2017 0	WHERE EAST OF THE WAY AND A		
f	Total of lines 3a through e	0		
<u> </u>	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2018 distributable amount		1	0
<u>i</u>	Carryover from 2013 not applied (see instructions)			
بليب	Remainder Subtract lines 3g, 3h, and 3i from 3f	0	HARMANIA AND CONTROL OF THE CONTROL	
4	Distributions for 2018 from	7, 254 Te. 45, 1336	4.0	
	Section D, line 7 \$ 0			5 (ALC: N. 15)
a			0	76.4
<u>b</u> _	Applied to 2018 distributable amount		Contract of the Contract of th	There was the state of the control o
<u>c</u>	Remainder Subtract lines 4a and 4b from 4	U		2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 -
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI See instructions.		U	Health and resemble to the second
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions	STATES AND A SECOND STATES OF THE		U SANTA CONTRACTOR AND CONTRACTOR AN
7	Excess distributions carryover to 2019. Add lines 3j	^		
·	and 4c		Medical propagation of the companion of	
8	Breakdown of line 7 Excess from 2014			2000 Charles and Aller and
<u>a</u>	2.4000	PARTY TANKS TO STAND TRACTIONS		
b_	Excess from 2015 0 Excess from 2016 0	AND THE PROPERTY OF THE PROPER		den a de la composição de Composição de la composição de la composiç
<u> </u>	Execution 2010	Total hand in the state of the	which is the control of the control	
d_		ON THE PARTY OF TH	h Nagla Tangka at City manadamin n	
<u>е</u>	Excess from 2018 0	CHARLES CONTROL CONTROL OF THE PARTY OF THE	ACCORDING TO SERVICE AND ASSESSMENT OF THE SERVICE ASSESSMENT OF THE S	e-resolution and an artist of the contract of

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 2018

Open to Public Inspection

Employer Identification number Name of the organization THE ABILENE EDUCATION FOUNDATION Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? . Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1. . \$ b Assets included in Form 990, Part X

Par	Organizations Maintaining	Collections of Ar	<u>t, Histo</u>	rical Tre	asures, or	Other	Similar Asset	s (conti	nued)	
3	Using the organization's acquisition, a	ccession, and other	records,	check any	of the follow	ing tha	t are a significant	use of it	S	
	collection items (check all that apply)			_						
а	Public exhibition		d [_	Loan or	exchange pi	rogram	S			
b	Scholarly research		e	Other						
С	Preservation for future generation	s		_						
4	Provide a description of the organizati		explain h	ow they fu	urther the ora	anizatı	on's exempt purpo	se in Pa	art	
	XIII			•						
5	During the year, did the organization s	olicit or receive don	ations of	art, histori	cal treasures	, or oth	er sımilar			_
	assets to be sold to raise funds rather	than to be maintaine	ed as par	t of the ore	ganızation's d	collectio	on?	Y	es 🔃	No
Par	IV Escrow and Custodial Arra	ngements.								
	Complete if the organization :	answered "Yes" o	n Form	990, Part	IV, line 9,	or repo	orted an amoun	on Fo	rm	
	990, Part X, line 21.							***		
1a	Is the organization an agent, trustee, or	custodian or other in	termediai	ry for conti	ributions or o	ther as	sets not			
	included on Form 990, Part X? .				•		•	Y	es 🔲	No
b	If "Yes," explain the arrangement in Pa	art XIII and complete	the follo	wing table	!					
								Amount		
C	Beginning balance .					1	С			0
d	Additions during the year .		•			10	d			
е	Distributions during the year			•		1	e			
f	Ending balance .			•		1	f			0
2a	Did the organization include an amour	nt on Form 990, Part	X, line 2	1, for escr	ow or custod	ial acco	ount liability?	□ Y	es X	No
b	If "Yes," explain the arrangement in Pa							_		j
Part			. т. т. т. т.							<u></u>
Lare	Complete if the organization a	answered "Ves" o	n Form (990 Part	IV line 10					
	Complete if the organization a	(a) Current year		or year	(c) Two years		(d) Three years back	(e) F	our years	hack
1a	Beginning of year balance	599,477	(0) / 11	566,130		0,348	510,23			2,614
_	Contributions	5,626		3,269		31,462				
b		5,026		3,209		1,402	3,41	' -		6,122
С	Net investment earnings, gains,	44.740		52.704	,		4 55			
	and losses	14,740		53,784		37,117	-1,55			9,444
d	Grants or scholarships	21,523		19,363		8,813	18,13	* -	1	5,754
е	Other expenditures for facilities	4 000		4 0 4 0			0.00	.		0.400
	and programs	4,366		4,343		3,984	3,60	' 		2,192
f	Administrative expenses	500.054		500 477			100.04	+		0.004
g	End of year balance	593,954		599,477		6,130	490,34	3]	51	0,234
2	Provide the estimated percentage of the	•		line 1g, co	numn (a)) ne	d as				
a	Board designated or quasi-endowmen		7%_							
b		73%								
С	Temporarily restricted endowment	20%	0.4							
2-	The percentages on lines 2a, 2b, and				h a l al a a a a a a a		and for the			
3a	Are there endowment funds not in the	possession of the of	rganizatio	n that are	neid and adi	ministe	rea for the	ı	V 1	NI.
	organization by							0-(1)	Yes	No
	(i) unrelated organizations			•			•	3a(i)	Х	
	(ii) related organizations		•					3a(ii)		_ <u>X</u> _
b	If "Yes" on line 3a(ii), are the related o	=	-			•		3b		
4	Describe in Part XIII the intended uses		s endowr	nent tunas	<u> </u>		<u></u>			
Part				200 D-4	N. I. Ilma A.A.	. 0	Farm 000 Bard	V 1	40	
	Complete if the organization a									
	Description of property	(a) Cost or oth			or other basis	, ,	Accumulated	(d) Bo	ook value	•
4=	Land	(investme		(6	other)		depreciation			
1a	Land	·	0	 -	0					
b	Buildings .		0		0		- 0			0
C	Leasehold improvements	· 	0	<u> </u>	0		0			0
d	Equipment	·	0		34,811		34,811			0
<u>e</u>	Other	nust equal Form 000		column /F	0]		O			0
1012	. Muu illes ja illivuuli je jooliiillii illi j	nustauual COIIII 990	J. F OIL A	COMMITTEE IN	,, IIIIO 1UC 1					U

Part VII	Investments—Other Securities. Complete if the organization answere	d "Ves" on Form 990	Part IV line 11h See Form	990 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)	(b) Book value	Cost or end-of-year	market value
(1) Financia	al derivatives . `	0		
(2) Closely	-held equity interests	0		
(B)				
(C)				
(D)			· · · · · · · · · · · · · · · · · · ·	
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col (B) line 12)	0		
Part VIII				
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11c See Form 9	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of va	
			Cost or end-of-year	market value
(1)	,			
(2)				
(3)				
(4)	•			
(5) (6)				····
(7)				
(8)			<u> </u>	
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 13)	0		ATTORISM ASSESS
Part IX	Other Assets.			,
',	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11d See Form 9	990, Part X, line 15.
		scription		(b) Book value
	sit - Safe Deposit Box Key			10
(2) AEF E	ndowment Fund Held by CFA			603,954
_(3)				
(4)				
(5)				
<u>(6)</u>		· · · · · · · · · · · · · · · · · · ·		
				
(8)				
	mn (b) must equal Form 990, Part X, col (B) line	15)		603,964
Part X	Other Liabilities.	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	000,00
	Complete if the organization answered	d "Yes" on Form 990.	Part IV. line 11e or 11f. See	Form 990. Part X.
	line 25.	- · · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , , ,
1.	(a) Description of liability	(b) Book value		A SUPPLIES OF THE PROPERTY.
(1) Federa	I income taxes	0		
(2) Payrol	Liabilities	2,092	of inches the state of the stat	akana na maga pa a sa
(3) Audit		23,493		
(4)			recommend to the first of the second of the	Things (1.1.) It is implied a set for the second
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.) 🕨 📗	25,505		Market (do.) 3000-19 (December 19 de la final de la fi

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.

Par	Reconciliation of Revenue per Audited Financial Statements			turn.	
1	Complete if the organization answered "Yes" on Form 990, Part I Total revenue, gains, and other support per audited financial statements	IV, IINE	e 12a.	1	452,621
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				402,021
а	Net unrealized gains (losses) on investments	2a	1		
b	Donated services and use of facilities	2b	Ÿ		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	57,285		
е	Add lines 2a through 2d			2e	57,285
3	Subtract line 2e from line 1			3	395,336
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	L		
-	Add lines 4a and 4b		•	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	395,336
Par	Reconciliation of Expenses per Audited Financial Statement			Return.	•
	Complete if the organization answered "Yes" on Form 990, Part I	IV, line	12a.		207.010
1	Total expenses and losses per audited financial statements				697,346
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	امدا	1		
a	Donated services and use of facilities	2a			
b		2b			
C C	Other (Describe in Part XIII)	2c 2d	57,285		
d	Add lines 2a through 2d	20	57,205	2e	57,285
3	Subtract line 2e from line 1			3	640,061
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	i i	 I		040,001
_	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
	Add lines 4a and 4b		<u> </u>	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	640,061
Part	XIII Supplemental Information.		·		3 ,51,55 ,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV, I	ines 1b and 2b, Par	t V, line	4, Part X, line
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro-				•
	(I Line 2d FUNDRAISING DIRECT EXPENSES OF \$57,285 WAS INCLUDED OF		-		
1 4117		311 913	<u> </u>		
VIII, L	INE 8b AS REQUIRED, THEREBY THE AMOUNT WAS INCLUDED O FORM 99	90. PAF	RT VIII, LINE 12,		
BUT	NOT ON LINE 1 OF SCHEDULE D, PART XI, LINE 1. THE END RESULT IS MEI	RELY A	REALLOCATION		
OF F	UNDRAISING DIRECT EXPENSE (PLEASE NOTE SCHEDULE G, PART II, LINE	E 10), <i>F</i>	AS REQUIRED,		
WITH	ZERO NET IMPACT ON NET EARNINGS				
Part)	(II Line 2d FUNDRAISING DIRECT EXPENSES OF \$57,285 WAS INCLUDED O	N FOR	M 990, PART		·
VIII, L	INE 8b AS REQUIRED, THEREBY THE AMOUNT WAS INCLUDED O FORM 99	30, PAF	RT VIII, LINE 12,		
DUT	NOT ON LINE 4 OF COUPDING D. DART VI. LINE 4. THE END RECUILT IS MED	DELV A	N DEALLOCATION		
BUI	NOT ON LINE 1 OF SCHEDULE D, PART XI, LINE 1 THE END RESULT IS ME	KELT A	REALLOCATION		
OE E	JNDRAISING DIRECT EXPENSE (PLEASE NOTE SCHEDULE G, PART II, LINE	= 10\ 4	AS RECHIRED		
<u> </u>	STANDING DIRECT EXPENSE (FLEASE NOTE SOMEDULE S, FART II, LINE	- 19/15	O NEGUINED,		
WITH	ZERO NET IMPACT ON NET EARNINGS				
_::::::					

Schedule D (For	m 990) 2018	THE ABILENE EDUCATION FOUNDATION	31-1741496	Page 5
Part XIII	Suppleme	ental Information (continued)		
		·		
	· • • • • • • • • • • • • • • • • • • •			
	, ,			
	· • • • • • • • • • • • • • • • • • • •			
				
		······································		
				
				.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ
 Go to www.irs.gov/Form990 for instructions and the latest information

Inspection

2 0 0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Name o	of the organization					Employer Identificati		
Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a Mail solicitations		ABILENE EDUCATION FOUNDATION)N				31-17	41496	
Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants Solicitation of government grants Solicitations Solicita	Par					ered "Yes" on For	m 990, Part IV, li	ne 17.	
a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b if "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (ii) Name and address of individual or entity (fundraiser) (iii) Did fundraiser have custody or control of contributions? (iii) Did fundraiser have custody or control of contributions? (iv) Amount paid to (or retained by) fundraiser have custody or control of contributions? Yes No 1 2 3 4 5 6 7 6 7 7 9 0 0 0 0 1 7 1 1 0 0 0 0 0 0 0 0 0 0 0 0									
b Internet and email solicitations f Solicitation of government grants d In-person solicitations g Special fundraising events d In-person solicitations 2a			aised funds throi	ugh any of	the followir	ng activities Check	all that apply		
c Phone solicitations g Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual or entity (fundraiser) (ii) Name and address of individual or entity (fundraiser) (iii) Addivity (iii) Did fundraiser have contributions? (iv) Gross receipts (v) Amount paid to (or retained by) under inset in listed in cod (i)) Yes No 1 2 3 4 4 5 6 7 7 7 7 7 8 8 9 9 10 0 0 0 0 10 10 0 0 0 10 10 0 0 0	а					-			
d	b	Internet and email solicitations				-	s		
Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VIII) or entity in connection with professional fundraising services? Yes No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (ii) Name and address of individual or entity (fundraiser have custody or control of contributions? (iv) Gross receipts from activity (fundraiser) (iv) Amount paid to (or retained by) organization Yes No Yes No 1 Yes No 0 0 0 0 7 0 0 0 0 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	C	Phone solicitations		g S	pecial fund	Iraising events			
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual or entity (fundraiser) (ii) Did fundraiser have custody or control of contributions? (iii) Did fundraiser have custody or control of contributions? Yes No 1	d	In-person solicitations							
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual or entity (fundraiser) (ii) Name and address of individual or entity (fundraiser) (iii) Did fundraiser have custody or control of contributions? Yes No 1	2a								
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (ii) Name and address of individual or entity (fundraiser) (iii) Activity (iii) Did fundraiser have used or control of contributions? Yes No 1								Yes No	
compensated at least \$5,000 by the organization (ii) Name and address of individual or entity (fundraiser) (iii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts (or retained by) fundraiser insted in col (i)) Yes No 1 0 0 0 2 0 0 3 0 0 4 0 0 5 0 0 6 0 0 0 7 0 0 0 8 0 0 0 1	b	If "Yes," list the 10 highest paid ind	viduals or entitie	es (fundrais	ers) pursua	ant to agreements u	nder which the fund	draiser is to be	
(i) Name and address of individual or entity (fundraiser) (iii) Activity (iiii) Did fundraiser have custedly or control of contributions? Yes No 1				•	, ,	-			
(ii) Name and address of individual or entity (fundraiser) (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activit		•	_						
(ii) Name and address of individual or entity (fundraiser) (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activit				T			(v) Amount paid to		
Yes No			(ii) Activity				(or retained by)		
1 0 0 0 2 0 0 0 3 0 0 0 4 0 0 0 5 0 0 0 6 0 0 0 7 0 0 0 8 0 0 0 9 0 0 0 10 0 0 0 10 0 0 0 11 0 0 0 0 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from		or entity (fundraiser)		contrib	outions?	from activity		organization	
1 0 0 0 2 0 0 0 3 0 0 0 4 0 0 0 5 0 0 0 6 0 0 0 7 0 0 0 8 0 0 0 9 0 0 0 10 0 0 0 10 0 0 0 11 0 0 0 0 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from			<u> </u>	Yes	No				
2	1			1 1					
0 0 0 0 0 0 0 0 0 0 0	-					o	0	0	
3	2								
0 0 0 0 0 0 0 0 0 0 0						0	0	0	
4 0 0 0 5 0 0 6 0 0 0 7 0 0 0 8 0 0 0 9 0 0 0 10 0 0 Total	3								
5 0 0 0 6 0 0 0 7 0 0 0 8 0 0 0 9 0 0 0 10 0 0 Total				 		0	0	. 0	
5 6 0 0 0 7 0 0 0 8 0 0 0 0 9 0 0 0 10 0 Total 1	4		İ						
0 0 0 7 0 0 0 8 0 0 0 9 0 0 0 10 0 0 Total			 	-		0	0	0	
6 7 8 0 0 0 8 0 0 0 0 10 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	5					ا			
Total O O O O O O O O O O O O O				-	-	<u> </u>		0	
7 8 0 0 0 9 0 0 0 10 0 0 0 0 0 0 Total 0 0 0 0 0 10 10 10 10 10 10 10 10 10 10	0					ام	n	О	
9 0 0 10 0 0 Total Distributions or has been notified it is exempt from	7		 	+				, ,	
8 0 0 0 10 0 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	•					l ol	0	0	
9 10 0 0 10 Total Description List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	-8		1						
Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from						o	0	0	
Total Description Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	9							-	
Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from			<u> </u>			0	0	0	
Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	10			ŀ					
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from			1		L	0	0	0	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from									
ı				1 1				0	
registration of licensing	3		tion is registered	or license	d to solicit (contributions or nas	been notified it is e	xempt from	
		registration or licensing							
	 -								

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events **CAJUN FEST** NONE (add col (a) through col (c)) (event type) (event type) (total number) Revenue 0 Gross receipts 103.667 103,667 Less Contributions 82,714 0 82,714 Gross income (line 1 minus line 2) 20,953 0 20,953 Cash prizes . 0 0 Noncash prizes 0 0 Direct Expenses 1,502 0 1,502 Rent/facility costs Food and beverages 0 23,357 23,357 Entertainment 2,620 2,620 Other direct expenses 29,806 0 29,806 Direct expense summary Add lines 4 through 9 in column (d) 57,285) Net income summary Subtract line 10 from line 3, column (d) -36,332 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue. 0 Direct Expenses Cash prizes 0 Noncash prizes 0 Rent/facility costs 0 Other direct expenses Yes % Yes % Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) . . . Net gaming income summary Subtract line 7 from line 1, column (d). 0 Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? Yes If "No," explain Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain

Sched	ule G (Form 990 or 990-EZ) 2018 THE ABILENE EDUCATION FOUNDATION	31	<u>-174149</u>	96 Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	s 🔲 No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	s No
13	Indicate the percentage of gaming activity conducted in			
а	The organization's facility	13a	L	%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books an records	ıd		
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	s 🗀 No
ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ 0 and the			· ·
	amount of gaming revenue retained by the third party > \$0			
c	If "Yes," enter name and address of the third party:			
	Name ▶	·		
	Address ►			
16	Gaming manager information.			
	Name ▶			
	Gaming manager compensation > \$0			
	Description of services provided		 -	
	Director/officer Employee . Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	.	Yes	No 🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
	spent in the organization's own exempt activities during the tax year \$			0
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional			
	See instructions.			
				
				·
- 			- -	·
			 -	·
				
- 			•••••	

SCHEDULE I (Form 990)

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

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

OMB No 1545-0047
2018
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Go to www irs gov/Form990 for the latest information

Inspection
Employer Identification number

THE ABILENE EDUCATION FOUND	<u>ATION</u>						<u> -1741496 </u>
Part I General Information	оп Grants a	ind Assistance					
Does the organization maintain the selection criteria used to av Describe in Part IV the organization.	vard the grants	or assistance?	•	-	eligibility for the grants of	or assistance, and	X Yes No
Part II Grants and Other As 990, Part IV, line 21, f							d "Yes" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Abilene Indep School District PO Box 981 Abilene, TX 79604			209,555				
(2)							
(3)							
(4)							
(5)	-						
(6)		-				· • · · · · · · · · · · · · · · · · · ·	
(7)		···					
(8)							
(9)							
(10)							
(11)						 	
(12)							
2 Enter total number of section 50	01(c)(3) and go	vernment organiza	itions listed in the line 1	table		>	
3 Enter total number of other orga							1

For Paperwork Reduction Act Notice, see the instructions for Form 990. $_{\rm HTA}$

Schedule I (Form 990) (2018)

Schedule 1 (Form 990) (2018)					Page ∡			
Part III Grants and Other Assistance to D		•	organization answ	ered "Yes" on Form 990,	, Part IV, line 22			
Part III can be duplicated if additional	il space is needed	.						
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncesh assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
Scholarships								
_1	90	70,500		1				
STAR Teacher Grants				1				
2	72	54,917						
Teachers in the Limelight				1				
3	1	200						
GIFT New Teacher Grants								
4	52	7,800		1				
PASS for Success								
5	14	2,800		1				
Art in the Classroom	1							
6	4	2,500		1				
Million-Word Reader Grant	· · · · · · · · · · · · · · · · · · ·	2,000		 				
7	4	500		1				
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information								
Supplemental information. Floride the information required in Farth, this 2, Farthi, column (b), and any other additional minimation								
Part I Line 2 Grant and assistance in the United States	that are granted to	the Abilene Independe	nt School District (Als	SD) are				
monitored, by wage and benefits approval of the four of	n-campus counselo	rs, first by AISD and the	en reviewed and acci	eptance by AEF				
Comparative analysis is performed with similar schools	s whenever adjustme	ents are recommended						
Part I Line 2 Grant and assistance in the United States	that are granted to	high school students vi	a the numerous prog	rams offered by				
		- 			••••••			
AEF is by committee selection, grant writing review and approval, or judged art competition, it is monitored by writing checks								
AEF 19 by Committee Selection, grant whining review and approval, or played art Competition, it is monitored by writing cracks								
directly to the appropriate college. Campus counselors	follow up on awards	ad etudante ae to thoir	ctatus and needs AE	E has a strong				
directly to the appropriate college. Campus counselors	iolow up on award	su students as to trien	status and fieeds AL	i ilas a strolig				
desire to keep students in college and monitors their st	tatus and progress ti	rough graduation						
Part I Line 2 Grant and assistance in the United States	that are awarded to	teachers are by grant	writing and committee	e review and				
selection based on needs and available funds. New te	achers receiving the	one time GIFT grant a	re identified and verif	ed by school				
officials as to their status which qualifies them for a grant								

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

31-1741496

Department of the Treasury Internal Revenue Service Name of the organization

THE ABILENE EDUCATION FOUNDATION

Employer identification number

Form 990, Part III, Line 4d Program Service Expenses: 16,492, Grants and allocations 0, Revenue 0 AEF Young Masters Program - The AEF Young Masters Juried Art Exhibition for Advanced Placement Art students celebrates young master artists and their dedicated teachers for demonstrating excellence in artistic education with a quality museum art exhibition at the Grace Museum The Young Masters exhibition extends the supporting role of the AEF with Abilene ISD, and will impact the future of not only the students selected for the show, but all advanced placement art students by inspiring them to reach their full potential. Additionally, it provides students acclamation that may further enhance opportunities for acceptance into higher education art programs A-P studio art students and art history students at both high schools participated in the 2019 exhibit being judged by a professional artist, resulting in 7 scholarships being awarded for a total of \$8,750 Form 990, Part III, Line 4d Program Service Expenses: 1,600, Grants and allocations: 0, Revenue: 0 Alumni Scholarship Endowment Program - The program began in February 2008 The monies raised for the program are used to fund an endowment where earnings are awarded to seniors in AISD in the from of college scholarships. The amount of the scholarships varies. depending on the donations and earnings from investments. These scholarship funds are generated by the alumni of the two high schools in the district. Funds are held by the Community Foundation of Abilene for investment and remain there as a permanent (asset)

Funds in the AEF Scholarship Endowment Program are designated between the two high school,

they consist of permanently restricted donations and as well as board restricted funds. AEF

following the guidelines established for past AEF scholarships. Donated funds added to the

program will be shared equally by both unless restricted by the donor. One \$1,600 scholarship

endowment for future scholarships Alumni Scholarship Funds -

collects all donations, writes all acknowledgements, and administers all scholarships

was awarded in July 2019.

Name of the organization	Employer identification number
THE ABILENE EDUCATION FOUNDATION	31-1741496
Revenue. 0 AEF Donor Directed Scholarships are given by donors for specific scholarships for	·
students at both Abilene High School, Cooper High School, and ATEMS High School These	
scholarships vary in criteria and amount as per the request of the donor. Twenty-eight	
scholarships were awarded during 2018-19 for a total of \$31,100	
Form 990, Part III, Line 4d. Program Service Expenses. 6,500, Grants and allocations 0,	,
Revenue 0 Abilene Education Foundation raised funds for AEF Scholarships for both Abilene	
High School and Cooper High School on an annual basis. In 2018-19 AEF awarded seven	
scholarships to AISD high schools seniors for a total of \$6,500	
Form 990, Part III, Line 4d Program Service Expenses: 2,500, Grants and allocations: 0,	
Revenue. 0 Royce Curtis Education Scholarship Endowment Program - During their 20th class	
reunion, the Class of 1993 announced a scholarship fund which will help future AHS Eagles	
reach their goals of a college education in honor of Royce Curtis who served as the AHS	
principle for 14 years. This fund, which was established by Dr. Bracken and Mrs. Joana Kolle	
from a restricted donation of \$50,000, honors his legacy at abilene High by awarding a	
deserving college-bound Abilene High School senior with a scholarship. The Kollee Class	
Endowed Scholarship was renamed to the Royce Curtis Excellence in Education Endowed	
Scholarship in the summer of 2013. The scholarship funds are held by the Community Foundation	1
of Abilene for investment and remain there as a permanent (asset) endowment for future	
scholarships AEF collects all donations, writes all acknowledgements, and administers ali	
scholarships A \$2,500 scholarships was awarded in 2018-19	·
Form 990, Part III, Line 4d Program Service Expenses: 9,851, Grants and allocations: 0,	
Revenue 0 Abilene Education Foundation (AEF) offers fiscal sponsorship services	
(pass-through programs) for projects that charities, community groups, or individuals (without	
an IRS determination letter) who wish to fund a specific, limited duration project that are	
clearly charitable in nature, provide public benefit to Abilene Independent School District	
students and teachers, as well as the local community, and further the goals of AEF AEF	
reguires an application for fiscal sponsorship services and the application is	
reviewed/denied/approved by the fiscal sponsorship committee (includes the executive	

THE ABILENE EDUCATION FOUNDATION	31-1741496
committee/offers) and can be taken for further review to the entire board of directors if the	
committee feels it is needed. AEF also charges a sliding scale fee based on balance of fund	
and administrative and accounting services required.	
Form 990, Part III, Line 4d Program Service Expenses: 13,381, Grants and allocations. 0,	
Revenue 0 Various Program related to promote and enhance an exemplary education for studer	nts
of the Abilene Independent School District; they receive varing amounts depending up criteria	
and needs Art Outréach, Million-Word Readers Program, PASS for Success	
Form 990, Part III, Line 4a: NEXTUniversity is a career development program that empowers	
students to transition from high school into the local workforce through higher education and	
training In fact, NEXTU focuses primarily on students who decide to pursue careers like	
welding, electrical, nursing, and aircraft maintenance. NEXTUniversity will assist students	
while they are still in high school through dual credit coursework, and after high school	
while they pursue higher education (from certificate programs to Associate degrees)	······
Form 990, Part III, Line 4c Teachers in the Limelight Celebration - Continued - Mr. Jennings,	
due to his passion for teaching math and science, also wished to honor a secondary math and a	
secondary science teacher with an "Edwin and Agnes Jennings Teaching Excellence Award."	
Nominations for these awards are made by students, parents, colleagues, and community members	ers,
as well as school administrators Mr Jennings, Jr's parents, Edwin and Agnes Jennings, were	
active and well-regarded members of the Abilene community. In addition to campus awards, math	
and science finalists, there are four main Teaching Excellence Awards: Outstanding Elementary	
Teacher, Outstanding Secondary Teacher, Outstanding Math Teacher, and Outstanding Science	
Teacher The AEF establishes a committee to evaluate the nominees and determine the recipients	3
of the teaching awards and to plan the awards ceremony Last year an additional award was	
added, the Future Shaper Award funded by Unique Solutions to an outstanding teacher, a \$2,000	
gift of travel	