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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

		he Treasury ie Service	•	The organization n	nay have to use	a copy of this	return to satisfy s	tate rep	orting re	quirements		Inspection	on
				ar, or tax year beg				, and e					
ВС	heck if ap	plicable	Please	C Name of organiza	tion LUBB	OCK ASSO	CIATION OF RE	ALTO	RS, IN	D Employer i	dentificat	ion number	
	ddress c	change	use IRS label or	Doing Business A						75-0877785			
∟	lame cha	ange	print or type.	Number and stree	et (or PO box if ma	ail is not delivere	d to street address)	Ro	om/suite	E Telephone	number	_	<u> </u>
<u> </u>	nitial retu	ım	See	5015 KNOXVILL	E AVE					806-7 <u>95-953</u>	3		
T	eminate	ed	Specific Instruc-	City or town, state	or country, and Zi	P + 4						,	
□△	mended	l return		LUBBOCK			TX 79	9413		G Gross recei	pts \$		46,949
□△	pplicatio	n pending	F N	ame and address o	f principal officer	r			H(a) Is th	his a group returi	n for affilia	ites? Yes	X No
ζ									H(b) Are	all affiliates incl	uded?	Yes	X No
4 T	ax-exer	mpt status	X 50	01(c) (6) ◀	(insert no)	4947(a)(1) or 527		If"	No," attach a list	(see instr	ructions)	_
_	/ebsite				(,	· · · · · · · · · · · · · · · · · · ·	, <u></u>		H(c) Gro	oup exemption nu	ımher Þ		
		rganization	X	rporation Trust	Association	Other		I Vos	r of format			e of legal domicile	
	art I		nmary	Tporation Tras	ASSOCIATION	Other -		L Tea	Orionna	tion 1944	III State	e of legal dofficile	<u>TX</u>
ئىك	1			the organization's	mission or mo	st eignifican	t activities Tr	ade O	nanizat	on of Real F	state Di	rofession	
	'	Diletty G	escribe t	ile organization s	mission of me	ost signilican	i activities.	aue O	yanızan	ion of Iveal L	State F	1016331011	
9													
Activities & Governance													
Ve	2	Check th	us box	▶ if the orga	inization disco	ntinued its or	perations or dist	nosed i	of more	than 25% of	its net a	 assets	
Ğ	3			g members of the			•			17.01.1 2070 0.	3	200010	17
es 6	4		-	endent voting me	-	• •	•			` !	4		17
Ĭ	5			employees (Part		_					5		7
Act	6			volunteers (estim		ry) .					6		
	7a			lated business re			n (C), line 12.			[7a	2	230,311
	b	Net unre	lated bu	isiness taxable in	come from For	m 990-T, lin	e 34	<u> </u>		<u> </u>	7b		-2,024
Š										Prior Year		Current Yea	27
⊴,″	8			id grants (Part VII		<u> </u>					,682		275,220
<u>ڪ</u> ڙِ	9	Program	service	revenue (Part VI	E PE 29/1/19	I	•				,599	2	<u> 231,511</u>
UEし 』 4 Revenue				me (Part VIII, colt							,897		34,978
<u> </u>	11			Part VIII, dolumn (,450		5,240
_	12			d lines 8 through 1					-		,628		46,949
널	13 14			ar amounts paid (or for members (F			-3)	•		10	,105 0		13,520
のCASSITE Expenses	15						 Jumn (A) lines	 5_10\		223	,539		228,649
Ses ≥	16a		alaries, other compensation, employee benefits Part IX, column (A), lines 5–10) rofessional fundraising fees (Part IX, column (A), line 11e)						223	0		0	
n e	b			expenses (Part I	•			. 0			<u> </u>		
ă	17		_	(Part IX, column		•)			263	,096		289,065
	18		•	Add lines 13-17			•				,740		31,234
	19	Revenue	e less ex	penses. Subtract	line 18 from li	ne 12 .					,888		15,715
Net Assets or Fund Balances						_			Beginn	ing of Current	Year	End of Yea	r
sets	20			rt X, line 16)						1,484		1,4	179,455
at As	21		•				•	•			,578		36,410
				nd balances. Sub	tract line 21 fro	<u>m line 20 .</u>	<u> </u>		ļ <u>.</u>	1,434	,091	1,4	143,045
Pa	rt II		<u>nature</u>		-115	1.1			1				
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Pai Pre	re d parer's	signa	Type or prarer's ture	of officer de Fowler nnt name and title SCOTT CHERR ryours CHERE	Y, CPA	acly	Date 11/12/201	se	elf-	▶ □	Preparer's (see instruction P00118	ctions) 3737	per
Pai Pre	re ———	signa Firm's	Type or prarer's ture	of officer de Towler Innt name and title SCOTT CHERR Tyours CHERF		MCLY, L	Date 11/12/201 LC	se	elf-	▶ □	Preparer' (see instruct P00118	ctions) 3737	per

Form **990** (2009

485,681

4e Total program service expenses

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I .	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice			
	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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,			ĺ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			1
	complete Schedule D, Part III	8		Х
	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			ĺ
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			1
	complete Schedule D, Part IV	9		Х
	Did the organization, directly or through a related organization, hold assets in term, permanent, or			ĺ
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			l
	VII, VIII, IX, or X as applicable	11	Χ	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI		,~ 7,	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		<u> </u>	4
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		, i = -	
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	•	,	ME.15
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		4	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		-	1.7
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		<i>;;</i> •	1
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			- ,
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			ς,
40	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		
404	Schedule D, Parts XI, XII, and XIII	12		Х
144	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. Yes No			
13	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1-1-4		 ^
	business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	170		<u> </u>
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	"		$\overline{}$
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	· · ·		- ``
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<u> </u>
	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

		5-0877785	P	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			١
	United States on 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			
04-	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	04-		
h	24b through 24d and complete Schedule K. If "No," go to line 25	. 24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24-		
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24c		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		
ZJa	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	234		
D	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	. 25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	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):			
а	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		Х
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) 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		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
24	conservation contributions? If "Yes," complete Schedule M	. 30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	1		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		X
JZ	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	32		
••	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, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable relate			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
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		Х

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

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

38

Statements Regarding Other IRS Filings and Tax Compliance

1a Elert the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- find applicable. 1b Elert the number of Forms W-25 included in line 1a Enter -0- find applicable. 1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the catendar year ending with or within the year covered by this return. 2 If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 3c Note. If he sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X Yes in the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions in a foreign country (such as a bank account, securities account, or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts and financial accounts are account, or a signature or other financial accounts. 5a Was the organization or part of the foreign country				Yes	No
b Enter the number of Forms W-25 included in line 1s Enter -0- finot applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if al least one is reported on line 2a, did the organization file all required federal employment tax returns? 7 b if al least one is reported on line 2a, did the organization file all required federal employment tax returns? 8 Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return. (see Instructions) 9 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 9 Si If Y'es'. has it filed a Form 990-T for this year? If Yho', provide an explanation in Schedule 0 3 Si X 44 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1. Report of Foreign Bank and Financial Accounts. 9 If Y'es' enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1. Report of Foreign Bank and Financial Accounts. 9 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 9 b If any taxable party notify the organization have or as party to a prohibited tax shelter transaction? 10 Person the programization and the organization into a file organization as foreign to a prohibited tax shelter transaction? 11 Press' in the organization annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 10 Organizations that may receive deductible co	1a	·			
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5ce the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization file Form 886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Did the organization incurrence of the value of the goods or services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization incurrence of the value of the goods or services provided? 7d Did the organization for the payor? 7e Did the organization for the payor? 7f Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7f For contributions of cars, boats, airplanes, and other vehicles, did the organization file a form 1098-0 as equived? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a s	h		2h	v	
an instructions) Do the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. As Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Id any taxable party notify the organization file Form 8888-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductable? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductable? If "Yes," did the organization of the payor? If "Yes," did the organization of	•	· · · · · · · · · · · · · · · · · · ·	25		
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required?	9		7g	X	
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a Gross income from members or shareholders			1		
b Gross income from other sources (Do not net amounts due or paid to other sources 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]		
		- · · · · · · · · · · · · · · · · · · ·			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		12a		
	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	7		
b	Enter the number of voting members that are independent	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with]		1
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	į		
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	X	<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			İ
	of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	i		
	the year by the following		1	
а	The governing body?	8a	X	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	enue Code)		1	
			Yes	No
_	Does the organization have local chapters, branches, or affiliates?	10a	-	X
þ	1 1 1	400	}	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	۱.,		
444	form?	11	┼	X
11A		425	 ↓	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	425	"	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	<u>X</u>	
С	describe in Schedule O how this is done	12c	x	
13	Does the organization have a written whistleblower policy?	13	 ^-	X
14	Does the organization have a written document retention and destruction policy?	14	┼	x
15	Did the process for determining compensation of the following persons include a review and approval by	'	 	 ^
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	1	Х
b	Other officers or key employees of the organization	15b	1	X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions).	1.02	1	Ť
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	1	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		1	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		1	
	the organization's exempt status with respect to such arrangements?	16b	Ì	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the control of the contro	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply	٠.		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	organization: ► CADE FOWLER 806-795-95	33		
	5015 KNOXVILLE AVE., 79413			

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. Use Schedule J-2 if additional space is needed.

- 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 See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compe	nsate any curre	nt off	icer	, di	rec	tor, or	tru	stee.		
(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee			Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
June Burks Director	0	Х						0	0	0
Clay Condra Director	0	Х						0	0	0
Coby Crump Director	0	Х						0	0	0
Nathan Jordan Director	0	Х						0	0	0
Joy Daniel Director	0	х						0	0	0
Velma Medina Director	0	х						0	0	0
Mark Nanny Director	0.	Х						0	0	0
Tim Paden Director	0	Х						0	0	0
Celeste Patterson Director	0	х						0	0	0
Nancy Rawls Director	0	х						0	0	0
Rusty DeLoach Director	0.	х						0	0	0
Liz Smart Director	0.	х						0	0	0
Greg Garrett Chairman	0.			x				0	0	0
Bobby McQueen Pres	5.			х				7,200	0	0
Ann Kearney Pres. Elect	0			x	П			.,200	0	0
Pam Titzell Treasurer	0			x	П			0		0

Page 8

Pa	rt VII Section A. Officers, Directors, Tru	ustees, Key En	ploy	ees	and	l Hig	jhesi	t Co	mpensated Em	ployees (continu	ied)	
	(A)	(B)				C)			(D)	(E)		(F))
	Name and title	Average				k all ti	hat ap		Reportable	Reporta		Estima	
		hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compens. from rela organizat (W-2/1099-	ated tions	amour othe compen from organiz and rel organiza	er sation the ration lated
Deb Sec	ra Lopez	0			х				0		0		0
	e Fowler c. Officer	40				x			54,618		0		0
									0		0		0
												u	
										•			
	-												
<u>1b</u>	Total	<u> </u>						•	61,818		0		0
2	Total number of individuals (including but no		e list	ed a		e) wh	o rec	ceive	ed more than \$10	00,000 in			
	reportable compensation from the organizat	lion >			0							Yes	No
3	Did the organization list any former officer, employee on line 1a? <i>If "Yes," complete Sci.</i>					yee,	or h	ighe	st compensated		3		X
4	For any individual listed on line 1a, is the su					an.	· ·	or cc		 n	<u> </u>		 ^
-	the organization and related organizations g	reater than \$15	00,00		"Ye						4		×
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Y	•			-				ganization for		5		x
Sec	ction B. Independent Contractors	<u> </u>					7						1 ^_
1	Complete this table for your five highest cor compensation from the organization.	npensated inde	pend	ent c	ontr	acto	rs tha	at red	ceived more than	100,000 a	0 of		
	(A) Name and business a	address							(B) Description of sen	vices	Con	(C) npensation	
						_							0
								\vdash					0
			 -					\vdash				·	0 0
								I^-	_ 				0
2	Total number of independent contractors (in more than \$100,000 in compensation from	-		ed to	thos	e lis	ted a		e) who received				

Part	: VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ν ν .	1a	Federated campaigns 1a	0			· · ·	012,010,01014_
in in		· •	+				
gr	b						1
ts, arr	C	Fundraising events	0				
gif Iar	d	Related organizations	0				
is,	е	Government grants (contributions) 1e	0				
ior	f	All other contributions, gifts, grants, and					
but the		similar amounts not included above 1f	l ol				
it i		Noncash contributions included in lines 1a-1f: \$	<u></u>				
Contributions, gifts, grants and other similar amounts	h			275,220			
	-"	I otal. Add lines 1a–1f	Business Code	210,220			-
υe		DANIOUETO # LINGUE ONO	Business Code		4 000		~ -
) ve		BANQUETS/LUNCHEONS		1,200	1,200		
8	b	MLS	518210	230,311		230,311	
vice	С			0			
Ser	d			0			
Ē	е			0			
Program Service Revenue	f	All other program service revenue		0			
Pro	q	Total. Add lines 2a–2f		231,511			
	3	Investment income (including dividends, interest, an	l l	201,011			
	3	· · · · · · · · · · · · · · · · · · ·		04.070			04.070
		other similar amounts)		34,978			34,978
	4	Income from investment of tax-exempt bond proceed	r	0			
	5	Royalties	<u>, ▶</u>	0			
		(ı) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					ı
	С	Rental income or (loss) 3,102	0				
	d	Net rental income or (loss)	•	3,102			
	7a		(ii) Other				1
		assets other than inventory 0	 	•			
	١,	Less cost or other basis	7				I
	"	· · · · · · · · · · · · · · · · · · ·	ا ا				ı
		and sales expenses					
	C						
ĺ	d	Net gain or (loss)	<u></u> ▶	0			
0	8a	Gross income from fundraising					+
ž		events (not including \$ 0					
ē		of contributions reported on line 1c).	1				
æ		See Part IV, line 18	l o				1
ē	ь	Less: direct expenses b	0				
Other Revenue	ŀ	Net income or (loss) from fundraising events		ol			•
O		Gross income from gaming activities.	r i				
	""	See Part IV, line 19	l ol				
	_	·					
		Less: direct expenses b					
		Net income or (loss) from gaming activities	. ▶	0			
	10a	Gross sales of inventory, less					t H
		returns and allowances	2,138				
	b	Less. cost of goods sold b	0	ļ			
	С	Net income or (loss) from sales of inventory	▶	2,138			
		Miscellaneous Revenue	Business Code				
	11a			o			
	b			0			
	c			0			
	d	All other revenue		0			
	e	Total. Add lines 11a–11d	▶	0			
	12	Total revenue. See instructions		546,949	1,200	230,311	24 079
	1.14	I OLD I CACILLE. OCC HISHIOCHOHS		J40,549	1,200	230,311	34,978

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column	(A) but are not requ	uired to complete	columns (B), (C), an	d (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	10.500			
_	organizations in the U.S See Part IV, line 21	13,520	13,520		
2	Grants and other assistance to individuals in		-	ľ	
_	the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	50 700	54 000	5 070	
	trustees, and key employees	56,700	51,030	5,670	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B) .	100.207	05.704	40.000	
7	Other salaries and wages	106,367	95,731	10,636	
8	Pension plan contributions (include section 401(k)	24.740	20.072	0.475	
_	and section 403(b) employer contributions).	24,748	22,273	2,475	-
9	Other employee benefits	24,296	21,866	2,430	
10	Payroll taxes	16,538	14,884	1,654	
11	Fees for services (non-employees).		İ		
a	Management	0			
Ь	Legal	0			
С	Accounting	4,510		4,510	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
_ g	Other	<u>-</u>	20.025		
12	Advertising and promotion	38,635	38,635	4.000	
13	Office expenses	5,461	4,369	1,092	
14	Information technology	5,317	4,254	1,063	
15	Royalties	36,279	22.654	2 620	-
16	Occupancy	30,279	32,651	3,628	_
17	Travel			-	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials .	47,231	47 224		
19 20	Conferences, conventions, and meetings	47,231	47,231	+	
		0			
21 22	Payments to affiliates Depreciation, depletion, and amortization	4,379	4,379	0	0
23		4,379	4,318		
23 24	Other expenses Itemize expenses not	<u>U</u>			·- ·- · · · · · · · · · · · · · · · · ·
24	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)			İ	
а	See attached statement of other expenses	147,253	134,858	12,395	
b		0	104,000	12,383	
C		0			
d		0			
e		0			
f	All other expenses	0			· · <u>- · · · · · · · · · · · · · · · · ·</u>
25	Total functional expenses. Add lines 1 through 24f	531,234	485,681	45,553	
		331,234	400,001	40,000	
26	Joint costs. Check here I if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				

	art X	Balance Sheet		_	
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	115	1	115
	2	Savings and temporary cash investments	1,358,947	2	1,360,346
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	5,770	4	3,537
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L	0	6	<u></u>
ets	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use		8	<u> </u>
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or 10a 227,532			
		other basis Complete Part VI of Schedule D	-		
	þ	Less: accumulated depreciation	119,837		115,457
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets			0
	15	Other assets See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,484,669		1,479,455
	17	Accounts payable and accrued expenses	17,413		14,930
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	0		
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
i i	22	Payables to current and former officers, directors, trustees, key			
<u>.e</u>		employees, highest compensated employees, and disqualified		-	
_		persons Complete Part II of Schedule L	0		
	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties Other liabilities Complete Part X of Schedule D			0
	25 26		33,165 50,578		21,480
	20		50,576		36,410
ý		Organizations that follow SFAS 117, check here			
ဥင		complete lines 27 through 29, and lines 33 and 34.	-altra also		
<u>a</u>	27	Unrestricted net assets		27	
ä	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SSI	31	Paid-in or capital surplus, or land, building, or equipment fund .		31	
Ϋ́	32	Retained earnings, endowment, accumulated income, or other funds	1,427,330		1,443,045
Ž	33	Total net assets or fund balances	1,427,330		1,443,045
	34	Total liabilities and net assets/fund balances	1,477,908		1,479,455

Form **990** (2009)

Part XI Financial Statements and Reporting			
		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		l	
Schedule O.		٠ ا	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b Were the organization's financial statements audited by an independent accountant?	2b		Х
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
If the organization changed either its oversight process or selection process during the tax year, explain in			
Schedule O.			
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		}	
issued on a consolidated basis, separate basis, or both			
Separate basis Consolidated basis Both consolidated and separate basis			-
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
the Single Audit Act and OMB Circular A-133?	3a	ŀ	х
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	- Ju		
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
required addit of addits, explain with in ochedule of and describe any steps taken to undergo such addits		990	(2000

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number LUBBOCK ASSOCIATION OF REALTORS, INC 75-0877785

Sciecne Spectrum Schedule of Other Expenses - 2009 Form 990, Page 10, Part IX, Line 24 a

	(A)	(B)	(C)	(D)
	Total Expenses	Program Service	Management and	Fundraising
		Expenses	general expenses	expenses
Supplies	2,182	2,182	-	_
Museum exhibits	54,006	54,006	-	_
Museum exhibit maintenance	112,250	112,250	-	-
License fees - omnimax films	75,958	75,958	-	-
Special events	652	652	-	-
Computer expense	2,850	2,850	-	-
Credit card processing fees	16,362	16,362	-	-
Library, dues and subscriptions	7,276	7,276	-	-
Landscape maintenance	16,454	14,570	1,884	-
Miscellaneous	-			-
Repairs and maintenance	151,794	134,414	17,380	_
Janitorial	25,728	22,782	2,946	-
Postage and shipping	8,004	6,403	1,601	_
Printing and publications	23,674	23,674	-	-
Telephone	10,379	9,341	1,038	-
Vending machine expense	5,439	-	5,439	-
Museum animials	13,647	13,647		
Total Other Expenses	526,655	496,367	30,288	<u>-</u>