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Form **990**

Department of the Treasury Internal Revenue Service

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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009

Open to Public Inspection

A Fo	r the	2009 ca	alendar yea	r, or tax year beginning 10-01	-2009 and ending 09-30-201	.0	-			
		pplicable	Please	C Name of organization CIVIC LUBBOCK INC			1	dentification number		
☐ Add	dress ch	nange	use IRS label or	Doing Business As				75-1107227 E Telephone number		
∏ Naı	me cha	nge	print or type. See	Doing Business As						
┌ Inıt	tial retu	rn	Specific Instruc-	Number and street (or P O box	f mail is not delivered to street addre	ess) Room/suite	(806) 775			
Г Тег	mınate	d	tions.	1501 MAC DAVIS LANE			G Gross receip	ts \$ 2,593,647		
┌ Am	ended	return		City or town, state or country, a	nd ZIP + 4		1			
┌ _{App}	olication	pending		LUBBOCK, TX 79401						
			F Nan	ı ne and address of prıncıpal of	ficer	H(a) Is t	₌ his a group reti	ırn for		
			WILLIA	M LOWELL			ates?	⊤Yes ▼ No		
				1AC DAVIS LANE CK,TX 79401						
						1 ' '	all affiliates inclu	·		
I Ta	x-exem	npt status	▼ 501(c)	(3) ◄ (insert no)	1) or		up exemption i	st (see instructions) number >		
	ebsit <i>e</i>	•: • WW	/W CIVICI	UBBOCK COM		!(c)				
_				ion Trust Association Othe	er 📂	L Year of f	ormation 1956	M State of legal domicile TX		
Pa		Sum		e organization's mission or m	ost significant activities					
	_				CULTURAL AND ENTERTAIN	IMENT PROG	RAMS, TO IN	CLUDE THE VISUAL		
ጵ		AND P	ERFORMIN	G ARTS, FOR THE CITIZEN	S OF LUBBOCK AND THE SU	RROUNDING	AREA			
Governance										
€										
8	2	Check	this box 🝽	- if the organization discontin	ued its operations or disposed	l of more than	25% of its ne	t assets		
			,		y (Part VI, line 1a)			3 10		
න් ග්			_							
Activities					overning body (Part VI, line 1	D)	•			
₹	_			nployees (Part V, line 2a) .				5 252		
व	6			lunteers (estimate if necessa				6		
		_			rt VIII, column (C), line 12			7a		
	ь	Net unr	elated busi	ness taxable income from Fo	m 990-T, line 34			7b (
						Pri	or Year	Current Year		
g,	8			i grants (Part VIII, line 1h)		332,501				
anue	9	Progra	m service	revenue (Part VIII, line 2g)		2,140,234	2,331,300			
Revent	10	Invest	tment incor	ne (Part VIII, column (A), lın		2,913	2,225			
ш	11		•	art VIII, column (A), lines 5,				0		
	12			• • •	qual Part VIII, column (A), lın	е	2,475,648	2,593,647		
	13				mn (A), lines 1–3)		363,491	304,633		
	14			r for members (Part IX, colur			303,431	0		
	15				its (Part IX, column (A), lines	5-				
8		10)	es, other co	impensation, employee belief	its (Fure IX, Column (A), mics		707,127	809,340		
Expenses	16a	Profes	sional fund	raising fees (Part IX, column	(A), line 11e)			0		
ੜੇ	ь	Total fu	ndraising exp	enses (Part IX, column (D), line 25)	▶ 0					
ш	17				a-11d, 11f-24f)		1,358,839	1,351,889		
	18				Part IX, column (A), line 25)		2,429,457	2,465,862		
	19			enses Subtract line 18 from			46,191	127,785		
<u>%</u>			<u>-</u>			Beginniı	ng of Current	End of Year		
Net Assets or Fund Balances							Year	Eliu or Teaf		
33.45 18.45 18.45	20			t X, line 16)			1,854,685	2,535,902		
38	21	Total	liabilities (F	Part X, line 26)			985,610	1,539,042		
	22			d balances Subtract line 21	from line 20		869,075	996,860		
Pai	rt II	Sign	ature Blo	ock						
					ed this return, including accompanying f preparer (other than officer) is base					
			ier, it is true, t	correct, and complete Deciaration of	r preparer (other than officer) is base	d on an infoline	mion of which prep	Marer has any knowledge		
Sign	1	***	***			2011	L-08-02			
Here		Sign	ature of office	r		Date				
		will	JAM LOWELL	President						
			e or print nam							
		Preparei	's k		Date	Check If	Preparer's idei	ntıfyıng number		
Paid		signatur		Willis	2011-08-02	self- empolyed 🕨 🦵	(see instructio			
	arer's	Firm's n	ame (or yours	■ BOLINGER SEGARS GILBERT AN		cilipolyeu F				
Use (ıf self-er	nployed),)	ID 11033 LLF		EIN 🕨			
	y	address,	and ZIP + 4	8215 NASHVILLE AVENUE			Dhoma are	(906) 747 2006		
				LUBBOCK, TX 79423			Priorie no P	(806) 747-3806		
May	the IR	S discus	s this retu	rn with the preparer shown ab	ove? (see instructions)			▼ Yes		

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO FOSTER AND PROMOTE EDUCATIONAL, CULTURAL AND ENTERTAINMENT PROGRAMS, TO INCLUDE THE VISUAL AND PERFORMING ARTS, FOR THE CITIZENS OF LUBBOCK AND THE SURROUNDING AREA

2	-	• -	nt program services during the year		Yes ┌ No
	If "Yes," describe	these new services on Sch	edule O		
3	_	on cease conducting, or ma	ake significant changes in how it con		Yes ✓ No
	If "Yes," describe	these changes on Schedul	e O		
4	Section 501(c)(3) and 501(c)(4) organizatio	for each of the organization's three I ns and section 4947(a)(1) trusts ar d revenue, if any, for each program s	e required to report the amoun	
4a	(Code) (Expenses \$	2,251,812 including grants of \$	304,633) (Revenue \$	2,331,300)
	CO-SPONSORSHIP C	, , , , ,	LFILL THE ORGANIZATION'S PRIMARY EXEMP	, , ,	
	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d		ervices (Describe in Sche	•) (D	`
	(Expenses \$		ding grants of \$) (Revenue \$)
4e	Total program se	ervice expenses►\$	2,251,812		

Part IV	Check	dist 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, 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	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	j	ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		Νο
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
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		Νo
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			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
С	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 owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
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		No
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		Νo
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

art V	Statements	Regarding	Other 1	IRS Filings	and Tax	Compliance
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			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
la	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	2-		N. o
h	return?	3a 3b		No
ا a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	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			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
•	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?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g L	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		
••	required?	7h		
	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 sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	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 126			

1501 MAC DAVIS LANE LUBBOCK,TX 79401 (806) 775-2242

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

Se	ection A. Governing Body and Management			
36	scholl A. Governing body and Management		Yes	No
			165	140
1a	Enter the number of voting members of the governing body 1a 10			
b	Enter the number of voting members that are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was			
5	filed?	5	Yes	No
5 6	Did the organization become aware during the year of a material diversion of the organization's assets?	6		No
0 7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	-		NO
	governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		1	1
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 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 form?	11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14	Yes	110
15	Did the process for determining compensation of the following persons include a review and approval by		163	
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15-		N.
	The organization's CEO, Executive Director, or top management official	15a		No
D	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you make these available. Check all that apply			
10	Own website Another's website Vupon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the CITY OF LUBBOCK	ne orga	anızatıor	ր ┣╾
	CIT OF EGDDOCK			

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, and current key employees 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, or 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 no	t compensa	te any o	urre	nt o	r for	mer of	ficer	, dırector, trustee o	r key employee	
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
WILLIAM LOWELL PRESIDENT	4 00	х		х				0	0	0
KAY SANFORD VICE PRESIDENT	2 00	х		х				0	0	0
MARK BASS SECRETARY/TREASURER	3 00	х		х				0	0	0
EDDIE MORENO DIRECTOR	4 00	х						0	0	0
MARY BETH MITTEMEYER DIRECTOR	1 00	х						0	0	0
DON CALDWELL DIRECTOR	4 00	х						0	0	0
DR DONALD HARAGAN DIRECTOR	4 00	х						0	0	0
LOUIS KELLEY DIRECTOR	20	х						0	0	0
RAFAEL GUTIERREZ DIRECTOR	10 00	х						0	0	0
DAN BURNS DIRECTOR	4 00	х						0	0	0

For	n 990 (2009)			Page 8
1b	Total	0 0	,	C
2	Total number of individuals (including but not limited to those listed above) who received mo \$100,000 in reportable compensation from the organization •0	ore than		
		_	Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest con on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	· · · · · · · · · · · · · · · · · · ·	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compenorganization and related organizations greater than \$150,000? If "Yes," complete Schedule Jundividual		4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such person		5	No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that receive \$100,000 of compensation from the organization	d more than		
	(A) Name and business address	(B) Description of services	(C Compe	
3628	D MANAGMENT B 55TH ST STAG SOCK, TX 79413	SE HANDS		107,186
_	Total number of independent contractors (including but not limited to those listed above) who	received more than		

\$100,000 in compensation from the organization 🗗

Form **990** (2009)

Form 9	•	<u>, </u>						Page 9
Part \	<u>/1111</u>	Statement of	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
# # # # # # # # # # # # # # # # # # #	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	ies 1b					
કું. સ	c	Fundraising eve	ents 1c					
<u>#</u> _≅	d		zations 1d					
E S	e	Government grant	·	247,526				
erio Erio	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	12,596				
音音	g		ibutions included in					
ŠĒ	h		 s 1a-1f	🗼	260,122			
				Business Code				
nlle	2a	CULTURAL EVENTS	5	711,300	919,668	919,668		
e ve	ь	SELECT A SEAT		711,300	782,601	782,601		
е П	c	CONCESSIONS		711,300	621,777	621,777		
Program Serwce Revenue	d	OTHER	_	711,300	7,254	7,254		
ج ج	e	-						
Š B	f	All other progra	am service revenue					
Š	g	Total. Add lines	l s 2a – 2f		2,331,300			
	3	Investment inc	ome (including dividenc	ls, interest				
			aramounts)	-	2,225			2,225
	4		stment of tax-exempt bond p	roceeds •				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	(i) iceui	(II) I CISOIIII				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	Ь	Less cost or other basis and sales expenses						
	d	Gain or (loss)	[<u> </u>				
	8a		rom fundraising					
Other Revenue		events (not inc \$ of contributions	luding s reported on line 1c) ne 18					
je.	ь	less directer	penses b					
₹	c		(loss) from fundraising e	vents ►				
	9a		rom gaming activities ne 19					
	b c		penses b	rities				
	10a	Gross sales of returns and allo						
	b	Less cost of g	oods sold b					
	С		(loss) from sales of inve					
	44	Miscellaneou	s Revenue	Business Code				
	11a							
	Ь							
	d	All other reven	ue					
			s 11a-11d					
	12		See Instructions	• • • • • • • • • • • • • • • • • • •	2 502 647	2 224 200		2 225
	J				2,593,647	2,331,300	0	2,225

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.									
	ll other organizations must complete column (A) but are not required to	complet e column			(D)					
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	304,633	304,633							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22									
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees									
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$									
7	Other salaries and wages	752,899	600,288	152,611						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)									
9	Other employee benefits	18,254	18,254							
10	Payroll taxes	38,187	30,447	7,740						
11	Fees for services (non-employees)									
а	Management									
b	Legal									
с	Accounting	37,668		37,668						
d	Lobbying			,						
e	Professional fundraising See Part IV, line 17									
f	Investment management fees									
g	Other	23,098	23,098							
12	Advertising and promotion	4,078	4,078							
13	Office expenses	16,031	.,070	16,031						
14	Information technology	1,896	1,896	10,001	_					
15	Royalties	1,030	1,030							
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	654	654							
23	Insurance	17,521	17,521							
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	17,321	17,321							
а	CONTRACT LABOR	580,654	580,654							
b	SELECT A SEAT EXPENSES	408,581	408,581							
c	COST OF MERCHANDISE	136,758	136,758		-					
d	EVENT SUPPLIES & EXPENS	124,950	124,950		-					
e		, , ,	,							
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	2,465,862	2,251,812	214,050	0					
26	Joint costs. Check here ► ☐ If following SOP 98-2	2,403,002	2,231,012	214,030						
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Part X Balance Sheet (A) (B) Beginning of year End of year 1 1 Cash—non-interest-bearing 1,201,936 2 1.840.191 2 Savings and temporary cash investments 3 3 4 122.750 4 132,453 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 6 Notes and loans receivable, net 7 79,383 89.316 Inventories for sale or use 10,980 9 12,974 383.637 10a Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10b 362.305 21.332 b Less accumulated depreciation 0 10c 11 11 12 12 Investments—other securities See Part IV, line 11 439,636 13 13 Investments—program-related See Part IV, line 11 . . 439,636 14 14 15 15 16 1,854,685 16 2,535,902 Total assets. Add lines 1 through 15 (must equal line 34) . . . 99.632 17 169.193 17 Accounts payable and accrued expenses 18 18 100,599 19 115,278 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 209,069 21 228,425 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 576.310 25 Other liabilities Complete Part X of Schedule D 25 1,026,146 26 **Total liabilities.** Add lines 17 through 25 985,610 26 1,539,042 Organizations that follow SFAS 117, check here 🕨 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 736,469 756,335 27 27 Unrestricted net assets 28 132,606 28 240.525 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 869,075 33 Total net assets or fund balances 33 996,860 34 Total liabilities and net assets/fund balances 1.854.685 2,535,902 34

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
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			
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		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

Inspection

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

CIVIC LUBBOCK INC

Name of the organization

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

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Employer identification number

									75-110722	27		
Pa	rt I	Reaso	n for Pu	blic Charity State	us (All org	anızatıons	must comp	olete this p	art.) See ins	structions		
he	organız	zation is	not a privat	e foundation because	ıtıs (Forlı	nes 1 throu	ıgh 11, check	only one bo	x)			
1	Γ	A churc	h, conventi	on of churches, or as:	sociation of	churches s	section 170(b)(1)(A)(i).				
2	\sqcap	A schoo	l described	In section 170(b)(1)	(A)(ii). (Att	ach Schedi	ule E)					
3	Γ	A hospi	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Γ			i organization operate ty, and state	ed in conjunc	ction with a	hospital desc	cribed in sec	tion 170(b)(1	.)(A)(iii). Ent	erthe	
5	Γ	An orga	nızatıon ope	erated for the benefit	of a college	or universi	ty owned or o	perated by a	governmenta	al unit describ	— ed ın	
		section	section 170(b)(1)(A)(iv). (Complete Part II)									
6		A federa	al, state, or	local government or	governmenta	al unit desc	rıbed ın secti	on 170(b)(1)(A)(v).			
7		describe	ed in	it normally receives a A)(vi) (Complete Pa		l part of its	support from	a governme	ntal unit or fro	om the genera	l public	:
8	Г			described in section		(Vi) (Cor	nplete Part II	:)				
9	Ī			it normally receives					outions, memb	pership fees. a	nd gro	ss
	·			ities related to its exc								
		ıts supp	ort from gro	oss investment incom	ne and unrela	ated busine	ss taxable ın	come (less s	section 511 ta	ax) from busır	esses	
		acquire	d by the org	anization after June 3	30,1975 Se	ee section 5	509(a)(2). (C	omplete Par	t III)	•		
10	Г	An orga	nızatıon org	anized and operated	exclusively	to test for p	oublic safety	Seesection	509(a)(4).			
11 e	r r	one or not the box a By chec	nore publici that descril Type I king this bo	anized and operated y supported organizates the type of supported by Type II ox, I certify that the o	tions describ rting organiz c rganization	bed in sect zation and o Type III is not conti	ion 509(a)(1) complete line - Functional colled directly	or section ! s 11e throug ly integrated or indirectly	509(a)(2) Se gh 11h I d y by one or mo	e section 509 Type II ore disqualifie	(a)(3). I - Oth d pers	Check her ons
f g		section If the or check tl Since A	509(a)(2) ganization i nis box ugust 17, 2	on managers and other received a written det .006, has the organiz	termination f	from the IR	S that it is a [.]	Туре I, Туре	lI or Type II			
			g persons?	rectly or indirectly co	ntrole outho	ralona ort	ogothor with	norcone doc	cribad in (ii)		Yes	
				governing body of the	•			persons des	cribed iii (ii)	11g(i)	res	No
				er of a person describ	7	_	ation.			11g(i)		
		• •	•	·			hoyo?			11g(iii)		
L				led entity of a person						119(111)	<u>' </u>	<u> </u>
h		Provide	the lollowin	ig information about t	ne supporte	u organizat	ion(s)					
(i) Name of supported organization		e of rted	(iii) Type of organization (ii) (described on EIN lines 1- 9 above or IRC section (iv) Is the organization in col (i) listed in your governing document?		Did you no organiza col (i) d	(v) Did you notify the organization in col (i) of your support? (v (v organization in orga		re tion in ganized	zed A mount o			
				(see instructions))	Yes	No	Yes	No	Yes	No	1	

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete	only if you	checked the	box on I	ine 9 of Pa	rt I.

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	249,220	545,655	542,975	332,501	260,122	1,930,47
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	1,703,598	1,597,057	2,033,405	2,140,234	2,331,300	9,805,59
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,952,818	2,142,712	2,576,380	2,472,735	2,591,422	11,736,06
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons						
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c from line 6)						11,736,06
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6	1,952,818	2,142,712	2,576,380	2,472,735	2,591,422	11,736,06
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	14,735	17,365	14,878	2,913	2,225	52,11
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	14,735	17,365	14,878	2,913	2,225	52,11
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11 and 12)	1,967,553	2,160,077	2,591,258	2,475,648	2,593,647	11,788,18
14	First Five Years If the Form 990 is for check this box and stop here	or the organizatio	n's first, second,	thırd, fourth, or f	ifth tax year as a	501(c)(3) organ	ization, ▶┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009			13 column (f))		15	99 560 %
16	Public support percentage from 200	8 Schedule A, Pa	rt III, line 15			16	99 440 %
6~	ction D. Computation of Inve	stment Inco	ne Dercontos				
<u>5e</u> 17	Investment income percentage for 2				(f))	17	0 440 %
	•	•		•	. //	18	0 560 %
18	Investment income percentage from	ZUUG Scheuule P	I, Fait III, iiie I	,		1 10	ייש ווחר נו

17	0 440 %
18	0 560 %

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493215008001

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ernal	Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.			Inspec	tion		
Name of the organization CIVIC LUBBOCK INC				Employer identification number					
CIAI	C LUDDUCK INC			75-	1107227				
Pa			dvised Funds or Other Similar F	unds	or Accounts	s. Comple	te if the		
	organiz	zation answered "Yes" to Form 99	T .	1 4	(h) Funda and .	. + h			
	Total number at	t and of year	(a) Donor advised funds	1	(b) Funds and o	otner accou	ints		
,		ributions to (during year)							
,		its from (during year)							
		e at end of year							
	Did the organiz	ration inform all donors and donor advi	sors in writing that the assets held in dor organization's exclusive legal control?	nor advi	sed	☐ Yes	┌ No		
	used only for c	-	donor advisors in writing that grant funds efit of the donor or donor advisor, or for a			┌ Yes	┌ No		
ar	t III Conse	rvation Easements. Complete	ıf the organization answered "Yes" t	o Forn	n 990, Part I	V, line 7.			
	Protection Preservati Complete lines	on of land for public use (e g , recreati of natural habitat on of open space . 2a–2d if the organization held a quali ne last day of the tax year	on or pleasure) Preservation of ar Preservation of a Ified conservation contribution in the form	certifie	d historic struc	•	-		
		,			Held at the	End of the	e Year		
а	Total number o	f conservation easements		2a					
b	Total acreage i	restricted by conservation easements		2b					
С	Number of cons	servation easements on a certified his	toric structure included in (a)	2c					
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06	2d					
		servation easements modified, transfe ar 🛌	erred, released, extinguished, or terminate	ed by th	ie organization	during			
	Number of stat	es where property subject to conserva	ation easement is located ►						
		nization have a written policy regarding the conservation easements it holds?	g the periodic monitoring, inspection, han	dling of	violations, and	^d	∏ No		
			pecting and enforcing conservation easen						
	•	-	ng, and enforcing conservation easement	•	j the year ► \$				
	170(h)(4)(B)(ı)) and 170(h)(4)(B)(II)?	(d) above satisfy the requirements of sec			·	☐ No		
	balance sheet,	-	onservation easements in its revenue and the footnote to the organization's financia nents	•	•				
a r'			ns of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Ot	her Similar	Assets.			
a	art, historical t	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or resear nancial statements that describes these i	ch ın fu			e,		
b	historical treas	•	116, to report in its revenue statement a public exhibition, education, or research i s			•			
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1			► \$				
	(ii) Assets incl	luded in Form 990, Part X			► \$	4	39,636		
	If the organizat	•	orical treasures, or other similar assets f S 116 relating to these items	or finan					
а	Revenues inclu	ıded ın Form 990. Part VIII. line 1			► \$				

b Assets included in Form 990, Part X

ar	411 Organizations Maintaining Co	llections of Art	t, His	tori	cal Tr	<u>easur</u>	es, or O	the	<u>r Similar</u>	<u>Asse</u>	ts (cc	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing t	hat are	a sıgnıfıca	ant u	se of its coll	ection	l	
а	Public exhibition		d	\sqcap	Loand	rexch	ange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
ļ	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y furthe	r the or	ganızatıon	ı's ex	empt purpos	se in		
•	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ıılar	Γ,	Yes	√ No
aı	t IV Escrow and Custodial Arrang						answere	d "Y	es" to Forn	n 990	,	
	Part IV, line 9, or reported an ar				•							
a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					tions or	other ass	ets r	not	Γ.	Yes	√ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ing ta	able		г			_		
_							-	_		A mou	nτ	
с 	Beginning balance						-	1c				
d	Additions during the year						-	1d				
е	Distributions during the year							1e				
f	Ending balance						L	1 f				
а	Did the organization include an amount on Fe	orm 990, Part X, lın	e 21?							<u>.</u>	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\											
а	rt V Endowment Funds. Complete											
	Decimina of very halance	(a)Current Year	(b)	Prior \	rear	(c)Iwo	Years Back	(a)	Three Years Ba	ск (е)	Four Y	ears Back
•	Beginning of year balance											
b	Contributions											
	Investment earnings or losses											
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
_	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment											
ь	Permanent endowment											
c a	Term endowment ► Are there endowment funds not in the posse	ssion of the organiz	ation 1	thata	re held	and ad	ministere	d for	the			
-	organization by	ooron or the organiz				aa a.a					Yes	No
	(i) unrelated organizations								[3a(i)		
	(ii) related organizations								🚉	Ba(ii)		
Ь	If "Yes" to 3a(II), are the related organizatio							•		3b		
	Describe in Part XIV the intended uses of th					20 5		4.0				
aı	t VI Investments—Land, Building	s, and Equipme	nt. S									
	Description of investment				ı) Cost or sıs (ınves		(b)Cost or basis (oth		(c) Accumu depreciat		(d) B	ook value
а	Land		•									
b	Buildings											
С	Leasehold improvements		•									
d	Equipment		•				38	3,637	3	62,305		21,332
e	Other											

21,332

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		,
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Se		13. (c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
ARTWORK	439,636	С
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	439,636	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line	ne 15.	T
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	T
Part IX Other Assets. See Form 990, Part X, III	ne 15.	T
Part IX Other Assets. See Form 990, Part X, III	ne 15.	T
Part IX Other Assets. See Form 990, Part X, III	ne 15.	T
Part IX Other Assets. See Form 990, Part X, III	ne 15.	T
Part IX Other Assets. See Form 990, Part X, III	ne 15.	T
Part IX Other Assets. See Form 990, Part X, III	ne 15.	T
Part IX Other Assets. See Form 990, Part X, III	ne 15.	T
Part IX Other Assets. See Form 990, Part X, III	ne 15.	T
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
Part IX Other Assets. See Form 990, Part X, III (a) Description	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) Should equal Form 990, Part X, col.(B) line:	ne 15. ption 25.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X	ne 15. ption (5.) (7.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption 25.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption (5.) (, line 25. (b) A mount	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line a Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO CITY OF LUBBOCK	15. otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption (5.) (, line 25. (b) A mount	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line a Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO CITY OF LUBBOCK	15. otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line a Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO CITY OF LUBBOCK	15. otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line a Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO CITY OF LUBBOCK	15. otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line a Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO CITY OF LUBBOCK	15. otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line a Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO CITY OF LUBBOCK	15. otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line a Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO CITY OF LUBBOCK	15. otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line a Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO CITY OF LUBBOCK	15. otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line a Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO CITY OF LUBBOCK	15. otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line a Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO CITY OF LUBBOCK	15. otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line a Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO CITY OF LUBBOCK	15. otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line a Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO CITY OF LUBBOCK	15. otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line a Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUE TO CITY OF LUBBOCK	15. otion	(b) Book value

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,593,647
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,465,862
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	127,785
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	C
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	127,785
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retur	n
1	Total revenue, gains, and other support per audited financial statements	1	2,593,647
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	С
3	Subtract line 2e from line 1	3	2,593,647
4	A mounts 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 XIV) 4b		
c	Add lines 4a and 4b	4c	С
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,593,647
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	2,465,862
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	C
3	Subtract line 2e from line 1	3	2,465,862
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	C
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,465,862

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part III, Line 4		PUBLIC ART WORKS INCLUDING STATUES, SCULPTURES AND LANDSCAPING
Part IV, Line 2b		CIVIC LUBBOCK, INC HOLDS FUNDS FOR THE CITY OF LUBBOCK THESE FUNDS COME FROM THE CITY'S HOTEL AND MOTEL TAXES THE FUNDS ARE OWNED BY THE CITY AND THE CITY USES THESE FUNDS TO FUND CULTURAL ART GRANTS CIVIC LUBBOCK, INC HAS NO LEGAL RIGHTS TO THE FUNDS CIVIC LUBBOCK INC, HOLDS FUNDS FOR THE CITY OF LUBBOCK PARKS AND RECREATION DEPARTMENT THE FUNDS ARE REQUIRED TO BE USED TO MAINTAIN THE FREEDOM FOUNTAINS LOCATED IN HENRY HUNEKE PARK CIVIC LUBBOCK, INC HAS NO LEGAL RIGHTS TO THESE FUNDS
Part X	Description of Uncertain Tax Positions Under FIN 48	ON OCTOBER 1, 2009, CLI ADOPTED THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA THE PRIMARY TAX POSITION OF CLI IS ITS' FILING STATUS AS A TAX EXEMPT ENTITY CLI DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT THEIR TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS), OR OTHER STATE TAXING AUTHORITIES CLI IS NO LONGER SUBJECT TO EXAMINATIONS BY FEDERAL TAXING AUTHORITIES FOR YEARS BEFORE 2005

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DLN: 93493215008001

OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Internal Revenue Service			Attach to Form 990				Inspect ion
Name of the organization						Employer identification	on number
						75-1107227	
Part I General Informati							
 Does the organization maintain the selection criteria used to a Describe in Part IV the organi 	ward the grants or as	sıstance?					✓ Yes
<u> </u>	<u> </u>		rganizations in the		mplote if the organ		os" to
Form 990, Part IV, lı	ne 21 for any recip	ent that received r	nore than \$5,000. Cho	eck this box if no one	recipient receive	ed more than \$5,000.	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 5	 501(c)(3) and govern	nent organizations .				· · · · •_	13
3 Enter total number of other ord	ianizations					b -	

Part III	Grants and Other Assist	ance to Individ	uals in the United St	ates. Complete	ıf the organızatıon	answered	"Yes" to Form 990), Part IV, I	ine 22.
	Use Schedule I-1 (Form 99	0) if additional sp	ace is needed.						

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THE BOARD OF DIRECTORS ASSIGN MEMBERS OF THE BOARD TO A COMMITTEE WHO REVIEWS ALL GRANT APPLICATIONS AND MAKES RECOMMENDATIONS TO THE ENTIRE BOARD BEFORE GRANTS ARE MADE

Software ID: **Software Version:**

EIN: 75-1107227

Name: CIVIC LUBBOCK INC

Form 990,Schedule I, Par	t II, Grants an	d Other Assistance	<u>e to Governments</u>	and Organization	is in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMBUCS LUBBOCK CHAPTER OF NATIONAL AMBUCS INCPO BOX 64213 LUBBOCK,TX 79424	56-0715171	501(C)(3)	7,800				TO ASSIST THE ORGANIZATION TO PUT ON THE ABC RODEO
BALLET FOLKLORICO AZTLAN DE LUBBOCK DBA LUBBOCK CENTRO ATZLAN 6134 39TH STREET LUBBOCK,TX 79407	75-2714398	501(C)(3)	7,700				TO ASSIST THE ORGANIZATION TO PUT ON THE VIVA AZTLAN FESTIVAL
BROADWAY FESTIVALS INCPO BOX 1634 LUBBOCK,TX 79424	75-2387813	501(C)(3)	31,000				TO ASSIST THE ORGANIZATION TO PUT ON THE 4TH ON BROADWAY CELEBRATION
FIESTAS DEL LLANO INC PO BOX 94814 LUBBOCK,TX 79493	75-1943892	501(C)(3)	8,386				TO ASSIST THE ORGANIZATION TO PUT ON THE FIESTAS PATRIAS FESTIVAL
LUBBOCK CHRISTIAN UNIVERSITY5601 19TH ST LUBBOCK,TX 79407	75-0950119	501(C)(3)	7,400				TO ASSIST THE UNIVERSITY WITH THE PRODUCTION OF THEATER AND CHOIR PERFORMANCES
LUBBOCK ARTS ALLIANCE INCPO BOX 5092 LUBBOCK,TX 79408	23-7015858	501(C)(3)	53,000				TO ASSIST THE ORGANIZATION WITH ART FESTIVALS, STUDIO TOURS, ART CARS STUBBS STATUE PARTY AND CULTURAL DISTRIC MARKETING
LUBBOCK CIVIC BALLET DBA BALLET LUBBOCK 5702 GENOA AVE LUBBOCK,TX 79424	51-0163294	501(C)(3)	12,040				TO ASSIST THE ORGANIZATION IN PUTTING ON BALLET PERFORMANCES
LUBBOCK COMMUNITY THEATER INC4232 BOSTON AVE LUBBOCK,TX 79413	75-2278970	501(C)(3)	12,091				TO ASSIST THE ORGANIZATION IN PUTTING ON COMMUNITY AND CHILDREN'S THEATER PROGRAMS
LUBBOCK MOONLIGHT MUSICALS INCPO BOX 93522 LUBBOCK,TX 79493	20-3575558	501(C)(3)	35,437				TO ASSIST THE ORGANIZATION TO PUT ON SUMMER SEASONS OF MUSICALS
LUBBOCK SYMPHONY ORCHESTRA INC601 AVE K LUBBOCK,TX 79401	75-6001993	501(C)(3)	49,840				TO ASSIST THE ORGANIZATION WITH IT'S SYMPHONY PERFORMANCES AND YOUTH SYMPHONY PERFORMANCES

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL COWBOY SUMPOSIUM & CELEBRATION INCPO BOX 6638 LUBBOCK,TX 79493	30-0375883	501(C)(3)	18,200				TO ASSIST THE ORGANIZATION WITH IT'S ANNUAL NATIONAL COWBOY SYMPOSIUM
THE LOUISE HOPKINS UNDERWOOD CENTER FOR THE ARTS511 AVE K LUBBOCK,TX 79401	75-2732616	501(C)(3)	27,350				THE ASSIST THE ORGANIZATION WITH IT'S MONTHLY FIRST FRIDAY ART TRAIL AND FLATLAND FILM FESITVAL
TEXAS TECH UNIVERSITY 115 DOAK HALL LUBBOCK,TX 79409	75-6002622	501(C)(3)	8,448				TO ASSIST THE UNIVERSITY WITH UIL ONE ACT PLAY WORKSHOPS AND

COMPETITIONS

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As Filed Data -

DLN: 93493215008001

Employer identification number

75-1107227

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

Name of the organization

(Form 990)

Department of the Treasury Internal Revenue Service

CIVIC LUBBOCK INC

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.

Identifier **Explanation** Return Reference Form 990, Part New Program CIVIC LUBBOCK, INC REGISTERED WITH THE STATE OF TEXAS TO HOLD BINGO GAMES ALL FUNDS FROM III, line 2 BINGO ACTIVITIES WILL BE USED TO FURTHER CIVIC LUBBOCK'S MISSION AND ANY UNRELATED Services BUSINESS INCOME FROM THE ACTIVITY WILL BE REPORTED ON FORM 990T

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		THE ORGANIZATION'S DAY TO DAY OPERATIONS ARE MANAGED BY EMPLOYEES OF THE CITY OF LUBBOCK. THE ORGANIZATION REIMBURSES THE CITY FOR THE EMPLOYEES WAGES AND BENEFITS BASED ON THE AGREEMENT ENTERED INTO ON SEPTEMBER 21, 2005 AND AMENDED ON APRIL 27, 2009

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		AMENDED BY LAWS TO INCREASE DIRECTOR TERMS FROM 3 YEARS TO 4 YEARS ALSO ALLOWED DIRECTORS APPOINTED TO AN UNEXPIRED TERM TO BE ELIGIBLE TO SERVE 2 FULL TERMS AFTER COMPLETION OF THE UNEXPIRED TERM ARTICLES OF INCORPORATION WERE AMENDED TO INCLUDE THE SENTENCE, "THE BOARD OF DIRECTORS ARE CONSIDERED MEMBERS OF CIVIC LUBBOCK, INC" THIS WAS RECOMMENDED BY THE BINGO DIVISION IN AUSTIN, TX DUE TO CIVIC LUBBOCK'S REQUESTING A BINGO LICENSE

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		NO REVIEW WAS OR WILL BE CONDUCTED

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		ANNUALLY THE CONFLICT OF INTEREST POLICY IS PROVIDED TO THE DIRECTORS FOR THEIR REVIEW AND SIGNATURE AT EACH MEETING DIRECTORS ARE ASKED IF THEY HAVE A CONFLICT OF INTEREST WITH ANY OF THE MEETINGS AGENDA ITEMS IF THEY ANSWER YES THEY WILL EXCUSE THEMSELVES FROM ANY DISCUSSION OR VOTE ON THE ITEM

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION WILL PROVIDE A COMPLETE COPY OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS TO ANY INDIVIDUAL WHO REQUESTS A COPY OF ANY SUCH DOCUMENT ALL DOCUMENTS ARE LOCATED AT THE ORGANIZATION'S OFFICE IN LUBBOCK, TX