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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

2009

Department of the Treasury

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

Open to Public Inspection

	10.000	40 00.1.60		The organization may have to doo'd dopy or this retain to dution, otation	- F		_1			
	For the	2009 calen	dar year,	or tax year beginning 10/01 , 2009, and e	nding 9,	/30		2010		
В	Check if a	pplicable		C		D Employ	ør identifi	ication Nu	mber	
	Addre	ess change	Please use IRS label	LUBBOCK ECONOMIC DEVELOPMENT ALLIANCE	3	90-	01836	69		
	\vdash	e change	or print or type.	1500 BROADWAY, SUITE 600		E Telepho			-	
	\vdash	ıl return	See specific	LUBBOCK, TX 79401		806	-749-	4500		
	\vdash		Instruc-			-000	-145	4300		· · · ·
	\vdash	nination	tions.				_	7	200	004
	\vdash	nded return	<u> </u>		1	G Gross r		$\overline{}$		884.
	Appli	ication pending	► Name a	and address of principal officer	1	is a group retur all affiliates inc		ates /	Yes	X No
			L		1	o, attach a list		uctions)	Yes	No
<u> </u>	Tax-e	exempt statu			<u>'</u>		•			
J	Webs	site: ► LU	BBOCKE	DA.ORG	H(c) Grou	p exemption n	umber 🟲			
K	Form o	f organization	X Corpor	ition Trust Association Other ► L Year of F	ormation 20	04 Ms	State of le	gal domicil	e TX	
Pa	rt I	Summa								
	1 B	riefly descri	be the or	anization's mission or most significant activities THE MI	ISSION O	F THE L	UBBOO	CK EC	MONC	IC
40				LIANCE IS TO PROMOTE ECONOMIC GROWTH						
Ľ				_CAPITAL_INVESTMENT, RETAINING AND EX						
Activities & Governance				OCK'S QUALITY OF LIFE			, <u></u>	2-13-2-1	_	
ove.				if the organization discontinued its operations or disposed o	of more than	25% of its	assets			
Ğ				bers of the governing body (Part VI, line 1a)			3			7
و د				t voting members of the governing body (Part VI, line 1b)			4			7
<u>t</u> e	5 T	otal number	of emplo	yees (Part V, line 2a)			5			19
<u>₹</u>	6 T	otal number	of voluni	eers (estimate if necessary)			6			7
ď	7a ⊺	otal gross u	nrelated I	ousiness revenue from Part VIII, column (C), line 12			7 a			0.
	b N	let unrelated	d business	taxable income from Form 990-T, line 34			7b			0.
						Prior Year		Cur	rent Ye	ar
Revenue Revenue	8 C	Contributions	and gran	ts (Part VIII, line 1h)		6,225,4				698.
Z.e				ue (Party III) nite Po) E in		-,,				
				rt VIII, commin (A), lines 3, 4, and 7d)]	6.2	287.	1.	223.	824.
Z e				(Column (A), lines 5, 6d, 8d, 3d, 10c, and 11e)						
				hes 8 through 11 (mustjequal Part VIII, column (A), line 12).		6,231,7	128.	6.	474,	522.
<u>}</u> }				puns paid (Part IX, column (AV) (nes 1-3)		1,001,0				657.
2				members (Part X, columna, (A), Tipe 4)	1	2/002/0			, 0337	
-4				nsation embloyee benefits (Part IX, column (A), lines 5-10)		1,326,1	55		217	529.
≃າ ຄ					 	1,320,1	:33.		, ,11,	323.
သူ့	16a P	rofessional	tundraisir	g fees (Part IX, column (A), line 11e)			-+			
f} 7011 Expenses	ь⊤	otal fundra:	sing expe	nses (Part IX, column (D), line 25) ►	L					
~ щ	17 C	other expens	ses (Part	X, column (A), lines 11a-11d, 11f-24f)	ļ	2,962,3	307.	2,	787,	463.
	18 T	otal expens	es Add I	nes 13-17 (must equal Part IX, column (A), line 25)		5,289,4	178.	5,	704,	649.
	Į.	•		s Subtract line 18 from line 12		942,2				873.
* 8					Pag				of Ye	
Net Assets or Fund Balancos	20 T	'atal aaaata	(Dest V 1	16)		inning of Y 21, 203, 8				686.
Ball	20 T	otal assets otal habilitie	•		- -	9,316,1				517.
ž Š	21 1		•	•						
) 22 11			ances Subtract line 21 from line 20	1	1,887,6	547.	12,	, 666,	169.
Pa	art II	Signat	ure Blo	<u>:K</u>						
		Under penalti	es of perjury,	I declare that I have examined this return, including accompanying schedules ar Declaration of preparer (other than officer) is based on all information of which	nd statements, a	nd to the best	of my knov	wledge and	l belief, i	t is
		inde, contect.	and complete	Section of preparer (other than officer) is based on an information of which	preparer ries ar		,			
Sig			mas	Adasto		7/27/	<u> </u>			
He	re	Signature	of officer	(f)	1	Date				
			ina -	Christon, CFO						
		Type or p	rint name an	i title						
		 		Date		Check if	Pre	parer's ide	ntifying r	number
Pa	id				<i>f</i> ,	self- employed	رعور	e manuem	,,,,	
Pre		Preparer's signature	► RTC	K MARTIN Will Wally 7/2	7/11	, 0,00	니pr	09113	352	
	rer's	<u> </u>		INSON BURDETTE MARTIN & SERIGHT, LLP						
Ųs		Firm's name (cm - ~) 5 _ 2 /	00060		
Or	ıly	employed), address, and		6 SLIDE ROAD SUITE 301			15-24		222	2
		ZIP + 4		BOCK, TX 79424		Phone no	(806		<u>-333</u>	
				with the preparer shown above? (see instructions)				X Ye		No
D۸	A EAR	7 A	and Dana	nuark Baduction Act Natical can the congrete instructions		~~~	1 10/00//	- F-	001	1 (2000

	n 990 (2009) LUBBOCK ECONOMIC DEVELOPMENT ALLIANCE	90-0	183669	9	_ [⊃age 2
Pai	rt III Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission					
	THE MISSION OF THE LUBBOCK ECONOMIC DEVELOPMENT ALLIANCE IS TO PRO	OMOTE F	CONON	ITC		
	GROWTH BY CREATING HIGH-QUALITY JOBS, ATTRACTING NEW CAPITAL INVEST				NC -	
				7 TAT	<u> </u>	
	AND EXPANDING EXISTING BUSINESSES AND IMPROVING LUBBOCK'S QUALITY	OF TTE	<u> </u>		-	
2	Did the organization undertake any significant program services during the year which were not listed on	the prior				
	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	uces?		Yes	X	No
_	If 'Yes,' describe these changes on Schedule O	1003			4	•••
	·					· • •
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	by expens Lallocation	ses Sec	tion 5 ers th	UI(C)	(3) al
	expenses, and revenue, if any, for each program service reported	anocation	.5 10 0111	C. J, t.	ic tott	41
	222 POSSESSE TAX					
4 8	a (Code (Expenses \$ 5,183,803. including grants of \$ 1,599,657.) (F	Revenue	\$)
	TO CREATE, MANAGE AND SUPERVISE PROGRAMS AND ACTIVIES FOR PURPOSES	S TO PF	ROMOTE	, A	SSIS	T
	AND ENHANCE ECONOMICE DEVELOPMENT WITHIN AND AROUND LUBBOCK.					
		- -				
						-
41	b (Code) (Expenses \$ including grants of \$) (F	Revenue	Ś			``
• • •	/ Code	(CVC) IGC	~			
_		_				
40	c (Code) (Expenses \$ including grants of \$) (F	≺evenue	\$)
					-	
40	d Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$)	
46	e Total program service expenses ► 5,183,803.					

			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		X
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		Х
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_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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		X
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		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
	 Did the organization report an amount for land, buildings and equipment in Part X, line 10? 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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
	A Was the organization included in consolidated, independent audited financial statement for the tax Yes No	12		
	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 a Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	ļ <u>.</u> .	X
	b 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? <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 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		Х
	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		Х
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		Х
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		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u> </u>	X

		- 1	res	ИО
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	Х_	
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	_	X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	x	
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
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		
25 a	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	25 a		Х
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		Х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee 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 transation 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
t	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 conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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		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 I	34	X	
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 related 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 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
ВАА		Form	990 (2009)

1a Enter the number reported in Box 3 of form 1096. Annual Summany and Transmittal of U.S. In a 12 b Enter the number of Forms W-25 included in the 1a Enter -0 -f not applicable C. Did the organization consely with backup with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 a feat the transfer of entopiese produced in Form 43. Insamittal of Wag and Trax Statiments, filed for the cilerate year eding with or within the year covered by this rictiun. 2 a feat the transfer of entopiese produced in Form 43. Insamittal of Wag and Trax Statiments, filed for the cilerate year eding with or within the year covered by this rictiun. 2 a feat the transfer of entopiese produced in Form 43. Insamittal of Wag and Trax Statiments, filed for the cilerate year eding with or within the year covered by the cilerate year eding with the wind or within the year and year and year and year are contained year and year are covered by 1b if Yes's has it filed a Form 990-T for this year? If No.' provide an explanation in Schedule O. 4 a At any time during the coleratory 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 bark account, becurities account, or other financial account). 5 a Was the organization or exceptions and filing requirements for Form TD F90-22 1, Report of Foreign Bark and Financial Accountry. 5 a Was the organization party to a prohibited tax shelter transaction? 5 a Was the organization or party to a prohibited tax shelter transaction? 5 a Was the organization or active the organization that it was or is a party to a prohibited fax shelter transaction? 5 b Was the organization of the organization that it was or is a party to a prohibited fax shelter transaction? 6 a Doss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization. 6 b Was a state of the organization of the value of the value of the p			Yes	No				
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (armbing) winnings to prize winners? 2 a fairer freinable of employers reported on Form W.3, Transmittal of Wage and Tax Statements, liked for the calendary year ending with or within the year covered by this return. 2 bit at least one is reported on inner 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines I a and 2a is greater than 250, you may be required to e-fife this return (see instructions). 3 bit if we share the sum of lines I a and 2a is greater than 250, you may be required to e-fife this return (see instructions). 3 bit if we share the sum of lines I a and 2a is greater than 250, you may be required to e-fife this return (see instructions). 4 a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, control in annical account). 5 bit if vest, either the name of the foreign country. 5 ee the instructions for exceptions and filing requirements for Form TD F 90-22 I, Report of Foreign Bank and Frinancial Accounts. 5 a Wass the organization have a miner of the foreign and filing requirements for Form TD F 90-22 I, Report of Foreign Bank and Frinancial Accounts. 6 a Does the organization aparty to a prohibited tax shelter transaction? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of the foreign and the second of the	1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	12						
(gambing) winnings to prize winners? 2 a first the number of employers experted on Form W3, Transmittal of Wage and Tax Statements, filled for the citied year ending with or within the year covered by this return. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions). 3 ab Left the organization have unrelated business gross income of \$1,000 or more during the year covered by the return. 1 bif "Yes" has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O. 3 at 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)? 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the lax year? 5 b Was the organization a party to a prohibited tax shelter transaction at any time during the lax year? 5 b Was the organization a party to a prohibited tax shelter transaction at any time during the lax year? 5 b Was the organization as party to a prohibited tax shelter transaction? 5 b Was the organization as or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 c Was a prohibited tax shelter transaction? 6 a Does the organization include with every solicitation an express statement that such contributions or gifls were not deductible? 6 a Does the organization include with every solicitation an express statement that such contributions or gifls were not deductible? 6 a Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of the form \$200 the payor? 6 organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file by If Yes, indic	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0						
calendary year ending with or within the year cowerd by this return 2 bit fall 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 files return (see instructions) 3 bit is return? bit 'Yes' has it filed a Form 990-T for this year? If No.' provide an explanation in Schedule O 4 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 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the lax year? 5 bit and year able party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization folde with every solicitation an express statement that such contributions or gifts were not deductible? 6 a Does the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6 a 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? 7 organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282 filed during the year eDid the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 bit of the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 c Did the organization or a donor advised funds and section 500(x)3) supporting organizations. Did the supporting organizations amaintaining donor advised fu	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gar (gambling) winnings to prize winners?	ning 1c	х					
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. bit 'Yes' has it filed a Form 990-T for this year'? If 'No, 'provide an explanation in Schedule O 3b. A All 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)? See 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? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services form 8282? bit 'Yes,' did the organization motify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of langible personal property for which it was required to file form 8282? benefit contributions of qualified intellectual property, did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organizations maintaining donor advised funds and section 509(a)3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)3) supporting organizations. Did the business to hothings at any time during the year. 9 Sponsoring organization	calendar year ending with or within the year covered by this return	19						
3a Dx the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? bif 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a At any time during the catendar year, did the organization have an interest in, or a signature or other authority over, a financial account)? bif '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 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? cii 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? bif 'Yes,' indicate the number of Forms 8282 filed during the year c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? dif 'Yes,' indicate the number of Forms 8282 filed during the year c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 b For contributions of qualified intellectual property, did the organization file a Form 1098-C as required? 7 b Sponsoring organizations maintaining doror advised funds and sectio			X					
this return? 33	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions	s)						
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11 Section 501(c)(12) organizations. Enter a Gross income from other 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) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?								
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?				İ				
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	a Gross income from other members or shareholders 11a							
1 1	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)							
1 1	12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		<u> </u>				

Form 990 (2009)

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

Sect	tion A.	Governing Body and Management						
							Yes	No
1 a	Enter the	number of voting members of the governing body	1 a			7		
b	Enter the	number of voting members that are independent	1 b			7		
2	Did any o	officer, director, trustee, or key employee have a family relationship or a business re irector, trustee or key employee?	elation	ship with	any other	2		<u>X</u>
3	Did the o	rganization delegate control over management duties customarily performed by or i s, directors or trustees, or key employees to a management company or other pers	under on?	the direc	t supervision	3		Х
4	Did the o	rganization make any significant changes to its organizational documents				4		X
	since the	prior Form 990 was filed?						
5	Did the o	rganization become aware during the year of a material diversion of the organization	n's as	sets?		_ 5		_X
6	Does the	organization have members or stockholders?				6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								X
b	Are any	decisions of the governing body subject to approval by members, stockholders, or o	ther p	ersons?		7b		X
8	Did the o	rganization contemporaneously document the meetings held or written actions undi	ertaker	n during	the year by			
а	The gove	rning body?				8a	Х	
þ	Each cor	nmittee with authority to act on behalf of the governing body?				8b	Х	
9	Is there a	any officer, director or trustee, or key employee listed in Part VII, Section A, who cation's mailing address? If 'Yes,' provide the names and addresses in Schedule Q	annot b	e reach	ed at the	9		Х
	tion B.							
Reve	nue Code	,	•	,				
			-				Yes	No
10 a	Does the	organization have local chapters, branches, or affiliates?				10 a		Х
b	If 'Yes,' o and bran	does the organization have written policies and procedures governing the activities ches to ensure their operations are consistent with those of the organization?	of such	n chaptei	s, affiliates,	10b		
11	Has the	organization provided a copy of this Form 990 to all members of its governing body	before	filing th	e form?	11	Х	
11 A	Describe	in Schedule O the process, if any, used by the organization to review this Form 99	0 S	EE SCH	HEDULE O			
12 a	Does the	organization have a written conflict of interest policy? If 'No,' go to line 13				12a	Х	
b	Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests $^{\circ}$	that c	ould give	e rise	12b	Х	
С	Does the	organization regularly and consistently monitor and enforce compliance with the pose O how this is done SEE SCHEDULE O	olicy?	If 'Yes,'	describe in	12c		
13	Does the	organization have a written whistleblower policy?				13	Х	
14	Does the	organization have a written document retention and destruction policy?				14	X	
15	Did the p persons,	process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	l appro	val by ir	dependent			
а	The orga	nization's CEO, Executive Director, or top management official				15 a	X	
b	Other off	icers of key employees of the organization SEE SCHEDULE O				15 b	Х	
	If 'Yes' to	o line 15a or 15b, describe the process in Schedule O (See instructions)						
16 a		organization invest in, contribute assets to, or participate in a joint venture or similaring the year?	r arran	igement	with a taxab	e 16a		Х
b	ın joint v	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	n to ev d the o	valuate it irganizat	s participatio ion's exempt	n 16b		
Sec	tion C.	Disclosures						
17	List the s	states with which a copy of this Form 990 is required to be filed - TX						
18	Section 6	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a in Indicate how you make these available. Check all that apply	and 99	0-T (501	(c)(3)s only)	avaılab	le for	public
	_	website Another's website X Upon request						
19	Describe statemer	in Schedule O whether (and if so, how) the organization makes its governing docunts available to the public SEE SCHEDULE O	ments,	, conflict	of interest p	olicy, a	nd fina	ancial
		e name, physical address, and telephone number of the person who possesses the JOHNSTON, CPA 1500 BROADWAY SUITE 600 LUBBOCK, TX			ords of the o		tion	

Form 990 (2009)

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 organizations'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 employees.'
- 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 no	ot compen	sate a	ny d	curre	ent	officer	, dır	ector, or trustee		
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours					hat appl		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	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
MARC FARMER										
	40				_		<u> </u>	128,285.	0.	0.
DAVID PETR	40					ľ		128,560.	0.	0.
KENNY MCCAY	40					į		162,782.	0.	8,649.
GARY LAWRENCE	40							130,522.	0.	0.
DAVID SHARBUTT-DIRECTOR	2	Х						0.	0.	0.
SANDY HENRY-DIRECTOR	2	Х						0.	0.	0.
VAN MAY-DIRECTOR	2	Х						0.	0.	0.
MIKE MCDOUGAL-DIRECTOR	2	X		_				0.	0.	0.
TONY WHITEHEAD-DIRECTOR	2	X						0.	0.	
DR TAYLOR EIGHMY-DIRECTOR										0.
CURTIS GRIFFITH	2	X						0.	0.	0.
CHAIR OF BOARD JOHN OSBORNE	2	Х						0.	0.	0.
CEO JANA JOHNSTON	40			X	Х	<u> </u>		147,947.	0.	0.
CFO	40	_		X				124,118.	0.	0.
	-				_					
	-									

TEEA0107L 11/10/09

(A)	(B)	(B) (c)		(D) (E)		(F)						
Name and Title	Average hours	Posi	tion (chec		hat a		Reportable	Reportable		Estimated	<u></u>
	per week	or di	Insti	Officer	Ę.	Highest compensate employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)		ount of of mpensati from the	ion
		Individual trustee or director	nstitutional trustee	ğ	employee	est c	ner	(11-21-033-1111-00)	(11-2 1033-111100)		ganization	on
		ำเกร	nal tr		loyee	omp				or	ganizatio	กร
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		L		<u> </u>	<u></u>	<u>L</u>				ļ		
1 b Total							_	822,214.	0.	<u></u>		649.
2 Total number of individuals (including but not limite	d to tho	se li	isted	d ab	ove) wh	o re	ceived more than	\$100,000 in report	table co	mpen	sation
from the organization > 7		_		_							Yes	No
										[Tes	- NO
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trust ndıvıdu:	ee,	key	em	oloy	ee,	or h	ighest compensat	ed employee	3		X
For any individual listed on line 1a, is the sum of re the organization and related organizations greater t											\top	
the organization and related organizations greater t	han \$15	50,00	ე0,ა	lf 'γ	'es'	соп	ıplet	e Schedule J for	such	4	x	
										-	 ^	
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc.	ompens hedule .	satio <i>I for</i>	n tr	om : :h pi	any ersc	unre In	elate	ed organization to	r services	5		X
Section B. Independent Contractors						_						
Complete this table for your five highest compensal compensation from the organization	led inde	pen	deni	t cor	ntra	ctors	s tha	at received more t	han \$100,000 of			
		_			_			<u> </u>				
(A) Name and business addres	is.							(B Description () of Services	Comp	(C) ensati	വ
			-									
								<u> </u>				
2 Total number of independent contractors (including		limi	ited	to t	nose	e lisi	ted a	above) who receiv	red more than			
\$100,000 in compensation from the organization >	U								1	-		

<u>. w.</u>	TYIII Statement of Nevenue	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
			revenue		512, 513, or 514
SFS ST	1a Federated campaigns 1a				
S. N	b Membership dues 1b				
A S	c Fundraising events 1c				
F 5	d Related organizations 1d 1,000,000.				
NS,	e Government grants (contributions)				
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 4,250,698.				
88	g Noncash contributes included in Ins 1a-1f \$	5 050 600			
2	h Total. Add lines 1a-1f	5,250,698.			
Ž	Business Code				
Ę,	2a				·
ä	b				
ž	c	 -		 ·	
1 SE	a				
\$	e	·		 	
စ္ကို	f All other program service revenue			 -	
	y Iotai. Add lines 2a-2i				
ļ	3 Investment income (including dividends, interest and other similar amounts)	25,629.	25,629.		
	4 Income from investment of tax-exempt bond proceeds	23,023.	23,023.	-	
	5 Royalties			·	
	(i) Real (ii) Personal				
	6a Gross Rents				į
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	(v) Securities (v) Other				
	7a Gross amount from sales of assets other than inventory 2,004,557.				
	b Less cost or other basis and sales expenses 806, 362.				
i	c Gain or (loss) 1,198,195.				
	d Net gain or (loss)	1,198,195.		1	1,198,195.
NUE	8a Gross income from fundraising events (not including \$				
VEN	of contributions reported on line 1c)	,	'		
OTHER REVE	See Part IV, line 18				
핖	b Less direct expenses b				
Ö	c Net income or (loss) from fundraising events				ļ
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code	··· ·· · · · · · · · · · · · · · · · ·			
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d		L		
	12 Total revenue. See instructions.	6,474,522.	25,629.	0.	1,198,195.

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 required to complete columns (B), (C), and (D). (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Fundraising Program service Management and Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, 1,599,657 1,599,657 Grants and other assistance to individuals in the U S See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 0. trustees, and key employees 830,863 648,073 182,790 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) 0 0. 341,586 256,190 85,396 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 52,436 39,327 13,109 Other employee benefits 92,644 10 Payroll taxes 69,483 23,161 11 Fees for services (non-employees) a Management **b** Legal c Accounting d Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees **g** Other 12 Advertising and promotion 22,955 17,216 5,739 Office expenses Information technology 15 Royalties 134,785 101,089 33,696 16 Occupancy 88,595 88,595 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 20 Interest 134,940 134,940 21 Payments to affiliates 52,426 52,426 22 Depreciation, depletion, and amortization 92,352 69,264 23,088 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) a PRINCIPAL 1,450,000. 1,450,000. **b** PROFESSIONAL SERVICES 62,301 249,204. 186,903. c MARKETING 212,493. 212,493 d REPAIRS 119,790. 29,947. 89,843. 10,716. 32,147. e PRE-EMPLOYMENT 42,863. f All other expenses 187,060. 136,157. 50,903. 5,704,649 5,183,803 520,846 0. 25 Total functional expenses Add lines 1 through 24f Joint costs. Check here ► | 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

Part X Balance Sheet (A) Beginning of year **(B)** End of year 1 Cash - non-interest-bearing 2,013,225 2 1,432,710. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 717,799 4 747,754. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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. 6 Notes and loans receivable, net 7 330,000. 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 11,635 9 16,196. 10a Land, buildings, and equipment cost or other basis 10 a 19,320,031 Complete Part VI of Schedule D **b** Less accumulated depreciation 10b 153,005. 18,461,169. 10 c 19,167,026. 11 Investments - publicly-traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 21,203,828. 21,693,686. 16 Total assets Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses. 548,271. 17 36,391. 18 Grants payable 3,033,167. 18 4,708,881. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 5,677,924. 4,227,924. 23 Unsecured notes and loans payable to unrelated third parties 24 25 56,819. Other liabilities Complete Part X of Schedule D 25 54,321. 26 Total liabilities. Add lines 17 through 25 9,316,181 26 9,027,517. Organizations that follow SFAS 117, check here and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Q R Organizations that do not follow SFAS 117, check here X and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 11,887,647. 32 12,666,169.

BAA

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances.

21,693,686. Form **990** (2009)

12,666,169.

11,887,647.

21,203,828.

33

34

rait 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 Schedule O			
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	Х	
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			
X 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?	3а		Х
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	3ь		

Form 990 (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions OMB No 1545 0047 2009

Open to Public Inspection

Employer Identification number

LUE	BOCK ECONOMIC DEVELOPMENT ALL	IANCE				
					90-0183669	
Par	t I Organizations Maintaining Dono	r Advised Funds or Other	r_Similar Fun	ds or Acco	ounts Complete	e if
	the organization answered 'Yes' to				 	
_		(a) Donor advised fu	unds	(b) F	unds and other acc	ounts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)				·	
4	Aggregate value at end of year					
5	Did the organization inform all donors and dor funds are the organization's property, subject			onor advised	Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or dono	g that grant fun or advisor or for	ds may be any other	☐Yes	No
Par	t II Conservation Easements Comple		wered 'Yes'	to Form 99		
	Purpose(s) of conservation easements held by			10 1 0111 33	o, raitiv, inc	
•	Preservation of land for public use (e.g., r	_	¬ '''	of an histories	ally important land	aroa
	Protection of natural habitat	ecreation or pleasure)	_		storic structure	aica
	Preservation of open space	L		or certified this	Storic Structure	
2	Complete lines 2a through 2d if the organizations day of the tax year	on held a qualified conservation	n contribution in	the form of a	a conservation ease	ement on the
					Held at the End of	f the Year
ä	Total number of conservation easements			2 a		
t	Total acreage restricted by conservation ease	ments		2 b		
(: Number of conservation easements on a certi	fied historic structure included i	n (a)	2c	· _ · · · · · · · · · · · · · · · · · ·	
(Number of conservation easements included i	n (c) acquired after 8/17/06		2 d		
3	Number of conservation easements modified,	transferred, released, extinguis	hed, or termina	ted by the or	ganization during th	ne tax
	year >					
4	Number of states where property subject to co	onservation easement is located	J ►	_		
5	Does the organization have a written policy re and enforcement of the conservation easement	garding the periodic monitoring nt it holds?	, inspection, ha	ndling of viola	ations, Yes	☐ No
	Staff and volunteer hours devoted to monitoring the year			_		_
	Amount of expenses incurred in monitoring, in during the year			\$_		_
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the rec	quirements of se	ection	Yes	☐ No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its re to the organization's financial s	venue and exper tatements that o	nse statement, describes the	and balance sheet, organization's acco	and ounting for
Pai	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical 1 wered 'Yes' to Form 990,	reasures, or Part IV, line	Other Sim 8.	nilar Assets	
1 <i>a</i>	If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial stateme	lic exhibition, education, or rese	revenue statem earch in furthera	ent and balar ance of public	nce sheet works of service, provide, ii	art, historical n Part XIV,
ŀ	o if the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items	r SFAS 116, to report in its reve lic exhibition, education, or rese	enue statement earch in furthera	and balance ance of public	service, provide th	ne following
	(i) Revenues included in Form 990, Part VIII,	line 1			► \$	
	(ii) Assets included in Form 990, Part X				► \$	
2	If the organization received or held works of a amounts required to be reported under SFAS		sımılar assets	for financial g	ain, provide the fol	llowing
ä	Revenues included in Form 990, Part VIII, line	e 1			* \$	
ŧ	Assets included in Form 990, Part X				►\$	
						

Schedule D (Form 990) 2009 LUBBO				90-018	
Part III Organizations Maintain	ning Collection	ons of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (continued)
 Using the organization's acquisition items (check all that apply) 	n accession and	_			e of its collection
a Public exhibition		⊢	or exchange programs		
b Scholarly research		e 💹 Other			
c Preservation for future genera					
4 Provide a description of the organ Part XIV					se in
5 During the year, did the organization assets to be sold to raise funds ra	ion solicit or rece ither than to be r	eive donations of ari naintained as part (i, nistorical treasures, of the organization's co	or other similar offection?	☐ Yes ☐ No
Part IV Escrow and Custodial 9, or reported an amou	Arrangemen	s Complete if o	rganization answe		90, Part IV, line
1a Is the organization an agent, trust included on Form 990, Part X?	ee, custodian, o	other intermediary	for contributions or ot	ther assets not	Yes No
b If 'Yes,' explain the arrangement in	in Part XIV and o	complete the followi	ng table		
					Amount
c Beginning balance				1 c	
d Additions during the year				1 d	
e Distributions during the year				1e	
f Ending balance				1f	
2a Did the organization include an ar		90, Part X, line 217			Yes No
Part V Endowment Funds Con		aration oncurer	ad 'Vaa' ta Farm O	00 Dort IV June 10	
Part V Endowment Funds Con					(a) Faur years healt
1. December of year belones	(a) Current year	(b) Prior year	(c) Two years bar	ck (d) Three years back	(e) Four years back
1 a Beginning of year balance b Contributions					
b Continudions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage	•	balance held as			
a Board designated or quasi-endow					
b Permanent endowment					
c Term endowment ►	_ %				
3a Are there endowment funds not in organization by	n the possession	of the organization	that are held and adm	ninistered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ıi)
b If 'Yes' to 3a(II), are the related of	•	•			3b
4 Describe in Part XIV the intended					
Part VI Investments-Land, Bu					
Description of investment	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land	<u> </u>	19,056,532.			19,056,532.
b Buildings	<u> </u>			ļ .	
c Leasehold improvements	<u> </u>				
d Equipment	<u> </u>	0.60		150 005	220 202
e Other		263,499.		153,005.	110,494.
Total. Add lines 1a through 1e (Column	n (d) must equal	Form 990, Part X, c	column (B), line 10(c)		19,167,026.
BAA				Sched	dule D (Form 990) 2009

Part VII	Investments—Other Securities See Fo	orm 990, Part X, lır	ne 12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value
Financial d	derivatives			
Closely-he	ld equity interests.			
Other				
_ 				
				_
				
Total (Colu	mn (b) must equal Form 990 Part X, col (B) line 12)			
	Investments-Program Related (See F	Form 990 Part X	ine 13) N/A	
	(a) Description of investment type	(b) Book value	(c) Method of valua	ation
	(a) Description of investment type	(b) Book value	Cost or end-of-year man	ket value
				
Total (Colum	nn (b) must equal Form 990, Part X, Col (B) line 13)			
Part IX	Other Assets (See Form 990, Part X,	line 15) N/A		
I all IX		scription	1	(b) Book value
	(a) De	scription		(b) Book value
		 		
_				
	olumn (b) must equal Form 990, Part X, col (B), I		<u> </u>	
Part X	Other Liabilities (See Form 990, Part	X, line 25)		
	(a) Description of Liability	(b) Amount		
Federal In	come Taxes			
ACCRUE	D LIAB	47,2	16.	
OTHER		7,10		
				
		- 		
				
		_		
		_		
	mn (b) must equal Form 990, Part X, col (B) line 25)	54,3		
2. FIN 48 for uncerta	Footnote In Part XIV, provide the text of the fool ain tax positions under FIN 48	note to the organizatio	n's financial statements that reports the	e organization's liability

Schedule D (Form 990) 2009 LUBBOCK ECONOMIC DEVELOPMENT ALLIANCE

90-0183669

Page 3

Sche	dule'D (Form 990) 2009 LUBBOCK ECONOMIC DEVELOPMENT ALLIANCE	90-0183669	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)	6,	,474,522.
2	Total expenses (Form 990, Part IX, column (A), line 25)	5,	,704,649.
3	Excess or (deficit) for the year Subtract line 2 from line 1		769,873.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities.		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		769,873.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements		, 474, 522.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
	Donated services and use of facilities.		
	Recoveries of prior year grants 2c	<u> </u>	
	d Other (Describe in Part XIV)	\dashv \mid	
	Add lines 2a through 2d	-	
	Subtract line 2e from line 1	2e 6	,474,522.
3	1 1	3 0	,414,522.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)	-	
	Add lines 4a and 4b	4c	474 500
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		<u>, 474, 522.</u>
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p		704 640
1	Total expenses and losses per audited financial statements	1 5,	<u>,704,649.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	a Donated services and use of facilities.	→ !	
	Prior year adjustments 2b	_	
	Other losses 2c		
	d Other (Describe in Part XIV)	-	
•	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3 5,	,704,649.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b]	
1	Other (Describe in Part XIV)		
(Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5 5	<u>,704,649.</u>
Pa	t XIV Supplemental Information		
line	iplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this mation	part to provide a	ny additional
BAA	TEEA3304L 02/02/10	Schedule D /F	orm 990) 2009
	TEE/ASSORE VZIVZITU	Concaule D (I	July 2207 2003

Schedule D (Form 990) 2009 LUBBOCK ECONOMIC DEVELOPMENT ALLIANCE	90-0183669	Page 5
Part XIV Supplemental Information (continued)		
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TEEA3305L 07/10/09

Schedule **D** (Form 990) 2009

BAA

SCHEDULEI	(Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545 0047 2009

Open to Public Inspection

≗

X Yes

Employer identification number 90-0183669 Part I General Information on Grants and Assistance LUBBOCK ECONOMIC DEVELOPMENT ALLIANCE Name of the organization

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

SEE PART IV 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete If the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

. O. O.S.	(h) Purpose of grant or assistance	JOB CREATION	JOB CREATION INCENTIVE	JOB CREATION INCENTIVE	JOB CREATION INCENTIVE	JOB CREATIVE INCENTIVE	JOB CREATION INCENTIVE	JOB CREATION INCENTIVE	JOB CREATION INCENTIVE
more unam 45,00	(g) Description of non-cash assistance								
ecipielii lecelved	(f) Method of valuation (book, FMV, appraisal, other)	1 0	CASH VALUE	0. CASH VALUE	0. CASH VALUE	O. CASH VALUE	CASH VALUE	CASH VALUE	O. CASH VALUE
IIS DOX III IIO OIIG	(e) Amount of non-cash assistance	0	0	0.0	.0	0	.0	0.0	0.
inde triarit \$5,000. Others trips box in the other received findre triarit \$5,000. Ose	(d) Amount of cash grant	7.100.	5,900.	15,333.	24,300.	6,800.	51,000.	47,233.	14,100.
tional space is no	(c) IRC section if applicable								
orm 990) if addit	(b) EIN	26-1539850	74-2457638	75-1083745	20-3419912	26-2616678	75-2576591	75-2030320	62-1096725
Part IV and Schedule I-1 (Form 990) if additional space is needed	1 (a) Name and address of organization or government	ALL-STATE DISTRIBUTORS	<u>CAFE VENTURE CO</u> 306 <u>E AVENUE C</u> BELTON, TX 76513	EMPIRE PAPER	FLAT WIRELESS LIC	HUB_CITY_CONVENIENCE_STORES 4630_50TH, STE_408 LUBBOCK, TX 79414	HURLEY PACKAGING OF TEXAS INC 2902 MUNICIPAL DR	INCODE 5808 4TH 19416 LUBBOCK, TX 79416	INDUSTRIAL MOLDING 616 EAST SLATON RD LUBBOCK, TX 79404

2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations

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

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009

CHEDULE 1-1	orm 990)
SCF	(Fo

Department of the Treasury Internal Revenue Service

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Sheet for Schedule I (Form 990)

2009

OMB No 1545-0047

Open to Public Inspection

						-	- Specific	
Name of the organization						Employer identification number	on number	•
۲ľ	T ALLIANCE					90-0183669		
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule	d Other Assistanc	e to Governments	and Organization	s in the United Sta		(Form 990), Part	rt 11.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
J. & B. INDUSTRILLA SERVICES 521 N. E. LOOP 289 LUBBOOCK, TX 79403	75-2164905		7,500.		CASH VALUE		JOB CREATION	
MONSANTO COMPANY 800N LINDBERGH BLVD CREV COEUR, MO 63167	38-3186048		21,600.		CASH VALUE		JOB CREATION INCENTIVE	
OSTEOGENICS BIOMEDICAL INC 4620 71 BLDG 78-79	75-2690032		8,900.		CASH VALUE		JOB CREATION INCENTIVE	
OZARK AUTOMOTIVE DISTRIBUTORS	44-0618012		. 77, 200		CASH VALUE		JOB CREATION INCENTIVE	• •
PROFESSIONAL REBUILD & OPTIMAL 604 TEXAS LUBBOCK, TX 79401	90-0506947		12,800.		CASH VALUE		JOB CREATION INCENTIVE	٠.
SHEARER'S FOODS 692 WABASH AVE NORTH BREWSTER, OH 44613	20-8250960		180,000.		CASH VALUE		JOB CREATION INCENTIVE	
SMARTFIELD INC	75-2618200		13,700.		CASH VALUE		JOB CREATION INCENTIVE	
SOUTH PLAINS CONCRETE PRODUCTS BOX 98.367 LUBBOCK, TX 79499	20-5698676		15,600.		CASH VALUE		JOB CREATIVE INCENTIVE	
UNITED SUPERMARKETS LLC 5801 MARTIN LUTHER KING LUBBOCK, TX 79404 VXI GLOBAL SOLUTIONS	75-0916459		11,100		CASH VALUE		JOB CREATION INCENTIVE	• • •
3350 WILSHIRE BLVD 300 LOS ANGELES, CA 90010	95-4703854		27,600		CASH VALUE		JOB CREATION INCENTIVE	•

(h) Purpose of grant or assistance JOB CREATIVE JOB CREATION OMB No 1545-0047 2009 Open to Public Inspection INCENTIVE INCENTIVE Employer identification number (Form 990), Part II.) (g) Description of non-cash assistance 90-0183669 (f) Method of valuation (book, FMV, appraisal, other) Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule CASH VALUE CASH VALUE (e) Amount of non-cash assistance Continuation Sheet for Schedule I (Form 990) Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III. (d) Amount of cash grant 84,336. 33,600. (c) IRC section if applicable 75-2798998 20-8246048 LUBBOCK ECONOMIC DEVELOPMENT ALLIANCE (b) EIN (a) Name and address of organization or government WEST TEXAS PACKAGING 508 LUBBOCK BUSINESS PARK BLVD X-FAB_TEXAS_____ LUBBOCK, TX 79424 LUBBOCK, TX 79403 Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I-1 (Form 990) 5807 116 1 1 Schedule I-1 (Form 990) 2009

TEEA4001L 01/30/10

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

SCHEDULE J (Form 990)

Compensation Information

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
► Attach to Form 990. ► See separate instructions.

Name of the organization

LUBBOCK ECONOMIC DEVELOPMENT ALLIANCE

Employer identification number 90-0183669

arı	11 Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use	1		
	Travel for companions Payments for business use of personal residence	f [
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees	{		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1 b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			<u> </u>
	X Compensation committee X Written employment contract			
	X Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5 a		X_
b	Any related organization?	5b		X
	If 'Yes' to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6 a		X
b	Any related organization?	6 b		X
	If 'Yes' to line 6a or 6b, describe in Part III			
7	For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If 'Yes,' describe in Part III	8		Х
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		x

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Schedule J (Form 990) 2009

Page 2

LUBBOCK ECONOMIC DEVELOPMENT ALLIANCE

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. 90-0183669 Schedule J (Form 990) 2009

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	-	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	l	(ı) Base compensation	(ii) Bonus and incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(Q)·(ı)(g)	reported in prior Form 990 or Form 990-EZ
KENNY MCCAY	Θ	162, 782.	0.	0.	0	8,649.	171, 431.	0.
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Schedule J (Form 990) 2009

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F)
Direct controlling entity Open to Public Inspection Part II Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A Employer identification number 90-0183669 (E)
Public charity status
(if section 501(c)(3)) (E) End-of-year assets Part I Identification of Disregarded Entities (Complete If the organization answered 'Yes' to Form 990, Part IV, line 33.) (**D)**Exempt Code section Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. (D) Total income 501C(4) TEEA5001L 02/05/10 (C) Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) \vec{x} ENHANCE LOCAL BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. EMPLOYMENT (B) Primary activity (B) Primary activity MARKET LUBBOCK ECONOMIC DEVELOPMENT CORP. LUBBOCK ECONOMIC DEVELOPMENT ALLIANCE (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity 1500 BROADWAY, SUITE 600 <u>LUBBOCK, TX 79401, 75-2621353</u> Department of the Treasury Internal Revenue Service Name of the organization

Page 2 Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) 90-0183669 Schedule R (Form 990) 2009 LUBBOCK ECONOMIC DEVELOPMENT ALLIANCE

(J) General or managing partner? ŝ Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (H)
Disproportionate
allocations? Yes | No Share of total income Share of end-of-year assets Predominant income (related, unrelated, excluded from tax under sections 512-514) (D) Direct controlling entity (C)
Legal
domicile
(state or
foreign (B) Primary Activity (A)
Name, address, and EIN of related organization Part III

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Cord organizations	poration or Trust (Com treated as a corporation	plete if the organization or trust during the	zation answered 'Y'e tax year.)	es' to Form 990, Pa	rt IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(B) (C) (D) (E) (E) (F) (G) (G) (G) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(E) Type of entity	(F) Share of total income	(G) Share of end-of-year	(H) Percentage
		(state or foreign controlling country)	entity (C corp, S corp, or trust)		assets	ownersnip
			<u> </u>			
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90-0183669

Schedule R (Form 990) 2009 LUBBOCK ECONOMIC DEVELOPMENT ALLIANCE

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	ş
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	>	,		;
a receipt of (t) interest (ii) annuities (iii) royantes (iv) rent from a controlled entity		_ 		×
b Gift, grant, or capital contribution to other organization(s)		1 b		×
c Gift, grant, or capital contribution from other organization(s)		1c	×	
d Loans or loan guarantees to or for other organization(s)		19	×	
e Loans or loan guarantees by other organization(s)		1e		×
f Sale of assets to other organization(s)		-	×	
		: ,	+	;
		<u>6</u>	+	≺
		٦ ۲		×
i Lease of facilities, equipment, or other assets to other organization(s)		: =		×
i lease of facilities equipment or other assets from other organization(s)		·-		>
k Performance of services or membership or fundrating solicitations for other property and services.			+	
		¥ ;		ډ >
reflormance of services of membership of fundralsing solicitations by other organization(s)		=	-	× :
m Sharing of facilities, equipment, mailing lists, or other assets		E		\times
n Sharing of paid employees		-	×	
o Reimbursement paid to other organization for expenses		-		×
p Reimbursement paid by other organization for expenses		-	-	$ \cdot $
				:
q Other transfer of cash or property to other organization(s)		19		×
r Other transfer of cash or property from other organization(s)		-		×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	and transaction thresho	splo		
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	volved	_
(1) MARKET LUBBOCK ECONOMIC DEVELOPMENT CORP	Ü	1,0	1,000,000.	00.
(2) MARKET LUBBOCK ECONOMIC DEVELOPMENT CORP	Q	<u>۳</u>	330,000	. 0
(3) MARKET LUBBOCK ECONOMIC DEVELOPMENT CORP	Ē-,	2,3	2,330,629	6.
(4) MARKET LUBBOCK ECONOMIC DEVELOPMENT CORP	z	8	830,864.	4.
(5)				
(9)				
BAA TEEA5003L 02/05/10	Schedule	Schedule R (Form 990) (2009)	0) (20	6

Schedule R (Form 990) 2009 LUBBOCK ECONOMIC DEVELOPMENT ALLIANCE

Part VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount In box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	al or ging er?
			Yes No		Yes No		Yes	8
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

Open to Public Inspection

Employer identification number

LUBBOCK ECONOMIC DEVELOPMENT ALLIANCE	90-0183669
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
PRESENTED TO EACH BOARD MEMBER FOR THEIR REVIEW BEFORE	FILING WITH THE IRS. THE
REVIEW OF THE FORM 990 BY THE FULL BOARD WAS CONDUCTED	ON JULY 18,2011 .THE
PRESENTATION OF THE FORM 990 REVIEW WAS MADE BY CFO JAM	NA JOHNSTON, CPA. THE REVIEW
WAS EXTENSIVE.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND E	
THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO THE	BOARD OF DIRECTORS AT THE
FIRST MEETING OF THE YEAR. IT HAS A SIGNATURE LINE ON	THE BOTTOM OF THE FORM FOR THE
DIRECTOR TO SIGN AND DATE INDICATING THAT THEY HAVE REA	AD AND AGREE TO THE POLICY. AS
A PART OF THE PROCEDURE THERE IS AN ACCOMPANYING CONFL	ICT OF INTEREST QUESTIONNAIRE
ON WHICH THE BOARD MEMBERS LISTS ANY POTENTIAL CONFLIC	TS. BOTH DOCUMENTS ARE
COLLECTED AND MAINTAINED BY THE CFO OF LEDA AND ARE UP	DATED EACH YEAR. ALSO, THE
POLICY PROVIDES THAT A BOARD MEMBER MAY NOTIFY THE CHA	IRMAN OF THE BOARD WHEN HE/SHE
BECOMES AWARE OF A POTENTIAL CONFLICT DURING THE COURSE	E_OF_THE_YEAR.
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL	PROCESS FOR OFFICERS & KEY EMPLOYEE
OFFICER AND KEY EMPLOYEES SALARIES ARE REVIEWED ANNUAL	LY AND RECOMMENDATIONS ARE
MADE TO THE BOARD TO ADJUST COMPENSATION LEVELS BASED (ON COMPENSATION SURVEYS,
INFLATION AND MERIT. THE COMPENSATION SURVEY USED IN DI	ETERMINING RECOMMENDED SALARY
ADJUSTMENTS IS BASED ON INDUSTRY DATA REFLECTED IN THE	ANNUAL IEDC SALARY SURVEY OF
ECONOMIC DEVELOPMENT PROFESSIONALS WHICH IS PUBLISHED	BY THE INTERNATIONAL ECONOMIC
DEVELOPMENT COUNCIL (IEDC) . THIS STUDY PROVIDES SALARIES	S FOR THE VARIOUS POSITIONS
WITHIN THE INDUSTRY AND IS SORTED ACCORDING TO ORGANIZA	ATIONAL SIZE AND GEOGRAPHIC
REGION.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PU	IBLICLY AVAILABLE
THE FINANCIAL STATEMENTS ARE SUBJECT TO THE TEXAS PUBL	IC INFORMATION ACT AND WILL
PROVIDE TO ANYONE, UPON RECEIPT OF THEIR REQUEST, A CO	PY OF THE FINANCIAL STATEMENTS

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Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
LÜBBOCK ECONOMIC DEVELOPMENT ALLIANCE	90-0183669
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	VAILABLE (CONTINUED)
OF THE ORGANIZATION. ADDITIONALLY, THE FINANCIAL STATEMENT ARE	MADE AVAILABLE TO THE
PUBLIC AT EACH MONTHLY BOARD MEETING. FINALLY, A COMBINED ANNU.	AL REPORT AND
FINANCIAL STATEMENT ARE PUBLISHED ANNUALLY AND ARE AVAILABLE U	PON REQUEST AT OUR
OFFICE AND ARE POSTED ON OUR WEBSITE.	
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Schedule O (Form 990) 2009  Name of the organization  Employer identification number	
	Employer identification number
LÙBBOCK ECONOMIC DEVELOPMENT ALLIANCE	90-0183669
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