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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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011**

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
LUBBOCK AREA UNITED WAY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1655 MAIN STREET NO 101

City or town, state or country, and ZIP + 4
LUBBOCK, TX 79401

**D Employer identification number**
75-0961812

**E Telephone number**
(806) 747-2711

**G** Gross receipts $ 5,908,532

F Name and address of principal officer
GLENN COCHRAN
1655 MAIN STREET NO 101
LUBBOCK,TX 79401

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) **Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

J **Website: ▶** WWW LIVEUNITEDLUBBOCK ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | L Year of formation 1946 | M State of legal domicile TX

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities
TO CREATE LONG-TERM CHANGE IN COMMUNITY CONDITIONS BY ANALYZING NEEDS AND MOBILIZING RESOURCES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 36 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 36 |
| 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 12 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 1,000 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 4,887,648 | 5,496,357 |
| | 9 | Program service revenue (Part VIII, line 2g) | 0 | 0 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 56,104 | 56,041 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -29,581 | -5,237 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 4,914,171 | 5,547,161 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 3,396,204 | 4,535,719 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4 ) | 0 | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 681,076 | 632,964 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶380,586 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 301,020 | 266,055 |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 4,378,300 | 5,434,738 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | 535,871 | 112,423 |
| Net Assets or Fund Balances | | | Beginning of Current Year | End of Year |
| | 20 | Total assets (Part X, line 16) | 9,357,562 | 9,650,109 |
| | 21 | Total liabilities (Part X, line 26) | 4,640,281 | 4,837,412 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 4,717,281 | 4,812,697 |

## Part II Signature Block

**Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.**

**Sign Here**

****** | 2012-06-13
Signature of officer | Date

GLENN COCHRAN PRESIDENT/CEO
Type or print name and title

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature ▶ MATT R WILLIS | Date 2012-06-13 | Check if self-employed ▶ ☐ | Preparer's taxpayer identification number (see instructions) P00419741 |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BOLINGER SEGARS GILBERT AND MOSS LLP, 8215 NASHVILLE AVENUE, LUBBOCK, TX 79423 | | | EIN ▶ 75-0882037<br>Phone no ▶ (806) 747-3806 |

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

**Part III** **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . . . . . . ☑

**1** Briefly describe the organization's mission

TO CREATE MEANINGFUL AND TANGIBLE IMPACT IN THE LUBBOCK COMMUNITY TO BRING THE COMMUNITY TOGETHER TO LOOK AT THE MOST URGENT NEEDS AND DO WHATEVER IT TAKES TO IMPROVE LIVES TO WORK TO ADDRESS THE NEEDS OF TODAY AND THE ISSUES OF TOMORROW TO EMPOWER PEOPLE TO MAKE A REAL DIFFERENCE IN THE LUBBOCK COMMUNITY

**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** ☑ **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 services? . . . . . . . . . . . . . . . . . . . . . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses $ 4,754,319 including grants of $ 4,535,719 ) (Revenue $ )

WE INVEST FINANCIAL RESOURCES IN 23 COMMUNITY PARTNERS THAT PROVIDE SERVICES IN THE AREAS OF HEALTH CARE, YOUTH DEVELOPMENT, LEGAL NEEDS, BASIC NEEDS, CRISIS RESPONSE, CHILDCARE, VOLUNTEER COORDINATION, ADVOCACY, LITERACY, MENTORING, ELDER SERVICES, COUNSELING, AND PARENTING THE PROGRAMS AND SERVICES WE FUND ARE AN INTEGRAL PART OF OUR WORK TO CREATE SUSTAINED IMPROVEMENTS IN COMMUNITY CONDITIONS

**4b** (Code ) (Expenses $ including grants of $ ) (Revenue $ )

OUR MISSION OF GIVING PEOPLE HOPE IS CARRIED OUT BY WORKING WITH INDIVIDUAL ORGANIZATIONS THROUGHOUT THE COMMUNITY INCLUDING OTHER NON-PROFITS, SCHOOL DISTRICTS, BUSINESSES, AND GOVERNMENT ENTITIES TO ADDRESS PRIORITY NEEDS WE PROACTIVELY ADDRESS ROOT CAUSES OF ISSUES IDENTIFIED IN OUR ANNUAL COMMUNITY STATUS REPORT AND EMPOWER CITIZENS TO ATTAIN INDEPENDENCE THROUGH OUR EDUCATION INITIATIVES OF SUCCESS BY SIX - PREPARING CHILDREN TO ENTER KINDERGARTEN READY TO LEARN, SUCCESS IN SCHOOL - HELPING STUDENTS GRADUATE FROM HIGH SCHOOL, AND SUCCESS FOR LIFE - ASSISTING ADULTS IN ATTAINING EDUCATION AND JOB SKILLS

**4c** (Code ) (Expenses $ including grants of $ ) (Revenue $ )

**4d** Other program services (Describe in Schedule O )

(Expenses $ including grants of $ ) (Revenue $ )

**4e** **Total program service expenses** ▶$ 4,754,319

**Part IV Checklist of Required Schedules**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | 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? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.* | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.* | 11b | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.* | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.* | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.* | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional* | 12b | | No |
| 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 |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, 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 and IV* | 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 and IV* | 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 | Yes | |
| 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 | | No |
| 20a | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements | 20b | | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 21 | Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | 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 | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 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) | | | |
| a | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," 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 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | No |
| 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 | | No |
| 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 | | No |
| 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 |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | 35a | | No |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | No |
| 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 | | 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 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O | 38 | Yes | |

## Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . . . . . . . . ☐

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . . . . . | 1a | 3 | | | |
| b | Enter the number of Forms W-2G included in line 1a *Enter -0- if not applicable* | 1b | 0 | | | |
| c | 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 . . . . . . . . . . . . . . . . . . . . . . . | 2a | 12 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | 2b | Yes | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | 3a | | No |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* . . . . . | | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)? . . . . . . . . . . . . . . . . . . . . . . . . . . | | | 4a | | No |
| b | If "Yes," enter the name of the foreign country ▶ See instructions for 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? . . | | | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . . . . . | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? . . . . . . . . . . . | | | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | | |
| 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? . . . . . . . . . . . . . . . . . . . . . . . . . . | | | 7a | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | | | 7b | Yes | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | 7d | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | | | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . . . . . . . . . . . . . . . . . . . | | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . . . . . . . . . . . . | | | 7h | | |
| 8 | **Sponsoring organizations maintaining donor advised funds 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 | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | | |
| a | Did the organization make any taxable distributions under section 4966? . . . . . . . . . . . | | | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . . . | | | 9b | | |
| 10 | **Section 501(c)(7) organizations.** Enter | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 . . . . | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | **Section 501(c)(12) organizations.** Enter | | | | | |
| a | Gross income from members or shareholders . . . . . . . . . . | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . . . . . | 11b | | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state | | | 13a | | |
| b | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | | |
| c | Enter the aggregate amount of reserves on hand | 13c | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | | | 14a | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | | | 14b | | |

**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.

Check if Schedule O contains a response to any question in this Part VI . . . . . . . . . . . ☑

## Section A. Governing Body and Management

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . . . . . . . . . . . . . 1a 36 | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . . . . . . . . . . . . . . . . 1b 36 | | | |
| 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 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | 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 |

## Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? *If "No," go to line 13* | 12a | Yes | |
| b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

## Section 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 made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

F WAYNE THORNTON VP FINANCE
1655 MAIN STREET STE 101
LUBBOCK, TX 79401
(806) 747-2711

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

Check if Schedule O contains a response to any question in this Part VII . . . . . . . . . . .

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position: Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | | | | |

| | | (D) | (E) | (F) |
|---|---|---|---|---|
| **1b** | **Sub-Total** | | | |
| **c** | **Total from continuation sheets to Part VII, Section A** | | | |
| **d** | **Total (add lines 1b and 1c)** | 174,923 | 0 | 24,029 |

**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶1

| | | | Yes | No |
|---|---|---|---|---|
| **3** | Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | **3** | | No |
| **4** | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | **4** | | No |
| **5** | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | **5** | | No |

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶0

**Part VIII Statement of Revenue**

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns . . | 1a | | | | |
| | b Membership dues . . . . | 1b | | | | |
| | c Fundraising events . . . . | 1c 68,134 | | | | |
| | d Related organizations . . . | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 5,428,223 | | | | |
| | g Noncash contributions included in lines 1a-1f $ | | | | | |
| | h **Total.** Add lines 1a-1f . . . . . . . . ▶ | | 5,496,357 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g **Total.** Add lines 2a–2f . . . . . . . . ▶ | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶ | | 48,844 | | | 48,844 |
| | 4 Income from investment of tax-exempt bond proceeds . . ▶ | | | | | |
| | 5 Royalties . . . . . . . . . . . . . ▶ | | | | | |
| | | (i) Real / (ii) Personal | | | | |
| | 6a Gross rents | 87,163 / | | | | |
| | b Less rental expenses | 110,582 / | | | | |
| | c Rental income or (loss) | -23,419 / | | | | |
| | d Net rental income or (loss) . . . . . . . . ▶ | | -23,419 | | | -23,419 |
| | | (i) Securities / (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | 179,621 / | | | | |
| | b Less cost or other basis and sales expenses | 172,424 / | | | | |
| | c Gain or (loss) | 7,197 / | | | | |
| | d Net gain or (loss) . . . . . . . . . . . ▶ | | 7,197 | | | 7,197 |
| | 8a Gross income from fundraising events (not including $ 68,134 of contributions reported on line 1c) See Part IV, line 18 . . . | a 96,547 | | | | |
| | b Less direct expenses . . . | b 78,365 | | | | |
| | c Net income or (loss) from fundraising events . . ▶ | | 18,182 | | | 18,182 |
| | 9a Gross income from gaming activities See Part IV, line 19 . . . | a | | | | |
| | b Less direct expenses . . . | b | | | | |
| | c Net income or (loss) from gaming activities . . . ▶ | | | | | |
| | 10a Gross sales of inventory, less returns and allowances . | a | | | | |
| | 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 . . . . . . ▶ | | | | | |
| | 12 **Total revenue.** See Instructions . . . ▶ | | 5,547,161 | 0 | 0 | 50,804 |

**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)
Check if Schedule O contains a response to any question in this Part IX . . . . . . . . . . . ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 4,535,719 | 4,535,719 | | |
| 2 Grants and other assistance to individuals in the United States See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . | 181,953 | 46,091 | 39,462 | 96,400 |
| 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 | 342,171 | 80,225 | 94,138 | 167,808 |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . | | | | |
| 9 Other employee benefits . . . . . . . . | 64,300 | 14,896 | 18,248 | 31,156 |
| 10 Payroll taxes . . . . . . . . . . . . | 44,540 | 10,318 | 12,640 | 21,582 |
| 11 Fees for services (non-employees) | | | | |
| a Management . . . . . . | | | | |
| b Legal . . . . . . . . . | | | | |
| c Accounting . . . . . . . . . . . . | 23,217 | 6,000 | 17,217 | |
| d Lobbying . . . . . . . . . . . . | | | | |
| e Professional fundraising *See Part IV, line 17* . . | | | | |
| f Investment management fees . . . . . . . | | | | |
| g Other . . . . . . . . . . . | | | | |
| 12 Advertising and promotion . . . . | | | | |
| 13 Office expenses . . . . . . . . | 26,175 | 3,154 | 6,707 | 16,314 |
| 14 Information technology . . . . . . . | 14,454 | 2,474 | 3,750 | 8,230 |
| 15 Royalties . . | | | | |
| 16 Occupancy . . . . . . . . . . . . | 34,523 | 21,584 | 8,986 | 3,953 |
| 17 Travel . . . . . . . . . . . . . . | 3,605 | 216 | 697 | 2,692 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . . . | | | | |
| 19 Conferences, conventions, and meetings . . . . | 7,491 | 1,918 | 1,782 | 3,791 |
| 20 Interest . . . . . . . . . . . . . | | | | |
| 21 Payments to affiliates . . . . . . . . | | | | |
| 22 Depreciation, depletion, and amortization . . . . . | 40,980 | 20,980 | | 20,000 |
| 23 Insurance . . . . . . . . . . . . . . . . . | 27,787 | 5,094 | 22,693 | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O ) | | | | |
| a MEMBERSHIP DUES | 66,719 | | 66,444 | 275 |
| b SUPPLIES | 10,001 | 290 | 4,207 | 5,504 |
| c OTHER GIVING | 5,360 | 5,360 | | |
| d AWARDS | 2,484 | | 479 | 2,005 |
| e | | | | |
| f All other expenses | 3,259 | | 2,383 | 876 |
| 25 **Total functional expenses.** Add lines 1 through 24f | 5,434,738 | 4,754,319 | 299,833 | 380,586 |
| 26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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 |
|---|---|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | | | 19,387 | 1 | 24,508 |
| | 2 | Savings and temporary cash investments | | | 4,209,619 | 2 | 4,436,397 |
| | 3 | Pledges and grants receivable, net | | | 4,000,948 | 3 | 4,129,430 |
| | 4 | Accounts receivable, net | | | 113,894 | 4 | 84,269 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 121,668 | 9 | 101,925 |
| | 10a | Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* | 10a | 1,399,330 | | | |
| | b | Less accumulated depreciation | 10b | 525,750 | 892,046 | 10c | 873,580 |
| | 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 | |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | | 9,357,562 | 16 | 9,650,109 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 82,250 | 17 | 61,001 |
| | 18 | Grants payable | | | 3,553,076 | 18 | 3,783,241 |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability *Complete Part IV of Schedule D* | | | 854,528 | 21 | 858,567 |
| | 22 | 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 | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | | 150,427 | 25 | 134,603 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | | 4,640,281 | 26 | 4,837,412 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | | |
| | 27 | Unrestricted net assets | | | 2,384,544 | 27 | 2,444,934 |
| | 28 | Temporarily restricted net assets | | | 1,242,701 | 28 | 1,097,755 |
| | 29 | Permanently restricted net assets | | | 1,090,036 | 29 | 1,270,008 |
| | | **Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.** | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | 32 | |
| | 33 | Total net assets or fund balances | | | 4,717,281 | 33 | 4,812,697 |
| | 34 | Total liabilities and net assets/fund balances | | | 9,357,562 | 34 | 9,650,109 |

## Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . . . . . . ☑

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) . . . | 1 | 5,547,161 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) . . . . . | 2 | 5,434,738 |
| 3 | Revenue less expenses Subtract line 2 from line 1 . . . . | 3 | 112,423 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . | 4 | 4,717,281 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) . . . . | 5 | -17,007 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . . . | 6 | 4,812,697 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . . . . . . ☑

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ____________<br>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 | | No |
| 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . . . . . . . . . . . . . . . . . . . . . . . | 2c | Yes | |
| 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 separate basis, consolidated basis, or both<br>☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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 | | No |
| 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 | | |

**SCHEDULE A**
**(Form 990 or 990EZ)**

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

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

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization
LUBBOCK AREA UNITED WAY INC

**Employer identification number**
75-0961812

**Part I** **Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

**a** ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

**e** ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

**f** If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

**g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | | Yes | No |
|---|---|---|---|
| **(i)** a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? | **11g(i)** | | |
| **(ii)** a family member of a person described in (i) above? | **11g(ii)** | | |
| **(iii)** a 35% controlled entity of a person described in (i) or (ii) above? | **11g(iii)** | | |

**h** Provide the following information about the supported organization(s)

| **(i)** Name of supported organization | **(ii)** EIN | **(iii)** Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | **(iv)** Is the organization in col (i) listed in your governing document? Yes | No | **(v)** Did you notify the organization in col (i) of your support? Yes | No | **(vi)** Is the organization in col (i) organized in the U S ? Yes | No | **(vii)** Amount of support? |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Total** | | | | | | | | | |

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | 5,147,930 | 4,211,353 | 4,352,769 | 4,887,648 | 5,496,357 | 24,096,057 |
| 2 Tax revenues levied for the 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 | 5,147,930 | 4,211,353 | 4,352,769 | 4,887,648 | 5,496,357 | 24,096,057 |
| 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) | | | | | | |
| 6 **Public Support.** Subtract line 5 from line 4 | | | | | | 24,096,057 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 5,147,930 | 4,211,353 | 4,352,769 | 4,887,648 | 5,496,357 | 24,096,057 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 200,758 | 185,039 | 147,977 | 135,866 | 136,007 | 805,647 |
| 9 Net income from unrelated 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 | 95,823 | 95,967 | 95,546 | 76,758 | 83,633 | 447,727 |
| 11 **Total support** (Add lines 7 through 10) | | | | | | 25,349,431 |

12 Gross receipts from related activities, etc (See instructions ) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | 14 | 95 060 % |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 | 94 470 % |

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

**Part III** **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

## Section A. Public Support

| **Calendar year** (or fiscal year beginning in) | **(a)** 2007 | **(b)** 2008 | **(c)** 2009 | **(d)** 2010 | **(e)** 2011 | **(f)** Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 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 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public Support** (Subtract line 7c from line 6 ) | | | | | | |

## Section B. Total Support

| **Calendar year** (or fiscal year beginning in) | **(a)** 2007 | **(b)** 2008 | **(c)** 2009 | **(d)** 2010 | **(e)** 2011 | **(f)** Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 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 ) | | | | | | |

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | |

## Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18 Investment income percentage from **2010** Schedule A, Part III, line 17 | 18 | |

19a **33 1/3% support tests—2011.** 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 ▶☐

b **33 1/3% support tests—2010.** 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 ▶☐

20 **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. Also complete this part for any additional information. (See instructions).

| Facts And Circumstances Test |
| --- |
| |

| Explanation |
| --- |
| |

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**SCHEDULE D**
(Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
**2011**
**Open to Public Inspection**

**Name of the organization**
LUBBOCK AREA UNITED WAY INC

**Employer identification number**
75-0961812

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

## Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e g , recreation or pleasure)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically importantly land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | | | Held at the End of the Year |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶__________

4 Number of states where property subject to conservation easement is located ▶__________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶__________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ __________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ __________

b Assets included in Form 990, Part X ▶ $ __________

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☑ **No**

b If "Yes," explain the arrangement in Part XIV and complete the following table

| | | Amount |
|---|---|---|
| c Beginning balance | **1c** | |
| d Additions during the year | **1d** | |
| e Distributions during the year | **1e** | |
| f Ending balance | **1f** | |

2a Did the organization include an amount on Form 990, Part X, line 21? ☑ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | **(a)** Current Year | **(b)** Prior Year | **(c)** Two Years Back | **(d)** Three Years Back | **(e)** Four Years Back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | 1,090,036 | 508,571 | 467,933 | | |
| b Contributions | 207,048 | 594,831 | 13,610 | | |
| c Investment earnings or losses | 16,682 | 50,896 | 47,860 | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 36,110 | 59,685 | 17,686 | | |
| f Administrative expenses | 7,648 | 4,577 | 3,146 | | |
| g End of year balance | 1,270,008 | 1,090,036 | 508,571 | | |

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 100 000 %

b Permanent endowment ▶

c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | Yes | |
| (ii) related organizations | 3a(ii) | | No |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of property | **(a)** Cost or other basis (investment) | **(b)** Cost or other basis (other) | **(c)** Accumulated depreciation | **(d)** Book value |
|---|---|---|---|---|
| 1a Land | | 302,851 | | 302,851 |
| b Buildings | | 960,896 | 431,156 | 529,740 |
| c Leasehold improvements | | | | |
| d Equipment | | 135,583 | 94,594 | 40,989 |
| e Other | | | | |
| **Total.** Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 873,580 |

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 12 )* ▶ | | |

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 13 )* ▶ | | |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . . . . . . . . ▶ | |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1 (a) Description of Liability | (b) Amount |
|---|---|
| Federal Income Taxes | |
| DUE TO PARTICIPATING FEDERATIONS/AGENCIES | 134,603 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | 134,603 |

**2.** Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

## Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 5,547,161 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 5,434,738 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 112,423 |
| 4 | Net unrealized gains (losses) on investments | 4 | -17,007 |
| 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 | -17,007 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 95,416 |

## Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 4,756,050 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | -17,007 | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | 110,582 | | |
| e | Add lines **2a** through **2d** | | | 2e | 93,575 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 4,662,475 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | 884,686 | | |
| c | Add lines **4a** and **4b** | | | 4c | 884,686 |
| 5 | Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12 ) | | | 5 | 5,547,161 |

## Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 4,660,634 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | 110,582 | | |
| e | Add lines **2a** through **2d** | | | 2e | 110,582 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 4,550,052 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | 884,686 | | |
| c | Add lines **4a** and **4b** | | | 4c | 884,686 |
| 5 | Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18 ) | | | 5 | 5,434,738 |

## Part XIV Supplemental Information

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| | PART IV, LINE 2B | THE ORGANIZATION CONDUCTS THE LUBBOCK AREA COMBINED FEDERAL CAMPAIGN (CFC) THE NET ASSETS DO NOT BELONG TO THE ORGANIZATION AND ARE REFLECTED AS DUE TO CFC PARTICIPATING FEDERATIONS/AGENCIES ON THE STATEMENT OF FINANCIAL POSITION THE ORGANIZATION PARTICIPATES AS A FEDERATION AS DEFINED BY 5 CFR 950 301(E)(2) AND HONORS DESIGNATIONS MADE TO EACH ORGANZIZATION THE STATE EMPLOYEES CHARITABLE CAMPAIGN (SECC), A PROGRAM INTITIATED BY THE STATE OF TEXAS IN 1994, IS CONDUCTED BY THE ORGANIZATION IN THE LUBBOCK AREA THE NET ASSETS DO NOT BELONG TO THE ORGANIZATION AND ARE REFLECTED AS DUE TO PARTICIPATING FEDERATIONS/AGENCIES ON THE STATEMENT OF FINANCIAL POSITION |
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS | PART V, LINE 4 | A SET PERCENTAGE OF THE ENDOWMENT FUNDS ARE TRANSFERRED ANNUALLY TO THE AGENCY'S GENERAL FUND TO BE USED BY THE AGENCY FOR PROGRAM AND MANAGMENT EXPENSES |
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | PART X | THE ORGANIZATION HAS ADOPTED THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA THE PRIMARY TAX POSITION OF THE ORGANIZATION IS ITS FILING STATUS AS A TAX EXEMPT ENTITY THE ORGANIZATION DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT THEIR TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS), OR OTHER STATE TAXING AUTHORITY THERE WERE NO PENALTIES OR INTEREST RELATED TO INCOME TAXES RECOGNIZED DURING THE YEARS ENDED DECEMBER 31, 2011 AND 2010 |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | | RENTAL PROPERTY EXPENSE 110,582 |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | | FUNDS COLLECTED AND GRANTED FOR THE STATE EMPLOYEE CHARITABLE CAMPAIGN(SECC) 884,686 |
| PART XIII, LINE 2D - OTHER ADJUSTMENTS | | RENTAL PROPERTY EXPENSE 110,582 |
| PART XIII, LINE 4B - OTHER ADJUSTMENTS | | FUNDS COLLECTED AND GRANTED FOR THE STATE EMPLOYEE CHARITABLE CAMPAIGN(SECC) 884,686 |

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**SCHEDULE G**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.**
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization
LUBBOCK AREA UNITED WAY INC

**Employer identification number**
75-0961812

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities Check all that apply

**a** ☐ Mail solicitations
**b** ☐ Internet and e-mail solicitations
**c** ☐ Phone solicitations
**d** ☐ In-person solicitations
**e** ☐ Solicitation of non-government grants
**f** ☐ Solicitation of government grants
**g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

| **(i)** Name and address of individual or entity (fundraiser) | **(ii)** Activity | **(iii)** Did fundraiser have custody or control of contributions? | | **(iv)** Gross receipts from activity | **(v)** Amount paid to (or retained by) fundraiser listed in col **(i)** | **(vi)** Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| | | **Yes** | **No** | | | |
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| **Total** . . . . . . . . . . . . . . . . ▶ | | | | | | |

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II** **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

| | | (a) Event #1<br>GOLF TOURNAMENT<br>(event type) | (b) Event #2<br>DINNERS & CAMPAIGN KICKOFF<br>(event type) | (c) Other Events<br>4<br>(total number) | (d) Total Events (Add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 81,048 | 36,380 | 47,253 | 164,681 |
| | 2 Less Charitable contributions | 68,134 | | | 68,134 |
| | 3 Gross income (line 1 minus line 2) | 12,914 | 36,380 | 47,253 | 96,547 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Non-cash prizes | | | | |
| | 6 Rent/facility costs | 11,525 | | | 11,525 |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 1,389 | 34,115 | 31,336 | 66,840 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | ( 78,365 ) |
| | 11 Net income summary Combine lines 3 and 10 in column (d). ▶ | | | | 18,182 |

**Part III** **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes ______ ☐ No | ☐ Yes ______ ☐ No | ☐ Yes ______ ☐ No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | ( ) |
| | 8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶ | | | | |

9 Enter the state(s) in which the organization operates gaming activities ______

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain ______

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain ______

**11** Does the organization operate gaming activities with nonmembers? . . . . . . . . . . . . . . . . . . . . ☐ Yes ☐ No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . . . . . . . . . . . . . . . . . . . . . . ☐ Yes ☐ No

**13** Indicate the percentage of gaming activity operated in

| | | |
|---|---|---|
| **a** The organization's facility . . . . . . . . . . . . . . . . . . . . . . | **13a** | |
| **b** An outside facility . . . . . . . . . . . . . . . . . . . . . . . . | **13b** | |

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ____________________

Address ▶ ____________________

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________

**c** If "Yes," enter name and address

Name ▶ ____________________

Address ▶ ____________________

**16** Gaming manager information

Name ▶ ____________________

Gaming manager compensation ▶ $ ____________

Description of services provided ▶ ____________________

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . . . . . . . . . . . . . . . . . . . . . . ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

**Part IV** Complete this part to provide additional information for responses to quuestion on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|---|---|---|

**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

# 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.**
**▶ Attach to Form 990**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization
LUBBOCK AREA UNITED WAY INC

**Employer identification number**
75-0961812

## Part I General Information on Grants and Assistance

1 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? . . . ☑ Yes ☐ No

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 . . . ▶ ☐

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | |
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 23

3 Enter total number of other organizations listed in the line 1 table . . . ▶

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

| **(a)** Type of grant or assistance | **(b)** Number of recipients | **(c)** Amount of cash grant | **(d)** Amount of non-cash assistance | **(e)** Method of valuation (book, FMV, appraisal, other) | **(f)** Description of non-cash assistance |
|---|---|---|---|---|---|
| | | | | | |
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**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|---|---|---|
| PROCEDURE FOR MONITORING GRANTS IN THE U S | PART I, LINE 2 | SCHEDULE I, PART I, LINE 2 LUBBOCK AREA UNITED WAY'S COMMUNITY IMPACT DIVISION, CHAIRED BY A VOLUNTEER AND STAFFED BY ONE OF THE VICE PRESIDENTS, REVIEWS FUNDED PROGRAMS OUTCOMES AND FINANCIAL RESPONSIBILITY AS COMPARED TO PREDETERMINED ESTIMATES AND BUDGETS ON AN ANNUAL BASIS RECOMMENDATIONS ARE MADE TO THE BOARD OF DIRECTORS BY THE COMMUNITY IMPACT DIVISION BASED UPON THE RESULTS OF THESE REVIEWS |

**Additional Data**

Return to Form

**Software ID:**
**Software Version:**
**EIN:** 75-0961812
**Name:** LUBBOCK AREA UNITED WAY INC

**Form 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) 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 |
|---|---|---|---|---|---|---|---|
| SOUTH PLAINS CHAPTER OF THE AMERICAN RED CROSS2201 19TH STREET LUBBOCK,TX 79411 | 75-1046980 | 501(C)(3) | 206,907 | | | | TO PROVIDE RELIEF TO VICTIMS OF DISASTER AND HELP PEOPLE PREVENT, PREPARE FOR, AND RESPOND TO EMERGENCIES |
| BIG BROTHERSBIG SISTERS OF LUBBOCK1409 19TH STREET LUBBOCK,TX 79401 | 23-7041917 | 501(C)(3) | 123,494 | | | | TO ENCOURAGE CHILDREN OF SINGLE PARENTS OR NON TRADITIONAL HOMES TO DEVELOP POSITIVE SOCIAL BEHAVIOR AND RESPECT BY PROVIDING ADULT, ONE ON ONE FRIENDSHIPS THROUGH PROFESSIONALLY TRAINED STAFF |
| BOY SCOUTS OF AMERICA COUNCIL 694 SOUTH PLAINS 30 BRIERCROFT OFFICE PARK LUBBOCK,TX 79412 | 75-0871721 | 501(C)(3) | 151,230 | | | | TO SERVE OTHERS BY HELPING TO INSTILL VALUES IN YOUNG PEOPLE AND, IN OTHER WAYS, TO PREPARE THEM TO MAKE ETHICAL CHOICES OVER THEIR LIFETIME IN ACHIEVING THEIR FULL POTENTIAL |
| CASA OF THE SOUTH PLAINS INC 24 BRIERCROFT OFFICE PARK LUBBOCK,TX 79412 | 75-2482631 | 501(C)(3) | 116,851 | | | | TO PROVIDE ADVOCATES FOR ABUSED AND NEGLECTED CHILDREN IN THE COURT SYSTEM |
| CATHOLIC FAMILY SERVICES INC102 AVE J LUBBOCK,TX 79401 | 75-1966688 | 501(C)(3) | 162,803 | | | | TO ASSIST LOW INCOME AND ELDERLY PERSONS WITH EYE GLASSES, PRESCRIPTIONS, HEARING AIDS, DENTURES AND TRANSPORTATION |
| EARLY LEARNING CENTERS OF LUBBOCK INC1639 MAIN STREET LUBBOCK,TX 79401 | 75-0940023 | 501(C)(3) | 429,239 | | | | TO PROVIDE DEVELOPMENTAL CHILDCARE PROGRAM ACTIVITIES TO MEET PHYSICAL, EMOTIONAL, SOCIAL AND COGNITIVIE NEEDS OF CHILDREN REGARDLESS OF FAMILY INCOME |
| FAMILY COUNSELING SERVICES5701 AVE P LUBBOCK,TX 79412 | 75-0916140 | 501(C)(3) | 141,046 | | | | TO PROVIDE AFFORDABLE COUNSELING SERVICES TO INDIVIDUALS, MARRIED COUPLES, FAMILIES AND GROUPS |
| GUADALUPE PARKWAY NEIGHBORHOOD CENTERS INC405 N MLK LUBBOCK,TX 79403 | 75-1096079 | 501(C)(3) | 185,062 | | | | TO PROVIDE AFTER SCHOOL AND SUMMER PROGRAMS FOR CHILDREN, AGE PRE-K THROUGH 7TH GRADE, CREATE OPPORTUNITIES FOR GROWTH, LEARNING AND BUILDING SELF ESTEEM ACTIVITIES INCLUDE ACADEMIC HOMEWORK ASSISTANCE AND ENRICHMENT, SPORTS AND RECREATION, CHARACTER DEVELOPMENT, DANCE AND FINE ARTS, COMPUTER SKILLS, COMMUNITY EVENTS AND SCOUTING |
| LEGAL AID SOCIETY OF LUBBOCK INC 916 MAIN ST LUBBOCK,TX 79401 | 75-1253155 | 501(C)(3) | 147,600 | | | | TO PROVIDE LEGAL REPRESENTATION IN THE AREA OF FAMILY LAW FOR INDIGENT RESIDENTS OF LUBBOCK COUNTY |
| LITERACY LUBBOCK 1306 9TH STREET LUBBOCK,TX 79401 | 75-2293940 | 501(C)(3) | 138,808 | | | | TO DEVELOP AND SUPPORT ADULT AND FAMILY LITERACY SERVICES |
| LUBBOCK CHILDREN'S HEALTH CLINICPO BOX 12103 LUBBOCK,TX 79452 | 75-0968315 | 501(C)(3) | 188,330 | | | | TO PROVIDE COMPREHENSIVE QUALITY HEALTH CARE FOR LOW INCOME CHILDREN INCLUDING SICK CARE, WELL EXAMS AND IMMUNIZATIONS THE CLINIC ENCOURAGES PREVENTATIVE HEALTH CARE BY SERVING AS A MEDICAL HOME FOR CHILDREN WITH ACUTE ILLNESSES AS WELL AS FOLLOW UP CARE THAT MAY PREVENT CONDITIONS FROM DEVELOPING INTO MORE SERIOUS PROBLEMS |
| WOMEN'S PROTECTIVE SERVICES OF LUBBOCK INCPO BOX 54089 LUBBOCK,TX 79453 | 75-1633066 | 501(C)(3) | 174,469 | | | | COMMUNITY EDUCATION TO PREVENT INCIDENTS OF FAMILY VIOLENCE, SHELTER SERVICES TO CREATE A SAFE AND SUPPORTIVE ENVIRONMENT FOR THE PURPOSE OF ASSISTING WOMEN, CHILDREN AND FAMILIES IN CRISIS AND TRANSITIONAL SERVICES |
| LUBBOCK RAPE CRISIS CENTERPO BOX 2000 LUBBOCK,TX 79457 | 75-1516328 | 501(C)(3) | 136,620 | | | | TO PROVIDE HELP, HOPE AND HEALING TO ALL PERSONS AFFECTED BY SEXUAL VIOLENCE BY PROVIDING EDUCATION, AWARENESS AND SUPPORT |
| THE SALVATION ARMY1111 16TH STREET LUBBOCK,TX 79415 | 75-0800678 | 501(C)(3) | 187,761 | | | | COMPREHENSIVE EMERGENCY ASSISTANCE AND PROVIDED SHELTER AND FOOD TO THE NEEDY AND HOMELESS |
| VOLUNTEER CENTER OF LUBBOCK INC1706 23RD STREET STE 101 LUBBOCK,TX 79411 | 75-2325274 | 501(C)(3) | 166,574 | | | | TO PROMOTE VOLUNTEERISM AND TO PROVIDE MANAGEMENT ASSISTANCE SERVICES FOR NON-PROFIT ORGANIZATIONS |
| LUTHERAN SOCIAL SERVICES1318 BROADWAY LUBBOCK,TX 79401 | 74-1109745 | 501(C)(3) | 79,224 | | | | PROVIDE FREE HEALTH SCREENING, EDUCATION AND SUPPORT FOR LOW-INCOME PATIENTS |
| YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF LUBBOCK3101 35TH STREET LUBBOCK,TX 79413 | 75-0939427 | 501(C)(3) | 200,033 | | | | TO PROVIDE ACTIVITIES TO ENRICH THE LIVES OF CHILDREN IN A SAFE ENVIRONMENT AND MEET THE NEED FOR QUALITY AFFORDABLE CHILDCARE AFTER SCHOOL HOURS AND DURING SCHOOL BREAKS |
| CHILDREN'S ADVOCACY CENTER OF THE SOUTH PLAINS720 TEXAS AVE LUBBOCK,TX 79401 | 75-2660920 | 501(C)(3) | 110,690 | | | | TO ASSIST CHILDREN WHO ARE VICTIMS OF ABUSE AND TRAUMA |
| THE PARENTING COTTAGE3818 50TH STREET LUBBOCK,TX 79413 | 75-1806027 | 501(C)(3) | 91,755 | | | | TO PROVIDE PERSONAL IN HOME VISITS WITH CERTIFIED PARENT EDUCATORS AND PARENTS OF CHILDREN AGE 0 TO KINDERGARTEN TO PROVIDE A SAFE, STABLE AND SUPPORTIVE FAMILY ENVIRONMENT EDUCATORS PROVIDE EARLY LEARNING INFORMATION, AGE APPROPRIATE ACTIVITIES, AND AN ASSESSMENT OF HEALTH, DEVELOPMENT, VISION AND HEARING AND REFERRALS TO RESOURCES IN THE COMMUNITY |
| COMMUNITIES IN SCHOOLS ON THE SOUTH PLAINS INC 1655 MAIN STREET STE 201 LUBBOCK,TX 79401 | 75-2819581 | 501(C)(3) | 83,492 | | | | TO PROVIDE A YEAR ROUND IN SCHOOL PREVENTION AND INTERVENTION PROGRAM THAT EMPOWERS YOUNG PEOPLE TO STAY IN SCHOOL CASE MANAGERS WORK WITH STUDENTS IN LUBBOCK AND THE SURROUNDING SCHOOL DISTRICTS TO SUCCESFULLY LEARN AND PREPARE FOR LIFE BY FACILITATING THE CONNECTION OF COMMUNITY RESOURCES IN THE SCHOOL SETTING |

**Form 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) 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 |
|---|---|---|---|---|---|---|---|
| BOYS AND GIRLS CLUB OF LUBBOCK 3221 59TH STREET LUBBOCK,TX 79413 | 75-1037228 | 501(C)(3) | 232,599 | | | | TO PROVIDE A SAFE AND POSITIVE PLACE FOR CHILDREN |
| WEST TEXAS GIRL SCOUT COUNCIL INC2567 74TH STREET LUBBOCK,TX 79423 | 75-0979890 | 501(C)(3) | 139,592 | | | | TO BUILD COURAGE, CONFIDENCE AND CHARACTER |
| GOODWILL INDUSTRIES OF LUBBOCK INC715 28TH STREET LUBBOCK,TX 79404 | 75-1245440 | 501(C)(3) | 56,674 | | | | PROVIDING EMPLOYMENT TRAINING, JOB PLACEMENT AND OTHER SERVICES FOR PEOPLE WITH A DISABILITY, PEOPLE WHO LACK EDUCATION OR JOB EXPERIENCE AND OTHERS IN NEED |
| STATE EMPLOYEE CHARITABLE CAMPAIGN1655 MAIN STREET STE 101 LUBBOCK,TX 79401 | 99-9999999 | 501(C)(3) | 884,686 | | | | LOCAL CAMPAIGN MANAGER FOR THE STATE EMPLOYEE CHARITABLE CAMPAIGN (SECC) |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493165002402

**SCHEDULE O**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**
**▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization
LUBBOCK AREA UNITED WAY INC

**Employer identification number**
75-0961812

| Identifier | Return Reference | Explanation |
|---|---|---|
| PRIOR YEAR INFORMATION | FORM 990, PART I, PRIOR YEAR INFORMATION | IN ORDER TO CONFORM TO UNITED WAY WORLDWIDE MEMBERSHIP REQUIREMENT "A" THE ORGANIZATION IS INCLUDING CONTRIBUTION REVENUE FROM THE SECC (STATE EMPLOYEE CONTRIBITON CAMPAIGN) AS REVENUE ON FORM 990, PART I, LINE 8 THE 2010 FORM 990 DID NOT INCLUDE THE SECC CONTRIBUTION INCOME AS THE RETURN WAS PREPARED BASED ON GAAP (GENERALLY ACCEPTED ACCOUNTING PRINCIPALS) WHICH REQUIRES THE REMOVAL OF THIS INCOME THE PRIOR YEAR INFORMATION ON THE 2011 RETURN HAS BEEN ADJUSTED TO REFLECT THE CHANGE MADE TO COMPLY WITH MEMBERSHIP REQUIREMENT "A" AND ALLOW THE READER OF THE FORM 990 TO BE ABLE TO ACCURATELY COMPARE PRIOR YEAR INFORMATION TO CURRENT YEAR RESULTS |
| | FORM 990, PART VI, SECTION B, LINE 11 | MANAGEMENT PRESENTED A COPY OF THE FORM 990 TO THE BOARD FOR DISCUSSION, REVIEW AND APPROVAL PRIOR TO FILING THE DISCUSSION AND REVIEW WAS PERFORMED AT THE BOARD MEETING IMMEDIATELY BEFORE FILING THE FORM 990 |
| | FORM 990, PART VI, SECTION B, LINE 12C | ANNUALLY EACH BOARD MEMBER AND EMPLOYEE IS REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST |
| | FORM 990, PART VI, SECTION B, LINE 15 | A BIANNUAL COMPENSATION COMMITTEE REVIEWS OFFICER SALARIES AND RECOMMENDS TO THE BOARD COMPENSATION LEVELS BASED ON COMPENSATION SURVEYS, INFLATION AND MERIT |
| | FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR VIEWING BY THE PUBLIC AT THE ORGANIZATION'S OFFICE IN LUBBOCK, TX IN ADDITION THE ORGANIZATION POSTS A COPY OF THE MOST RECENT FINANCIAL STATEMENT AUDIT ON ITS WEBSITE (LIVEUNITEDLUBBOCK ORG/FINANCIAL SHTML) |
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED LOSSES ON INVESTMENTS -17,007 |
| COMMITTEE IN CHARGE OF AUDIT OVERSIGHT | FORM 990, PART XII, LINE 2C | LUBBOCK AREA UNITED WAY USES A COMMITTE ASSIGNED BY THE BOARD TO OVERSEE THE FINANCIAL STATEMENT AUDIT AND FOR SELECTION OF THE INDEPENDENT AUDITOR THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 75-0961812
**Name:** LUBBOCK AREA UNITED WAY INC

**Form 990, Special Condition Description:**

| Special Condition Description |
|---|

**Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| LAURA VINSON<br>BOARD CHAIR | 1 00 | X | | X | | | | 0 | 0 | 0 |
| MATT BUMSTEAD<br>VICE CHAIR | 1 00 | X | | X | | | | 0 | 0 | 0 |
| DAVID GILLES<br>TREASURER | 1 00 | X | | X | | | | 0 | 0 | 0 |
| GEORGE ALLEN<br>AGENCY REVIEW CHAIR | 1 00 | X | | | | | | 0 | 0 | 0 |
| DOUGLAS SANFORD<br>PLANNED GIVING CHAIR | 2 00 | X | | | | | | 0 | 0 | 0 |
| JUDY CROWDER PARKER<br>COMMUNITY IMPACT CHAIR | 30 | X | | | | | | 0 | 0 | 0 |
| DOUG HENSLEY<br>MARKETING CHAIR | 2 00 | X | | | | | | 0 | 0 | 0 |
| KEVIN MCMAHON<br>CAMPAIGN CHAIR | 1 00 | X | | | | | | 0 | 0 | 0 |
| WOODY BOYD<br>BOARD MEMBER | 1 50 | X | | | | | | 0 | 0 | 0 |
| MELISA ROBERTS<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| JOHN ELLIOT<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| DAVID ALDERSON<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| VICKIE BENNETT<br>BOARD MEMBER | 30 | X | | | | | | 0 | 0 | 0 |
| HOLLY BETENBOUGH<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| MIKE COOMER<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| KAREN GARZA<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| LEE ANN DUMBAULD<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| MIKE A DAVIS<br>BOARD MEMBER | 10 | X | | | | | | 0 | 0 | 0 |
| EDWIN DAVIS<br>BOARD MEMBER | 30 | X | | | | | | 0 | 0 | 0 |
| DARRELL HILL<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| RICHARD PARKS<br>BOARD MEMBER | 50 | X | | | | | | 0 | 0 | 0 |
| CATHY POPE<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| RUDY ROSALES<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| PAUL SCOTT<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| CORY POWELL<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |

**Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A) Name and Title | (B) Average hours per week | (C) Position: Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| ELENA QUINTANILLA<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL SHONROCK<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| BRIAN YEARWOOD<br>BOARD MEMBER | 0 00 | X | | | | | | 0 | 0 | 0 |
| CHRIS SIMS<br>BOARD MEMBER | 0 00 | X | | | | | | 0 | 0 | 0 |
| DAVID VROONLAND<br>BOARD MEMBER | 1 50 | X | | | | | | 0 | 0 | 0 |
| JOANN AUSTIN<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| SUE HILL<br>BOARD MEMBER | 20 | X | | | | | | 0 | 0 | 0 |
| DAVID ALLISON<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| TERRI DUNCAN<br>BOARD MEMBER | 2 50 | X | | | | | | 0 | 0 | 0 |
| SUZANNE BLAKE<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| GARY ZHENG<br>BOARD CHAIR | 50 | X | | | | | | 0 | 0 | 0 |
| GLENN COCHRAN<br>PRESIDENT/CEO | 40 00 | | | X | | | | 115,184 | 0 | 14,320 |
| F WAYNE THORNTON<br>VP/FINANCE | 40 00 | | | X | | | | 59,739 | 0 | 9,709 |