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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

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 $ 8,298,481

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

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

Activities & Governance

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 2012 (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
8	Contributions and grants (Part VIII, line 1h)	5,496,357	6,314,619
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	56,041	83,317
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,237	1,094
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,547,161	6,399,030
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,535,719	4,193,908
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)	632,964	626,415
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶380,823		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	266,055	264,778
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,434,738	5,085,101
19	Revenue less expenses Subtract line 18 from line 12	112,423	1,313,929

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	9,650,109	11,195,139
21	Total liabilities (Part X, line 26)	4,837,412	5,021,004
22	Net assets or fund balances Subtract line 21 from line 20	4,812,697	6,174,135

Net Assets or Fund Balances

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

****** | 2013-06-07
Signature of officer | Date

GLENN COCHRAN PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MATT R WILLIS		2013-06-07		P00419741

Firm's name ▶ BOLINGER SEGARS GILBERT AND MOSS LLP | Firm's EIN ▶ 75-0882037

Firm's address ▶ 8215 NASHVILLE AVENUE
LUBBOCK, TX 79423 | 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 IS NEEDED 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 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 $ 4,405,381 including grants of $ 4,193,908) (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 ▶** 4,405,381

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	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, line 10? *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 and XII*	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 and XII 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, Parts I and IV*	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 United States? *If "Yes," complete Schedule F, Parts 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 United States? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		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 direct or indirect 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, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related 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 11b 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**	6		
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? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
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, securities account, or other financial 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 as charitable contributions? . . .		**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.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
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**		Yes	
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 this 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 ☐ Other (explain in Schedule O)

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 during the tax year

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 (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 (list any hours for related organizations below dotted line)	(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			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								182,225	0	23,370

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

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

				(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	65,780			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,248,839			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		6,314,619			
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) . . . . . ▶		59,451			59,451
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					

		(i) Real	(ii) Personal				
6a	Gross rents	81,146					
b	Less rental expenses	104,978					
c	Rental income or (loss)	-23,832					
d	Net rental income or (loss) . . . . . ▶			-23,832			-23,832

		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory	1,723,950					
b	Less cost or other basis and sales expenses	1,700,084					
c	Gain or (loss)	23,866					
d	Net gain or (loss) . . . . . ▶			23,866			23,866

8a	Gross income from fundraising events (not including $ 65,780 of contributions reported on line 1c) See Part IV, line 18 . .	a	119,315				
b	Less direct expenses . . .	b	94,389				
c	Net income or (loss) from fundraising events . . ▶			24,926			24,926
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 . . . . . ▶		6,399,030	0	0	84,411

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)

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	4,193,908	4,193,908		
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	187,747	47,895	40,356	99,496
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	331,273	78,158	90,751	162,364
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	62,410	14,539	17,668	30,203
10 Payroll taxes	44,985	10,480	12,735	21,770
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	24,694	6,125	18,569	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	27,337	3,188	7,559	16,590
14 Information technology	14,597	2,379	3,133	9,085
15 Royalties . .				
16 Occupancy	25,448	16,848	6,467	2,133
17 Travel	5,698	236	2,159	3,303
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,991	3,584	922	3,485
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	42,994	22,905		20,089
23 Insurance	30,058	4,696	25,362	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEMBERSHIP DUES	68,361		66,581	1,780
b SUPPLIES	11,860	440	4,831	6,589
c AWARDS	1,214		132	1,082
d				
e All other expenses	4,526		1,672	2,854
25 **Total functional expenses.** Add lines 1 through 24e	5,085,101	4,405,381	298,897	380,823
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		24,508	1	646,878
	2	Savings and temporary cash investments		4,436,397	2	4,939,549
	3	Pledges and grants receivable, net		4,129,430	3	4,151,704
	4	Accounts receivable, net		84,269	4	462,871
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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		101,925	9	118,447
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,461,652			
	b	Less accumulated depreciation	10b 585,962	873,580	10c	875,690
	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)		9,650,109	16	11,195,139
Liabilities	17	Accounts payable and accrued expenses		61,001	17	76,541
	18	Grants payable		3,783,241	18	3,907,241
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		858,567	21	920,935
	22	Loans and other 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		134,603	25	116,287
	26	**Total liabilities.** Add lines 17 through 25		4,837,412	26	5,021,004
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,444,934	27	2,417,236
	28	Temporarily restricted net assets		1,097,755	28	1,091,390
	29	Permanently restricted net assets		1,270,008	29	2,665,509
		Organizations that do not follow SFAS 117 (ASC 958), 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		4,812,697	33	6,174,135
	34	Total liabilities and net assets/fund balances		9,650,109	34	11,195,139

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	6,399,030
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,085,101
3	Revenue less expenses Subtract line 2 from line 1	3	1,313,929
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,812,697
5	Net unrealized gains (losses) on investments	5	47,509
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,174,135

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 _____ 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		

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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

2012

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 described in **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 - Non-functionally integrated

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 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,211,353	4,352,769	4,887,648	5,496,357	6,314,619	25,262,746
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	4,211,353	4,352,769	4,887,648	5,496,357	6,314,619	25,262,746
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)						44,835
6 **Public support.** Subtract line 5 from line 4						25,217,911

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	4,211,353	4,352,769	4,887,648	5,496,357	6,314,619	25,262,746
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	185,039	147,977	135,866	136,007	140,597	745,486
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						26,008,232

12	Gross receipts from related activities, etc (see instructions)	12	471,219

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 2012 (line 6, column (f) divided by line 11, column (f))	14	96 960 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	95 060 %

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a 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—2012.** 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—2011.** 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 Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and 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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☑

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	1,270,008	1,090,036	508,571	467,933	
b	Contributions	1,338,433	207,048	594,831	13,610	
c	Net investment earnings, gains, and losses	108,493	16,682	50,896	47,860	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	45,243	36,110	59,685	17,686	
f	Administrative expenses	6,182	7,648	4,577	3,146	
g	End of year balance	2,665,509	1,270,008	1,090,036	508,571	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII 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		978,741	478,122	500,619
c Leasehold improvements				
d Equipment		180,060	107,840	72,220
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				875,690

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) must 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) must 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) must 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) Book value
Federal income taxes	
DUE TO PARTICIPATING FEDERATIONS/AGENCIES	116,287
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	116,287

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	5,621,813
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	47,509		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	104,978		
e	Add lines **2a** through **2d**			2e	152,487
3	Subtract line **2e** from line **1**			3	5,469,326
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 XIII)	4b	929,704		
c	Add lines **4a** and **4b**			4c	929,704
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	6,399,030

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	4,260,375
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 XIII)	2d	104,978		
e	Add lines **2a** through **2d**			2e	104,978
3	Subtract line **2e** from line **1**			3	4,155,397
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 XIII)	4b	929,704		
c	Add lines **4a** and **4b**			4c	929,704
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	5,085,101

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	THE STATE EMPLOYEES CHARITABLE CAMPAIGN (SECC), A PROGRAM INTITIATED BY THE STATE OF TEXAS IN 1994, IS CONDUCTED BY THE ORGANIZATION IN THE LUBBOCK, ABILENE, ODESSA AND MIDLAND AREAS 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, LINE 2	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, 2012 AND 2011
PART XI, LINE 2D - OTHER ADJUSTMENTS		RENTAL PROPERTY EXPENSE 104,978
PART XI, LINE 4B - OTHER ADJUSTMENTS		FUNDS COLLECTED AND GRANTED FOR THE STATE EMPLOYEE CHARITABLE CAMPAIGN(SECC) 929,704
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL PROPERTY EXPENSE 104,978
PART XII, LINE 4B - OTHER ADJUSTMENTS		FUNDS COLLECTED AND GRANTED FOR THE STATE EMPLOYEE CHARITABLE CAMPAIGN(SECC) 929,704

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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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

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 email 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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 DINNERS & CAMPAIGN KICKOFF (event type)	(c) Other events 5 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	80,200	46,527	58,368	185,095
	2 Less Contributions	65,780			65,780
	3 Gross income (line 1 minus line 2)	14,420	46,527	58,368	119,315
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	16,220			16,220
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses		45,011	33,158	78,169
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(94,389)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				24,926

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 _____

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 Enter 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

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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

2012

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. Part II can be duplicated 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							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 24

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. Part III can be duplicated 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

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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)	176,220				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)	110,093				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 PLAINS30 BRIERCROFT OFFICE PARK LUBBOCK,TX 79412	75-0871721	501(C)(3)	112,661				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 INC24 BRIERCROFT OFFICE PARK LUBBOCK,TX 79412	75-2482631	501(C)(3)	69,817				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)	112,617				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)	412,188				TO PROVIDE DEVELOPMENTAL CHILDCARE PROGRAM ACTIVITIES TO MEET PHYSICAL, EMOTIONAL, SOCIAL AND COGNITIVE NEEDS OF CHILDREN REGARDLESS OF FAMILY INCOME
FAMILY COUNSELING SERVICES5701 AVE P LUBBOCK,TX 79412	75-0916140	501(C)(3)	138,324				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)	176,154				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 INC916 MAIN ST LUBBOCK,TX 79401	75-1253155	501(C)(3)	152,259				TO PROVIDE LEGAL REPRESENTATION IN THE AREA OF FAMILY LAW FOR INDIGENT RESIDENTS OF LUBBOCK COUNTY
LITERACY LUBBOCK1306 9TH STREET LUBBOCK,TX 79401	75-2293940	501(C)(3)	129,344				TO DEVELOP AND SUPPORT ADULT AND FAMILY LITERACY SERVICES
LUBBOCK CHILDREN'S HEALTH CLINICPO BOX 12103 LUBBOCK,TX 79452	75-0968315	501(C)(3)	176,777				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)	111,180				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)	123,595				TO PROVIDE HELP, HOPE AND HEALING TO ALL PERSONS AFFECTED BY SEXUAL VIOLENCE BY PROVIDING EDUCATION, AWARENESS AND SUPPORT
THE SALVATION ARMY 1111 16TH STREET LUBBOCK,TX 79415	75-0800678	501(C)(3)	178,632				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)	140,983				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)	71,773				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)	195,902				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)	86,330				TO ASSIST CHILDREN WHO ARE VICTIMS OF ABUSE AND TRAUMA
THE PARENTING COTTAGE 3818 50TH STREET LUBBOCK,TX 79413	75-1806027	501(C)(3)	96,672				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 INC1655 MAIN STREET STE 201 LUBBOCK,TX 79401	75-2819581	501(C)(3)	74,845				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
BOYS AND GIRLS CLUB OF LUBBOCK3221 59TH STREET LUBBOCK,TX 79413	75-1037228	501(C)(3)	218,733				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)	122,185				TO BUILD COURAGE, CONFIDENCE AND CHARACTER
GOODWILL INDUSTRIES OF LUBBOCK INC715 28TH STREET LUBBOCK,TX 79404	75-1245440	501(C)(3)	53,201				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 CAMPAIGN 1655 MAIN STREET STE 101 LUBBOCK,TX 79401	99-9999999	501(C)(3)	929,704				LOCAL CAMPAIGN MANAGER FOR THE STATE EMPLOYEE CHARITABLE CAMPAIGN (SECC)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493184003433

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

2012

Open to Public Inspection

Name of the organization
LUBBOCK AREA UNITED WAY INC

Employer identification number
75-0961812

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS DOUG HENSLEY AND MATT BUMSTEAD HAVE A BUSINESS RELATIONSHIP BOARD MEMBERS MELISSA ROBERTS AND ALAN LACKEY HAVE A BUSINESS RELATIONSHIP
	FORM 990, PART VI, SECTION B, LINE 11	MANAGEMENT E-MAILED A COPY OF THE FORM 990 TO THE BOARD FOR DISCUSSION, REVIEW AND APPROVAL PRIOR TO FILING
	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)
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

Additional Data

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

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 (list any hours for related organizations below dotted line)	(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			
MATT BUMSTEAD BOARD CHAIR	1 50	X		X				0	0	0
JOHN ELLIOT VICE CHAIR	1 00	X		X				0	0	0
DAVID GILLES TREASURER	1 00	X		X				0	0	0
EDWIN DAVIS AGENCY REVIEW CHAIR	30	X						0	0	0
SUZANNE BLAKE PLANNED GIVING CHAIR	30	X						0	0	0
JUDY CROWDER PARKER COMMUNITY IMPACT CHAIR	30	X						0	0	0
DOUG HENSLEY MARKETING CHAIR	2 00	X						0	0	0
DAVID ALDERSON CAMPAIGN CHAIR	30	X						0	0	0
DAVID ALLISON BOARD MEMBER	1 00	X						0	0	0
BYRNIE BASS BOARD MEMBER	2 00	X						0	0	0
VICKIE BENNETT BOARD MEMBER	30	X						0	0	0
WILL CARTER BOARD MEMBER	1 00	X						0	0	0
MIKE COOMER BOARD MEMBER	1 00	X						0	0	0
MIKE DAVIS BOARD MEMBER	1 00	X						0	0	0
KIM DAVIS BOARD MEMBER	1 00	X						0	0	0
TERRI DUNCAN BOARD MEMBER	2 50	X						0	0	0
KAREN GARZA BOARD MEMBER	1 00	X						0	0	0
GARY GREGORY BOARD MEMBER	1 00	X						0	0	0
GRACE HERNANDEZ BOARD MEMBER	1 00	X						0	0	0
BILL HOWERTON BOARD MEMBER	2 50	X						0	0	0
ALAN LACKEY BOARD MEMBER	1 00	X						0	0	0
KEITH MANN BOARD MEMBER	50	X						0	0	0
GLENDA MATHIS BOARD MEMBER	1 00	X						0	0	0
KEVIN MCMAHON BOARD MEMBER	1 00	X						0	0	0
BRAD MORAN BOARD MEMBER	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD PARKS BOARD MEMBER	1 00	X						0	0	0
TONY PENA BOARD MEMBER	1 00	X						0	0	0
CATHERINE POPE BOARD MEMBER	1 00	X						0	0	0
CORY POWELL BOARD MEMBER	1 00	X						0	0	0
ELENA QUINTANILLA BOARD MEMBER	1 00	X						0	0	0
MELISSA ROBERTS BOARD MEMBER	1 00	X						0	0	0
DOUGLAS SANFORD BOARD MEMBER	2 00	X						0	0	0
CHRIS SIMS BOARD MEMBER	1 00	X						0	0	0
LAURA VINSON BOARD MEMBER	1 00	X						0	0	0
DAVID VROOMLAND BOARD MEMBER	1 50	X						0	0	0
GARY ZHENG BOARD MEMBER	50	X						0	0	0
GLENN COCHRAN PRESIDENT/CEO	40 00			X				118,006	0	13,712
F WAYNE THORNTON VP/FINANCE	40 00			X				64,219	0	9,658