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EXTENSION GRANTED TO 5/15/14

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)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| <u>A</u> [| or the | 2012 calendar year, or tax year beginning JUL 1, 2012 and end | ding J | UN 30, 2013 | |
|----------------------------------|--------------------------|--|----------------|--|--|
| В | Check if applicable | C Name of organization | | D Employer identific | cation number |
| | Addres change | LUBBOCK CHRISTIAN SCHOOL FOUNDATION | | | |
| | Name change | | | 20-0 | 295331 |
| Ļ | Initial | , | om/suite | E Telephone number | |
| Ļ | Termin- ated Amend | ZOU4 DOVER AVE | | | 796-8700 |
| H | return | City, town, or post onice, state, and ZIP code | | G Gross receipts \$ | 35,956. |
| L | tion pendin | LUBBOCK, IX /940/ | | H(a) Is this a group re | Yes X No |
| | | F Name and address of principal officer. BOB CROCKETT SAME AS C ABOVE | | for affiliates? H(b) Are all affiliates inc | |
| | Fav.eve | mpt status: | 527 | | list (see instructions) |
| | | e: ► WWW.LUBBOCKCHRISTIAN.ORG | | H(c) Group exemption | ` ' |
| | | organization: X Corporation Trust Association Other | L Year | | State of legal domicile: TX |
| | | Summary | | | |
| 9 | 1 6 | Briefly describe the organization's mission or most significant activities ${ m \underline{TO}\ \ PRC}$ | OVIDE | FINANCIAL | SUPPORT TO |
| 7.U₁☑ Activities & Governance |] | LUBBOCK CHRISTIAN SCHOOL. | | | |
| erü | 2 (| Check this box 🕨 📖 if the organization discontinued its operations or disposed | d of more | than 25% of its net as | |
| Š | 3 1 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 15 |
| ಷ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 15 |
| ties | 5 | Total number of individuals employed in calendar year 2012 (Part V, line 2a) | | 5 | 0 15 |
| ξį | 6 7. | Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 | | 6 7a | 0. |
| ್ಷಕ | /a | Net unrelated business taxable income from Form 990-T, line 34 | | 7a 7b | 0. |
| <u>=</u> | B. | Net differenced business taxable income from our officers, ince or | | Prior Year | Current Year |
| | | Contributions and grants (Part VIII, line 1h) | | 10,520. | 4,340. |
| ֱשֶׁ | 1 | Program service revenue (Part VIII, line 2g) | | 0. | 0. |
| MAK ₽ ₽ Revenue | 10 | investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 25,668. | 31,616. |
| (E ≥ | 11 (| Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 0. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 36,188. | 35,956. |
| 1 | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <u> </u> | 77,030. | 42,188. |
| 1/2 | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| Ses. | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | \vdash | 0. | <u>0.</u> |
| Expenses () | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | o. | <u> </u> | <u> </u> |
| ă | 17 | | - - | 6,920. | 7,452. |
| | 1 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, colump (A), line 25) | · · · · · | 83,950. | 49,640. |
| | | Revenue less expenses. Subtract line 18 from line 12 | را | -47,762. | -13,684. |
| 50 | | 767 MAD = = | / Be | ginning of Current Year | End of Year |
| sets | 20 | Total assets (Part X, line 16) | | 718,840. | 729,189. |
| Net Assets or Fund Balances | 21 | Total liabilities (Part X, line 26) | | 0. | 0. |
| | | Net assets or fund balances Subtract line 21 from line 20 | | 718,840. | 729,189. |
| | art II | Signature Block | | | |
| | | lties of perjury, I declare that I have examined this return, including accompanying schedules a t, and complete. Declaration of preparer (other than officer is based on all information of which | | | y knowledge and delief, it is |
| true | , correc | t, and complete. Deciaration of physiarer (other map observed is based on an information of which | ii preparei | nas any knowledge. | |
| Sig | n | Signature of officer 20 th. | | Date 2.0 | 121/ |
| He | | Brato Paulti, Treasurer | | 6-64 | 1-2015 |
| | - | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | , | Date Check | X PTIN |
| Pai | d | MATT R. WILLIS MATT R. WILLIS | | 2/14/15 self-emptoy | |
| | parer | Firm's name BOLINGER, SEGARS, GILBERT AND MOS | P Firm's EIN | 75-0882037 | |
| Use | Only | Firm's address 8215 NASHVILLE AVENUE | | , n | 0061747 2006 |
| _ | | LUBBOCK, TX 79423 | | Phone no. (| 806)747-3806 X Yes No |
| | | RS discuss this return with the preparer shown above? (see instructions) 0-12 LHA For Paperwork Reduction Act Notice, see the separate instructions | | | X Yes No Form 990 (2012) |
| 202 | 001 12-1 | vers — in the properties of the appropriate and the second control of the second control | · • • | | |

| orm Pai | rt 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 PROVIDE FINANCIAL SUPPORT TO LUBBOCK CHRISTIAN SCHOOL. |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on |
| | the prior Form 990 or 990-EZ? |
| 3 | If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| J | 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 |
| 4a | revenue, if any, for each program service reported. (Code) (Expenses \$49,640 . including grants of \$ |
| 44 | (Code) (Expenses \$49,640. including grants of \$42,188.) (Revenue \$) DURING THE 2012-2013 SCHOOL YEAR THE FOUNDATION TRANFERRED \$42,188 TO |
| | THE SCHOOL. |
| | |
| | |
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| | |
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| | |
| | |
| | |
| 4b | (Code) (Expenses \$ |
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| | |
| | |
| | |
| | |
| | |
| 4c | (Code) (Expenses \$ |
| | |
| | |
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| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ► 49,640. |
| | Form 990 (2012) |

| | | | Yes | No |
|----------|--|-----------|----------|-----------|
| 1 | ls-the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | <u> </u> | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | <u> </u> |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | 1 | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u> X</u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | 37 |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> </u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | x |
| _ | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | |
| 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 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _6 | | |
| 7 | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| 0 | Schedule D, Part III | 8 | | х |
| 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 | | Х |
| 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 | X | |
| 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | X |
| 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 | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | 1 | 1,, |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | _ | X |
| 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 | | | v |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | <u> </u> | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e_ | <u> </u> | ^ |
| f | · | 11f | x | |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | - |
| 12a | Schedule D, Parts XI and XII | 12a | | x |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| Ü | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | 1 | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | 1 | 1 | - |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | ļ | X |
| 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 | | X |
| 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_ | | X |
| 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 | - | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | v |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 40 | ĺ | X_ |
| ^^ | complete Schedule G, Part III | 19 20a | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20b | 1 | ^ |
| <u> </u> | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | 000 | (2012 |

| | | | Yes | No |
|-----|--|------------|----------|----------|
| 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 | X | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | _ | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25 | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 | | _X |
| 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 | | X |
| 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 | | X |
| 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 | | | ٠,, |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 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). | 20- | | . |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 200 | | A_ |
| С | 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 | | <u>x</u> |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| 30 | contributions? If "Yes," complete Schedule M | 30 | | X_ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| ٥. | If "Yes." complete Schedule N. Part I | 31 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | _ X |
| 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 | Х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| 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 | | X_ |
| 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_ | <u> </u> | X |
| 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 | X | <u> </u> |
| | | Form | 990 | (2012) |

Form 990 (2012) LUBBOCK CHRISTIAN SCHOOL FOUNDATION
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 | 0 | | | ĺ | |
| 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 re | eportabl | e gamıng | | | 1 | |
| | (gambling) winnings to prize winners? | | | 1c_ | | | |
| 2 a | 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 | 0 | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | | 2b | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | X | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | _3b_ | | <u> </u> | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | authority | y over, a | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | account |)? | 4a | | X | |
| 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 A | Account | s. | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | ction? | | 5b | | Х | |
| | 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 | ne organ | ization solicit | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a | | X | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribut | ions or | gifts | | | | |
| | were not tax deductible? | | | 6b | | <u> </u> | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set | rvices pro | ovided to the payor? | 7a | | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | as requi | red | _ | | | |
| | to file Form 8282? | 1 1 | | 7c_ | | X | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | - . | | х | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | | · | 7e 7f | | X | |
| | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | | | |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file Followship of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | 7 <u>g</u> 7h | N/ | | |
| h | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D | | | 7.11 | 11/ | - | |
| 8 | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at | | | 8 | | Ì | |
| 9 | Sponsoring organizations maintaining donor advised funds. | any mio | during the year? | <u>.</u> | | | |
| a | Did the organization make any taxable distributions under section 4966? | | N/A | 9a | | 1 | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | N/A | 9b | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | 21, 22 | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 N/A | 10a | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | } | |
| | Gross income from members or shareholders N/A | 11a | | | | } | |
| | 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 | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A | 12b | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | - | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | N/A | 13a | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | | | |
| 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 | | | | <u> </u> | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | ļ | X | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul | le O | | 14b | l | | |
| | | | | F | aon | (0040 | |

Page 6

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

| | Charlet Cabadula O anatoma a seconda de anua successo de Ana Dant VII | | | X | | | | | |
|----------|---|---------|--------------|------------------|--|--|--|--|--|
| 500 | Check if Schedule O contains a response to any question in this Part VI | | | بها | | | | | |
| <u> </u> | tion 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 15 | i | | | | | | | |
| | 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. | . | | | | | | | |
| þ | Enter the number of voting members included in line 1a, above, who are independent 15 | . | | | | | | | |
| 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 | | <u>X</u> | | | | | |
| 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 | | <u> </u> | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | <u>X</u> _ | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5_ | | X | | | | | |
| 6 | | | | | | | | | |
| 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 | | \mathbf{X}_{-} | | | | | |
| 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 | | X | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | |
| а | The governing body? | 8a | X | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | | | | | | |
| | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | | |
| 9 | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Х | | | | | |
| 500 | | | | | | | | | |
| 360 | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | Yes | No | | | | | |
| | D. M | 10a | 163 | X | | | | | |
| | Did the organization have local chapters, branches, or affiliates? | IUa | | | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 10b | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | | | | | |
| 11a | 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | | |
| b | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | _ <u>X</u> _ | <u> </u> | | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X_ | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | | |
| | ın Schedule O how this was done | 12c | <u>X</u> | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | X | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | X | | | | | |
| b | Other officers or key employees of the organization | 15b | | X | | | | | |
| | 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 | | 1 | | | | | | |
| | taxable entity during the year? | 16a | | X | | | | | |
| 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 | | | | | | | |
| Sec | tion C. Disclosure | | • | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | | | | | | |
| | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | availah | le | | | | | | |
| 18 | for public inspection. Indicate how you made these available. Check all that apply. | | - | | | | | | |
| | | | | | | | | | |
| 40 | | d finer | ncial | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are | u midi | icial | | | | | | |
| | statements available to the public during the tax year. | tion. | | | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of | non. | _ | | | | | | |
| | MELISA ROBERTS - 806-771-7717 | | | | | | | | |
| 88888 | 1416 MONTICELLO AVE, LUBBOCK, TX 79416 | | | | | | | | |

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

| (A) | (B) | (C) | | (D) | (E) | (F) | | | | |
|------------------------------|------------------------|--------------------------------|---|--|--------------|--|-----------|--|----------------------------------|--------------------------|
| Name and Title | Average | (do | Position (do not check more than one | | Reportable | Reportable | Estimated | | | |
| | hours per | box. | box, unless person is both an officer and a director/trustee) | | compensation | compensation | amount of | | | |
| | week | _ | eran | oao | recto | rrus | (96) | from | from related | other |
| | (list any hours for | Individual trustee or director | | | | _ | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | related | eord | tee | | | sated | | (W-2/1099-MISC) | (44-27 1033-141100) | organization |
| | organizations | truste | al trus | | ee A | ad w | | (*** = * + + + + + + + + + + + + + + + + | | and related |
| | below | ndual | Institutional trustee | 4 | Key employee | est co | 듛 | | II | organizations |
| | line) | Ę. | Inst | Officer | ě | Highest compensated employee | Former | | | |
| (1) BOB CROCKETT | 1.00 | | | | | į | | _ | | |
| PRESIDENT | | X | | X | L | | | 0. | 0. | 0. |
| (2) TONY PENA | 1.00 | | | | | | | | | |
| VICE PRESIDENT | | X | <u> </u> | X | | | ļ | 0. | 0. | 0. |
| (3) MELISSA ROBERTS | 1.00 | | | | | | | _ | | |
| TREASURER | | X | _ | Х | | _ | | 0. | 0. | 0. |
| (4) DONA RICHARDSON | 1.00 | | | | | | | | | |
| SECRETARY | | X | | X | ļ | ┢ | ļ | 0. | 0. | 0. |
| (5) KRISTIN HAGINS | 1.00 | ┨ | Ì | | | | | | | _ |
| EX-OFFICIO | | X | <u> </u> | _ | <u> </u> | ļ | <u> </u> | 0. | 0. | 0. |
| (6) TRAVIS CHANEY | 1.00 | - _ } | | | ļ | | | | _ | _ |
| DIRECTOR | 1 00 | X | | | - | - | - | 0. | 0. | 0. |
| (7) KELLI CHILDRE | 1.00 | ∤ | | l | | | | | | _ |
| DIRECTOR | 1 00 | X | <u> </u> | | - | ├ | | 0. | 0. | 0. |
| (8) PETER DAHLSTROM | 1.00 | | | | 1 | | | | 0. | 0. |
| DIRECTOR | 1 00 | X | - | | ┝- | - | <u> </u> | 0. | <u> </u> | - 0. |
| (9) MATT HADLEY | 1.00 | | | l | | | l | 0. | 0. | 0. |
| DIRECTOR | 1 00 | X | <u> </u> | | ┝ | | ⊢ | <u> </u> | <u> </u> | <u> </u> |
| (10) STAN POTOCKI | 1.00 | X | | | | | | 0. | 0. | 0. |
| DIRECTOR | 1.00 | Α. | <u> </u> | - | \vdash | \vdash | ├ | · · · · · · · · · · · · · · · · · · · | 0. | |
| (11) BRAD PRUITT | 1.00 | X | | | ŀ | | | 0. | 0. | 0. |
| DIRECTOR | 1.00 | ^ | | \vdash | <u> </u> | ╁ | - | 0. | | |
| (12) JESSICA ROGERS DIRECTOR | 1.00 | \mathbf{x} | | | | | | 0. | 0. | 0. |
| (13) TERRY SPARKS | 1.00 | 21 | \vdash | | | | | | | |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| (14) BRENT STEWART | 1.00 | 1 | - | \vdash | 1 | T | | | | |
| DIRECTOR | | \mathbf{x} | | | | | | 0. | 0. | 0. |
| (15) CHRIS SWINFORD | 1.00 | 1 | | | \vdash | | | | | |
| DIRECTOR | | X | | 1 | | ł | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | 1 | 1 | 1 | | | | | |

| Par | VII Section A. Officers, Directors, Trus | tees, Key Em | oloy | ees, | and | d Hi | ghes | st C | ompensated Employed | es (continued) | | | | |
|---------------|---|--|--------------|-------|-------|--------------|---------------------|-------------|--|---|-----------------------|-------------------------|----------|----------|
| | (A) Name and title | (B) Average hours per | (C) Position | | | | | one h an | (D) Reportable compensation | (E) Reportable compensation | | (F) Estimated amount of | | |
| | | week (list any hours for related organizations below line) | | | | recto | Highest compensated | tee) | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC | other compensation | | on ed | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Sub-total Total from continuation sheets to Part VI | I, Section A | | | | | > | | 0. | | 0. | | | 0. |
| <u>d</u> 2 | Total (add lines 1b and 1c) Total number of individuals (including but n | ot limited to th | nose | liste | ed a | bov | e) wi | no re | eceived more than \$100 |),000 of reportable | 0. | | | _0. 0 |
| • | compensation from the organization | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s | | | e, ke | y e | mplo | yee | , or | highest compensated e | mployee on | | 3 | | X |
| 4 | For any individual listed on line 1a, is the su | um of reportab | le c | | | | | | | the organization | Ī | | | v |
| 5 | and related organizations greater than \$150 Did any person listed on line 1a receive or a | | | | | | | | | idual for services | } | 4 | | <u> </u> |
| _ | rendered to the organization? If "Yes," com | | | | | | | | | | | 5 | | X |
| <u>Sec</u> | tion B. Independent Contractors Complete this table for your five highest co | mpensated in | dep | ende | ent c | cont | racte | ors t | that received more than | \$100,000 of comp | pensa | ation f | rom | |
| | the organization. Report compensation for | the calendar y | ear | end | ıng v | wi <u>th</u> | or w | ıthır T | | year. | | | •• | |
| | (A) Name and business | address | N | ON | E | | | | (B) Description of | services | C | (C ompe | | n |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Total number of independent contractors (| including but i | not I | ımıte | ed to | the | se li | ster | d above) who received r | nore than | | | | |

0

\$100,000 of compensation from the organization

Part VIII Statement of Revenue

| | | Check if Schedule O cont | ains a response | to any question i | n 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 |
| ts ts | 1 a | Federated campaigns | 1a | _ | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | 1b | | | | | |
| ع <u>.</u> | C | Fundraising events | 1c | | | | | |
| ifts | d | Related organizations | 1d | | | | | |
| ر اقانی | | ~ | | | | | | |
| Sir | e | Government grants (contribut | · — | | | | | |
| ĕ | f | All other contributions, gifts, gran | · I I | 4 340 | | | | |
| 言 | | similar amounts not included above | | 4,340. | | | | |
| 9 | 9 | Noncash contributions included in lines | 1a-1f \$ | | 4 240 | | | |
| <u>0 e</u> | <u> </u> | Total. Add lines 1a-1f | | <u> </u> | 4,340. | · | | |
| _ | | | | Business Code | | | | |
| Program Service Revenue | 2 a | -··- - | | | | | | |
| | b | | | | | | | |
| e S | С | | | | | | | |
| ğğ | d | | | | | | | |
| Š_ | е | | | | | | | |
| σ. | f | All other program service reve | nue | | | | | |
| | 9 | Total, Add lines 2a-2f | | • | | | | |
| | 3 | Investment income (including | dividends, intere | est, and | | | | |
| | | other similar amounts) | | ▶ | 27,501. | | | 27,501. |
| | 4 | Income from investment of tax | x-exempt bond p | oroceeds 🕨 | | | | |
| | 5 | Royalties | | • | | | | |
| | | | (i) Real | (ii) Personal | | } | | |
| | 6 a | Gross rents | | | | | | |
| | ь | Less: rental expenses | | | | | | |
| | င | Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | - | assets other than inventory | 4,115. | | | | | |
| | ь | Less. cost or other basis | | | | | | |
| | ~ | and sales expenses | 0. | | | | | |
| | င | Gain or (loss) | 4,115. | | | | | |
| | d | Net gain or (loss) | | • | 4,115. | | | 4,115. |
| • | 8 a | Gross income from fundraisin | a events (not | | | | | |
| enne | - | including \$ | of | | | | | |
| Š | | contributions reported on line | | | | | | |
| Other Rev | | Part IV, line 18 | a | | | | | |
| Ę | ь | Less: direct expenses | b | | | | | |
| ō | c | Net income or (loss) from fund | | | | | | |
| | 9 a | Gross income from gaming ac | | | | | | |
| | " " | Part IV, line 19 | а | | | | | |
| | ь | Less direct expenses | b | | | | | |
| | C | Net income or (loss) from gam | | | | | | |
| | 10 a | Gross sales of inventory, less | - | | | | - | |
| | 10 a | and allowances | | | | | | |
| | b | Less: cost of goods sold | a b | | | | | |
| | | Net income or (loss) from sale | • | | | | | |
| | C | Miscellaneous Revenu | | Business Code | | | | |
| | 11 a | | | Dusiness Code | | | | 1 |
| | | | | | | | | |
| | b | | - · · · · · · · · · · · · · · · · · · · | | | | | |
| | C | All other revenue | · | | | | | <u> </u> |
| | d | Total, Add lines 11a-11d | | | | | . | |
| | 12 | Total revenue. See instructions. | | | 35,956. | 0. | 0. | 31,616. |
| 23200 | 9 | TOTAL TEVERIUE. DEC HISH BEHOLIOHS. | - | | 33,330. | <u> </u> | <u> </u> | Form 990 (2012) |
| 12-10 | - 12 | | | | | | | (2012) |

| | on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response | se to any question in this | s Part IX | · | |
|-----------|--|----------------------------|------------------------------|---|--------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | 42,188. | 42,188. | | |
| 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 | | | | |
| 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 | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| _ | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| _ | Management | | | | |
| b | Legal | | | | |
| | Accounting Lobbying | | | | |
| d e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 7,236. | 7,236. | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | .,,200_1 | 7.72000 | | |
| 9 | column (A) amount, list line 11g expenses on Sch O.) | 216. | 216. | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance . | | | | |
| 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 0.) | | | | |
| a | | | | <u> </u> | |
| b | | | | | |
| C | | | | | |
| d | All other expanses | | - | <u> </u> | |
| | All other expenses | 49,640. | 49,640. | 0. | 0. |
| <u>25</u> | Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization | 47,040. | <u> </u> | | |
| 26 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | | | | | |

| | | Charlest Calmedula O acatama a second | aventum in this Dark V | | | |
|-----------------------------|----------|--|---------------------------------|-------------------|----------|--------------|
| | • | Check if Schedule O contains a response to any | question in this Part X | (A) | | (B) |
| | | | | Beginning of year | | End of year |
| | 1 | Cash non-interest-bearing | | 7,254. | 1 | 10,889. |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | | |
| | 4 | Accounts receivable, net | | 4 | | |
| | 5 | Loans and other receivables from current and fo | rmer officers, directors, | | | - |
| | | trustees, key employees, and highest compensation | | | | |
| | | Part II of Schedule L | | 5 | | |
| | 6 | Loans and other receivables from other disquali | fied persons (as defined under | | | |
| | İ | section 4958(f)(1)), persons described in section | 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of sect | ion 501(c)(9) voluntary | | | |
| | | employees' beneficiary organizations (see instr). | Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | |
| Ass | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | ļ | | 9 | |
| | 10a | Land, buildings, and equipment cost or other | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | | | |
| | ь | Less accumulated depreciation | 10b | | 10c | |
| | 11 | Investments - publicly traded securities | | <u>711,586.</u> | 11 | 718,300. |
| | 12 | Investments - other securities See Part IV, line 1 | | 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 equ | al line 34) | 718,840. | 16 | 729,189. |
| | 17 | Accounts payable and accrued expenses | ļ | | 17 | |
| | 18 | Grants payable . | | 18 | | |
| | 19 | Deferred revenue | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | 20 | | |
| es | 21 | Escrow or custodial account liability Complete | | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former | | | | |
| iat. | | key employees, highest compensated employee | es, and disqualified persons | | | |
| _ | | Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | · i | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | |
| | | parties, and other liabilities not included on lines | s 17-24). Complete Part X of | | ا م | |
| | 00 | Schedule D | | 0. | 25 26 | 0. |
| | 26 | Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958 |), check here | <u></u> | 20 | |
| " | | complete lines 27 through 29, and lines 33 ar | | | | |
| ĕ | 27 | Unrestricted net assets | id 34. | | 27 | |
| lan | 27 28 | Temporarily restricted net assets | | | 28 | |
| 8 | 29 | Permanently restricted net assets | i | 718,840. | + | 729,189. |
| Ĕ | 25 | Organizations that do not follow SFAS 117 (A | SC 958) check here | 71070101 | 25 | , 25 / 205 . |
| Ē | | and complete lines 30 through 34. | SO 230), Check here | | | |
| Net Assets or Fund Balances | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| SSe | 31 | Paid-in or capital surplus, or land, building, or ed | upment fund | | 31 | |
| ţ | 32 | Retained earnings, endowment, accumulated in | | | 32 | |
| Š | 33 | Total net assets or fund balances | and the second second | 718,840. | 33 | 729,189. |
| | 34 | Total liabilities and net assets/fund balances | | 718,840. | 34 | 729,189. |
| | | | | | | |

| | 990 (2012) LUBBOCK CHRISTIAN SCHOOL FOUNDATION | <u> 20-029</u> | <u>5331</u> | _Pag | _{1e} 12 |
|----|--|----------------|-------------|------------|------------------|
| Pa | rt XI Reconciliation 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 | 3! | <u>5,9</u> | <u> 56.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | <u>40.</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 3,6 | <u>84.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 718 | 3,8 | <u>40.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | 24 | 4,0 | <u>33.</u> |
| 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 | 72 | 9,1 | 89. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990. Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu | ile O | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review | ed 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 | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | ate basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis X 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 | <u>X</u> | ļ |
| | If the organization changed either its oversight process or selection process during the tax year, explain in S | chedule O. | 1 1 | | |
| За | 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? | | За | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re | quired audit | | | |
| | or guidte, explain why in Schedule O and describe any steps taken to undergo such guidts | | 3b | | 1 |

Form **990** (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

| lame | of t | he organizati | on _ | | | | | _ | | E | mployer | identification numbe | :r |
|--|---|--|--------|--------------------|--|--|-----------------------------------|--------------|-------------------------|--------------|-------------|--------------------------|----------|
| | | | | LUBBOCK | CHRISTIAN S | CHOOL | FOUN | DATIO | N | | 2 | 0-0295331 | |
| Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions. | | | | | | | | | | | | |
| he or | ganı | zation is not a | priva | ate foundation | because it is. (For lines | through 1 | 11, check o | only one b | ox.) | | | | |
| 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) | | | | | | | | | | | |
| з [| | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | | |
| 4 | | | | | operated in conjunction | | | | | (b)(1)(A)(ii | ii). Enter | the hospital's name, | |
| | | city, and stat | e: | | | | | | | | | | |
| 5 | | An organizati | on or | perated for the | benefit of a college or ui | niversity ov | vned or op | erated by | a governr | nental uni | t describ | ed in | |
| | | section 170 | (b)(1) | (A)(iv). (Comple | ete Part II) | · | · | | _ | | | | |
| 6 | | | | | ent or governmental unr | t described | ın sectio | n 170(b)(1 | I)(A)(v). | | | | |
| 7 | | | | | eives a substantial part | | | | | r from the | general | public described in | |
| | | | | (A)(vi). (Comple | | | | • | | | J | , | |
| 8 | | - | | | ection 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 fi | | | | | nd gross receipts from | 3 | | | | | | |
| | activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investme | | | | | | | | | | | | |
| | income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 | | | | | | | | | | | | |
| | | | | a)(2). (Complete | | - | , | | • | , , | | , | |
| 10 E | | | • | | perated exclusively to te | st for publi | c safety. S | ee sectio | n 509(a)(4 | J). | | | |
| 11 [| X | • | | • | perated exclusively for the | | • | | | - | y out the | purposes of one or | |
| | | | | | ations described in secti | | | | | | | | |
| | | describes the | type | of supporting | organization and compl | ete lines 1 | e through | 11h. | | | | | |
| | | a X Type I | | b 🔲 Ty | /pe II c T | ype III - Fu | nctionally i | ntegrated | c | і 🔲 Тур | e III - No | n-functionally integrate | эc |
| e [| X | By checking | this b | oox, I certify tha | it the organization is not | controlled | directly or | r indirectly | by one or | more dis | qualified | persons other than | |
| | | foundation m | anag | ers and other t | han one or more publicly | y supporte | d organiza | tions des | cribed in s | ection 50 | 9(a)(1) or | section 509(a)(2) | |
| f | | If the organiz | ation | received a writ | ten determination from | the IRS tha | at it is a Ty | ре I, Туре | II, or Type | : III | | | |
| | | supporting of | rgani | zation, check th | nis box | | | | | | | | |
| g | | Since August | t 17, | 2006, has the c | organization accepted ai | ny gift or co | ontribution | from any | of the folk | owing per | sons? | | |
| | | (i) A perso | n wh | o directly or ind | irectly controls, either a | lone or tog | ether with | persons o | lescribed i | n (ii) and (| (III) below | , Yes No | 0 |
| | | the gove | erning | g body of the si | upported organization? | | | | | | | 11g(i) X | |
| (ii) A family member of a person described in (i) above? | | | | | 11g(ii) X | <u>-</u> | | | | | | | |
| | | (iii) A 35% d | contr | olled entity of a | person described in (i) | or (II) above | ∍? | | | | | 11g(iii) X | <u>-</u> |
| h | | Provide the f | ollow | ing information | about the supported or | ganization | (s). | | | | | | |
| | | | | | | | | | | | | | |
| (i) N | lame | of Supported (ii) Eliv (iii) Type of organization (**) is the organization (**) is Joanness (**) | | | | | vi) Is the (vii) Amount of moneta | | | | | | |
| • • | | ganization | | | (described on lines 1-9 | in col. (i) listed in your organization in col. Organization in col. | | (i) organiz | rganized in the support | | | | |
| | | | | | above or IRC section (see instructions)) | on governing document? (i) of your support? '' | | | | U.S.? | | | |
| | | | | | (000 mondonomy) | Yes | No | Yes | No | Yes | No | | _ |
| LUB | | | | | | | | | | | | | |
| CHR | IS | TIAN SC | 26- | <u>-4232425</u> | 2 | X | | X | | X | 1 | 42,188 | • |
| | | | | | | | | | | } | | | |
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| | | | | | | | | | | | | | |
| | | 4 | | | | | | | | | | 42 100 | , |

Schedule A (Form 990 or 990-EZ) 2012 Page 2 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 (c) 2010 (e) 2012 (f) Total (d) 2011 Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 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 **Section B. Total Support** (e) 2012 (f) Total Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 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)

| 15 | Public support percentage from 2011 Schedule A, Part II, line 14 | 10 | |
|-----|---|---------------------------------|------|
| 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% | 6 or more, check this box and | |
| | stop here. The organization qualifies as a publicly supported organization | | ▶□ |
| ь | 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 bo | × |
| | 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 me | ore, |
| | I sale and the second state of the second second second state of the box and state here. Explain | in Bort IV how the organization | nn. |

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

Schedule A (Form 990 or 990-EZ) 2012 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)

| Sec | ction A. Public Support | | - | _ | | | |
|-----------|---|--------------------|-----------------------|--|---------------------|----------------------|--|
| Cale | ndar 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 per- | I | | | | | |
| | formed, 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 bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | • | | | |
| | ization'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 | | | | | | |
| 7 a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| t | 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 | | | | | | |
| , | : Add lines 7a and 7b | | | | <u> </u> | | |
| - | Public support (Subtract line 7c from line 6) | | | | | | |
| | ction B. Total Support | | | <u> </u> | | | |
| | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| | Amounts from line 6 | (4) 2555 | 12/233 | 197-3-13 | | 1-1-1 | 11 |
| - | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and income from similar sources | | | | | ŀ | |
| | Unrelated business taxable income | | | | | <u> </u> | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | • | | - | | _ | | · · · · · · · · · |
| | Add lines 10a and 10b Net income from unrelated business | | | | | | |
| ••• | activities not included in line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 10 | regularly carried on Other income Do not include gain | | _ | | | | |
| 12 | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | - | | | |
| | Total support. (Add lines 9, 10c, 11, and 12) | | | -1 6 | <u> </u> | F01/a\(2\) argani | |
| 14 | First five years. If the Form 990 is fo | r the organization | 's first, second, thi | ra, τουπη, or τιπη | tax year as a secti | on 501(c)(3) organi. | zation, |
| <u></u> | check this box and stop here | lia Cumpart De | reentees | | | | <u></u> |
| | ction C. Computation of Pub | | | | | 45 | |
| | Public support percentage for 2012 | | | column (f)) | | 15 | % |
| | Public support percentage from 201 | | | | | 16 | % |
| <u>5e</u> | ction D. Computation of Inve | | | | | 147 | |
| 17 | • | | | ine 13, column (f)) | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| 19 | a 33 1/3% support tests - 2012. If the | | | | | | 1/ is not |
| | more than 33 1/3%, check this box a | | | | | | . ▶∟ |
| 1 | o 33 1/3% support tests - 2011. If the | | | | | | |
| | line 18 is not more than 33 1/3%, ch | | | | | | · • |
| 20 | Private foundation. If the organization | on did not check a | a box on line 14, 19 | 9a, or 19b, check | this box and see ii | nstructions | <u></u> ▶ <u></u> |

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 Open to Public Inspection

Name of the organization

LUBBOCK CHRISTIAN SCHOOL FOUNDATION

Employer identification number 20-0295331

| Par | t I Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds of | r Accounts. Complete if the |
|-----|--|--|---|
| | organization answered "Yes" to Form 990, Part IV, lin | e 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 | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | - | |
| | for charitable purposes and not for the benefit of the donor of | • • | • |
| | impermissible private benefit? | | Yes No |
| Pai | | ganization answered "Yes" to Form 990, Par | |
| 1 | Purpose(s) of conservation easements held by the organizat | | |
| | Preservation of land for public use (e.g., recreation or | · — · · · · · · · · · · · · · · · · · · | rically important land area |
| | Protection of natural habitat | Preservation of a certifie | - |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied conservation contribution in the form of | a conservation easement on the last |
| | day of the tax year | | |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic sti | ructure 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, re | eleased, extinguished, or terminated by the o | rganization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ea | sement is located > | |
| 5 | Does the organization have a written policy regarding the pe | riodic 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 duri | ng the year 🕨 |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | enforcing conservation easements during th | e year ▶ \$ |
| 8 | Does each conservation easement reported on line 2(d) abo | ve satisfy the requirements of section 170(h) | (4)(B)(ı) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservat | ion easements in its revenue and expense s | tatement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organization | ition's financial statements that describes the | e organization's accounting for |
| | conservation easements. | | |
| Pa | rt III Organizations Maintaining Collections of | of Art, Historical Treasures, or Oth | er 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 (AS | SC 958), not to report in its revenue stateme | nt and balance sheet works of art, |
| | historical treasures, or other similar assets held for public ex | hibition, education, or research in furtherand | e of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that descri | nbes these items | |
| b | If the organization elected, as permitted under SFAS 116 (A | SC 958), to report in its revenue statement a | nd balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, e | ducation, or research in furtherance of publi | c 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 tre | easures, or other similar assets for financial g | ain, provide |
| | the following amounts required to be reported under SFAS 1 | 116 (ASC 958) relating to these items: | |
| а | Revenues included in Form 990, Part VIII, line 1 | | > \$ |
| ь | Assets included in Form 990, Part X | | > \$ |
| | | | |

| Par | | CHRISTIAN | | | on Cinnil | | | . Page ∠ |
|-------|--|------------------------|-----------------------|------------------------|-------------|---------------|------------|-------------|
| | | | | | | | | |
| 3 | Using the organization's acquisition, accession | on, and other record | s, check any of the | following that are a : | significant | use of its | collection | items |
| | (check all that apply). | | | | | | | |
| а | | | | | | | | |
| b | Scholarly research e Other | | | | | | | |
| C | Preservation for future generations | | | | | | | |
| 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 ma | | | | | | Yes | No_ |
| Par | t IV Escrow and Custodial Arranger reported an amount on Form 990, Par | | te if the organizatio | n answered "Yes" to | Form 990 |), Part IV, I | ine 9, or | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermed | lary for contribution | s or other assets no | t included | | | |
| | on Form 990, Part X? | | | | | | | |
| b | b If "Yes," explain the arrangement in Part XIII and complete the following table: | | | | | | | |
| | Amount | | | | | | | |
| С | Beginning balance | | | | 1c | | | |
| d | Additions during the year | | • | | 1d | | | |
| е | | | | | | | | |
| f | | | | | | | | |
| 2a | a Did the organization include an amount on Form 990, Part X, line 21? | | | | | | | |
| b | b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII | | | | | | | |
| Par | t V Endowment Funds. Complete if | the organization an | swered "Yes" to Fo | rm 990, Part IV, line | 10. | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | | years back | (e) Four | years back |
| 1a | | | | | | | 732,022, | |
| b | Contributions | | | | | | 34,196. | |
| С | Net investment earnings, gains, and losses | | | | | | | -15,898. |
| d | Grants or scholarships | 42,188, | 77,030. | 40,834. | | 192,844, | | 40,000. |
| е | Other expenditures for facilities | • | | | | | | |
| | and programs | | | | | | | |
| f | Administrative expenses | 7.452. | 6,920, | 10,081, | | 4,060. | | 1,440, |
| g | End of year balance | 729,189. | 718,840, | 793,200. | | 721,203, | | 708.880. |
| 2 | Provide the estimated percentage of the curr | rent year end balanc | e (line 1g, column (a | a)) held as | | <u>.</u> | | |
| а | Board designated or quasi-endowment | .00 | % | | | | | |
| b | Permanent endowment ► 100.00 | % | _ | | | | | |
| С | Temporarily restricted endowment ▶ | •00 % | | | | | | |
| | The percentages in lines 2a, 2b, and 2c should | ild equal 100%. | | | | | | |
| За | Are there endowment funds not in the posse | ssion of the organiza | ation that are held a | nd administered for | the organ | ızatıon | _ | |
| | by: | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | 3a(i) | X |
| | (ii) related organizations | | | | | | 3a(ii) | X |
| b | If "Yes" to 3a(ii), are the related organizations | s listed as required o | n Schedule R? | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | organization's endo | wment funds | | | | | |
| Par | t VI Land, Buildings, and Equipm | ent. See Form 990 | , Part X, line 10 | | | | | |
| | Description of property | (a) Cost or o | ther (b) Cost | or other (c) | Accumulat | ed | (d) Book | value |
| | | basis (investr | nent) basis | (other) de | epreciation | 1 | | |
| 1a | Land | | · - | | | | | |
| b | Buildings | | | | | | | |
| С | Leasehold improvements | | | | | | | |
| d | Equipment | | | | | | | |
| е | Other | | | | | | | |
| Total | Add lines 1a through 1e (Column (d) must e | qual Form 990 Part | Y column (R) line 1 | (0(c)) | | | | Λ. |

Schedule D (Form 990) 2012

| Schedule D (Form 990) 2012 LUBBOCK CHR | ISTIAN SCHOOL | FOUNDATION | 20-0295331 Page 3 |
|--|----------------------------------|-------------------------------|--|
| Part VII Investments - Other Securities. Securities. | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation | on Cost or end-of-year market value |
| (1) Financial derivatives . | | <u>-</u> | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| <u>(F)</u> | | | |
| | | | |
| (H) (l) | | | |
| Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. S | ee Form 990 Part Y line 1 | 3 | |
| (a) Description of investment type | (b) Book value | | on Cost or end-of-year market value |
| (1) | (3) | | |
| (2) | | | |
| (3) | | | |
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| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. See Form 990, Part X, line | 15. | | |
| | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
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| Total. (Column (b) must equal Form 990, Part X, col. (B) lin | | | |
| Part X Other Liabilities. See Form 990, Part X, | | (L) Dealerales | |
| 1. (a) Description of liability | | (b) Book value | |
| (1) Federal income taxes | | | |
| (2) | | | |
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| (5) | | | |
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| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| (11) Total. (Column (b) must equal Form 990, Part X, col. (B) lin | 10.25 1 | | |
| 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the te | | roanization's financial state | ements that reports the organization's |
| E. The 40 (A00 140) Foothold in Part Ain, provide the le | יאי אי יויס יססניוסים נס נוום סו | gameanon o miancial state | |

liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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| | edule D (Form 990) 2012 LUBBOCK CHRISTIAN SCHOOL FO | | | | 0295331 | Page 4 |
|-----------|---|------------|------------------------|-------|------------------|--------------|
| | | IIIS VVII | ii nevellue per n | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | ا م | | | | |
| | Net unrealized gains on investments | 2a | | 1 | | |
| b | | 2b | | | | |
| С. | | 2c | | | | |
| | Other (Describe in Part XIII.) | 2d | | | | |
| _ | Add lines 2a through 2d | | | 2e | | |
| 3 | Subtract line 2e from line 1 | | | 3 | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | | | | |
| а | • | 4a | | | | |
| þ | Other (Describe in Part XIII.) | 4b | | | | |
| C | Add lines 4a and 4b | | | 4c_ | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | | _5_ | | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stateme | ents W | ith Expenses per | Retu | ırn | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | |
| а | Donated services and use of facilities | 2a | | | | |
| b | Prior year adjustments | 2b | | | | |
| С | Other losses | 2c | | | | |
| d | Other (Describe in Part XIII.) | 2d | | | | |
| | Add lines 2a through 2d | | | 2e | | |
| 3 | Subtract line 2e from line 1 | | | 3 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | |
| a | | 4a | | | | |
| | Other (Describe in Part XIII.) | 4b | | 1 | | |
| | Add lines 4a and 4b | | - | 4c | | |
| 5 | | | | 5 | - | _ |
| | rt XIII Supplemental Information | | | | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II | l lines 1: | and 4: Part IV lines 1 | h and | 2h Part V line | 4· Part |
| | | | | | 20,1 art 4, 1110 | 7,1 011 |
| | ne 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to RT V, LINE 4: EARNINGS FROM THE ENDOWMENT | | | | ייים∩סמוז | |
| PA. | RT V, LINE 4: EARNINGS FROM THE ENDOWMENT | FUNI | ARE USED I | 0 5 | OFFORT | |
| | B GGUOOT MUE ENDOUNENM INGLUDEDG ONLY DO | NOD T | a dampidana | TTATT | C | |
| TH. | E SCHOOL. THE ENDOWMENT INCLUDEDS ONLY DOI | NOR-F | KESTRICTED F | חאט | <u> </u> | |
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| | | | 050111717 | | | |
| PA | RT X, LINE 2: THE SCHOOL OPERATES AS A NON | PROFI | LT ORGANIZAT | TON | WHICH | |
| | | | | | F01/a\ | / 2 \ |
| <u>IS</u> | EXEMPT FROM FEDERAL INCOME TAXES UNDER IN | TERNA | AL REVENUE C | ODE | 501(C) | (3). |
| | | | | | | |
| TH | E FOUNDATION ALSO HAS TAX EXEMPT STATUS UN | DER 7 | THE SAME SEC | TIO | <u> </u> | |
| | | | | | | |
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| TH | E MOST SIGNIFICANT TAX POSITION OF THE SCH | OOL] | IS ITS ASSER | TIO | N THAT | LT |
| | | | | Sche | dule D (Form 9 | 990) 2012 |

| Schedule D (Form 990) 2012 LUBBOCK CHRISTIAN SCHOOL FOUNDATION 20-0295331 Page 5 Part XIII Supplemental Information (continued) |
|---|
| IS EXEMPT FROM INCOME TAXES. OTHER SIGNIFICANT TAX POSITIONS INCLUDE ITS |
| DETERMINATION OF WHETHER ANY AMOUNTS ARE SUBJECT TO UNRELATED BUSINESS TAX |
| (UBIT). MANAGEMENT HAS DETERMINED THE SCHOOL HAD NO ACTIVITIES SUBJECT |
| TO UBIT IN THE YEAR ENDED JUNE 30, 2013. ALL SIGNIFICANT TAX POSITIONS |
| HAVE BEEN CONSIDERED BY MANAGEMENT AND IT HAS DETERMINED THAT IT IS MORE |
| LIKELY THAN NOT THAT ALL TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION |
| BY TAXING AUTHORITIES. |
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047 2012

Open to Public Inspection **Employer identification number** 20-0295331 X Yes 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 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed LUBBOCK CHRISTIAN SCHOOL FOUNDATION Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part II

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TO SUPPORT THE SCHOOL AND (h) Purpose of grant or assistance TS ENDEAVORS (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 42, 188, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(c)(3)Enter total number of other organizations listed in the line 1 table 26-4232425 (p) EIN 1 (a) Name and address of organization LUBBOCK CHRISTIAN SCHOOLS or government LUBBOCK, TX 79407 2604 DOVER AVE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

Page 2 Schedule I (Form 990) (2012) (f) Description of non-cash assistance 20-0295331 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 (book, FMV, appraisal, other) 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. PART I, LINE 2: ALL EARNINGS OF THE ENDOWMENT ARE TRANSFERRED (d) Amount of non-cash assistance LUBBOCK CHRISTIAN SCHOOL FOUNDATION (c) Amount of cash grant (b) Number of recipients TO THE SCHOOL TO SUPPORT THE SCHOOL. (a) Type of grant or assistance Schedule I (Form 990) (2012) SCHEDULE I, 232102 12-18-12 Part III

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

LUBBOCK CHRISTIAN SCHOOL FOUNDATION

Employer identification number 20-0295331

| FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 WAS REVIEWED BY |
|---|
| THE TREASURER PRIOR TO FILING. |
| |
| FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY EACH BOARD MEMBER IS |
| REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND SIGN OFF THAT THEY |
| UNDERSTAND IT AND WILL FOLLOW IT. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAKES ITS GOVERNING |
| DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS |
| AVAILABLE FOR PUBLIC INSPECTION. THE DOCUMENTS ARE AVAILABLE FOR |
| INSPECTION AT THE LUBBOCK CHRISTIAN SCHOOL OFFICE LOCATED AT 2604 DOVER |
| AVENUE, LUBBOCK, TX. |
| |
| FORM 990, PART XII, LINE 2C |
| COMMITTEE RESPONSIBLE FOR OVERSIGHT OF AUDIT |
| THE BOARD OF DIRECTORS HAVE ASSIGNED THE LUBBOCK CHRISTIAN SCHOOLS |
| FINANCE COMMITTEE TO BE RESPONSIBLE FOR SELECTING THE INDEPENDENT |
| AUDITOR WHO WILL PERFORM THE AUDIT. THIS PROCESS HAS NOT CHANGED FROM |
| PRIOR YEARS. |
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SCHEDULE R

Department of the Treasury Internal Revenue Service (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990.

2012 Open to Public Inspection OMB No 1545-0047

Employer identification number 20-0295331

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) LUBBOCK CHRISTIAN SCHOOL FOUNDATION Partl

| | (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|------|---|--|---|-----------------------|---------------------------|-------------------------------|
| | | | | | | = |
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| Part | Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) | ions (Complete if the organization ans | wered "Yes" to Form 990, Par | t IV, line 34 because | it had one or more re | lated tax-exempt |

| Section 512(b)(13) controlled entity? | Yes No | × | |
|--|------------|--|--|
| (f) Direct controlling entity | | и/а | |
| P Sta | 501(c)(3)) | LINE 2 N | |
| (d) Exempt Code section | | 501(C)(3) | |
| (c) Legal domicile (state or foreign country) | | TEXAS | |
| (b) Primary activity | | EDUCATION - PRE-KINDERGARTEN THROUGH TWELFTH GRADE, | |
| (a) Name, address, and EIN of related organization | | LUBBOCK CHRISTIAN SCHOOL - 26-4232425 2604 DOVER AVE LUBBOCK, TX 79407 | |

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Schedule R (Form 990) 2012

Page 2 20-0295331

Schedule R (Form 990) 2012 LUBBOCK CHRISTIAN SCHOOL FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related. organizations treated as a partnership during the tax year.) Part III

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicite (state or foreign | (d) Direct controlling entity | Predomini (related, excluded fro | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | Φ | | (h) Disproportionate allocations? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) Stanging Ox managing Ox partne? Ule partne? (55) Yes No | General or Percentage managing ownership partner? | c) intage irship |
|---|-----------------------|--------------------------------------|-------------------------------|---|---|---------------------------------|---|---------------------------------|-----------------------------------|---|---|---|---|
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| Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) | janizations Taxable a | is a Corpo g the tax y | ration or Trust (Co | omplete if th | ne organizatior | n answered | 'Yes" to Forr | n 990, Part | IV, line 34 | because rt ha | d one or r | nore relat | ted |
| (a) Name, address, and EIN of related organization | Zc | Prim | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | | (g) Share of end-of-year assets | (h) Percentage ownership | - | Section 5.12(b)(13) controlled entity? |
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| 232162 12-10-12 | | | | | | | | | | Schec | Schedule R (Form 990) 2012 | ırm 990) | 2012 |

Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36)

| 2012 | ر066 ر | (Forn | Schedule R (Form 990) 2012 | | | 232163 12-10-12 |
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| | | | САЅН | 42,188. | В | (1) LUBBOCK CHRISTIAN SCHOOL |
| | | | | | type (a-s) | יאמווים טי טינופו טושמוויבמוטו |
| | | lved | (d) Method of determining amount involved | (c) Amount involved | (b) Transaction | (a) Name of other organization |
| | | | elationships and transaction thresholds. | this line, including covered r | ho must complete | S Other italister of cash of property from relative organization by the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. |
| ×× | | 15: | | : | | r Other transfer of cash or property to related organization(s) |
| | | | | • | | bases of the control |
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| × | | 10 | | | | |
| × | | 1n | : | | on(s) | III remointance of services of members iip of conditional 350 conditions by reacce organization of Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) |
| × | | Ē | | | nization(s) | Performance of services or membership or findraising solicitations by related organization(s) |
| × | | = | :: | | nization(s) | |
| × | | ¥ | | | | . I asse of facilities an imment or other assets from related organization(s) |
| × | | 1j | | | | i Lease of facilities equipment or other assets to related organization(s) |
| × | | ;= | : | • | | |
| X | | 1h | | • | | Burchase of assets from related organization(s) |
| × | | 1g | | ; | • | |
| × | | 11 | | | | f Dividends from related organization(s) |
| × | | 1 | | | • | e Loans or loan guarantees by related organization(s) |
| 4 | | 2 | : | | | d Loans or loan guarantees to or for related organization(s) |
| × | | 2 | | | | c Gift, grant, or capital contribution from related organization(s) |
| | × | 9 | . : | | | b Gift, grant, or capital contribution to related organization(s) |
| × | | 19 | : | | | a Receipt of (i) interest (ii) annuttes (iii) royalties or (iv) rent from a controlled entity |
| | | | n Parts II-IV? | elated organizations listed i | s with one or more r | 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |
| S. | Yes | | | | | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule |

Page 4

Schedule R (Form 990) 2012 LUBBOCK CHRISTIAN SCHOOL FOUNDATION

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| | under Section 512-514) Yes No | 4) Yes No Income | end-or-year assets | Yes No | Yes No (Form 1065) Yes No | 'es No | ownership |
|---|-------------------------------|------------------|-----------------------|--------|---------------------------|--------|-----------|
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| Scheanle K | (Form 990) 2012 LUBBOCK CHRISTIAN SCHOOL FOUNDATION 20-0295331 Page 5 Supplemental Information |
|------------|---|
| Part VII | |
| | Complete this part to provide additional information for responses to questions on Schedule R (see instructions). |
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232165 12-10-12

Schedule R (Form 990) 2012

FORM 990

REASONABLE CAUSE FOR LATE FILING

STATEMENT

WE RESPECTFULLY REQUEST THAT THE PENALTY ASSOCIATED WITH FILING THE FORM 990 LATE BE ABATED (FORGIVEN). THE SCHOOL'S FINANCIAL STATEMENT AUDIT WAS NOT COMPLETE BEFORE THE EXTENDED DUE DATE OF THE 990. THE SCHOOL MADE THE DECISION THAT IT WAS BETTER TO WAIT AND FILE THE FORM 990 WHEN THE AUDIT WAS COMPLETE, THEN TO FILE A 990 THAT WOULD LIKELY BE INCOMPLETE AND HAVE TO BE AMENDED. THE AUDIT WAS COMPLETE ON NOVEMBER 18, 2014 AND THE 990 WAS FILED ON FEBRUARY 15, 2015.

THE SCHOOL IS A NON-PROFIT ORGANIZATION PROVIDING A QUALITY ENVIRONMENT IN WHICH EACH STUDENT WILL GROW IN WISDOM AND STATURE. THE SCHOOL STRIVES FOR EXCELLENCE PERSONALLY AND PROFESSIONALLY AND HAS A PERSISTENT FOCUS ON IMPROVEMENT. ANY PENALTY ASSESSED THE SCHOOL WOULD ONLY HURT THE SCHOOLS ABILITY TO PROVIDE A QUALITY EDUCATION FOR ITS STUDENTS.

FINALLY, WE REQUEST THE PENALTY BE ABATED BECAUSE PRIOR TO THIS RETURN ALL RETURNS WERE TIMELY FILED, AND IT IS ANTICIPATED ALL FUTURE RETURNS WILL BE TIMELY FILED.