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DLN: 93493068003177

OMB No 1545-0047 **Return of Organization Exempt From Income Tax**

Open to Public

Department of the Treasury
Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Inspection

A F	or the	2015 ca	lendar year, or tax year beginnin	g 10-01-2015 , and ending 09-30-201	.6				
B Ch	eck if a	applicable	C Name of organization LUBBOCK ECONOMIC DEVELOPMENT	ALLIANCE		D Emplo	yer ide	ntification number	
☐ A	ddress	change	LOBBOOK ECONOMIC DEVELOPMENT	ALLANCE		90-0	183669	9	
	ame ch	-	Doing business as						
Ir Fi	itial ret	turn				E Teleph	one num	her	
return	/termır	nated I return	Number and street (or P O box if m 1500 BROADWAY 6TH FLOOR	all is not delivered to street address) Room/su	ite		749-4		
		n pending	City or town, state or province, coun LUBBOCK, TX 79401	try, and ZIP or foreign postal code		G Gross	receipts s	\$ 7,885,401	
			F Name and address of princip	al officer	H(a) I	s this a group	return	for	
			JOHN OSBORNE 1500 BROADWAY 6TH FLOOI LUBBOCK,TX 79401	3	S	ubordinates? No		⊤ Yes √	
Ta	x-exer	mpt status	501(c)(3) √ 501(c) (4) ◄	(insert no) 4947(a)(1) or 527		re all subord ncluded?	ınates	□Yes □ No	
J W	ebsit	e:▶ WW	W LUBBOCKEDA ORG	((see instructions)	
K For	m of or	rganızatıon	✓ Corporation Trust Associa	tion		Group exemptor 20		State of legal domicile TX	
Da	rt T	Sum	mary						
	1 B	riefly des O PROM	cribe the organization's mission OTE ECONOMIC GROWTH BY	or most significant activities CREATING HIGH QUALITY JOBS, IN 5 BUSINESSES AND ENHANCING LU				·	
E LI	_								
Activities & Governance	2 (Check th	is box ▶ ☐ if the organization di	scontinued its operations or disposed	of more th	nan 25% of it	net as	sets	
ঠ	3	Number	of voting members of the governi	ng body (Part VI, line 1a)			з	9	
ties	4	Number	of independent voting members o	f the governing body (Part VI, line 1b)			4	9	
E	5	Total nur	nber of individuals employed in c		5	14			
Ac	6	Total nur	nber of volunteers (estimate if ne	ecessary)			6	10	
	1			rt VIII, column (C), line 12			7a	0	
	ЬN	let unrela	ted business taxable income fro	m Form 990-T, line 34	<u> </u>		7b	(
						Prior Year		Current Year	
Oı.	8		- · · · · · · · · · · · · · · · · · · ·	ne 1h)		8,102,		7,555,839	
Ravenue	9	_	m service revenue (Part VIII, III		73,873				
P. V.	10		·	(A), lines 3, 4, and 7d)				305,779	
	11		revenue (Part VIII, column (A), revenue—add lines 8 through 11			192	23,783		
	12	12)	evenue add inies o tinough 11	(muse equal rate viii, column (A), mi		8,196,	371	7,885,401	
	13	Grants	and sımılar amounts paıd (Part	IX, column (A), lines 1-3)		795,	193	3,191,626	
	14		ts paid to or for members (Part I				0		
S.	15	Saları 5–10)		ee benefits (Part IX, column (A), lines		1,184,	891	1,266,615	
Expenses	16a	,		column (A), line 11e)			0		
e do	ь		ndraising expenses (Part IX, column (D)		`		1		
ā	17			ines 11a-11d, 11f-24e)		2,880,	833	2,011,024	
	18		, , , , , , , , , , , , , , , , , , , ,	st equal Part IX, column (A), line 25)		4,860,		6,469,265	
	19			18 from line 12		3,335,	454	1,416,136	
Net Assets or Fund Balances					Beginn	ing of Current	Year	End of Year	
sset	20	Total	assets (Part X, line 16)			25,180,	148	25,716,521	
A A	21	Total I	iabilities (Part X, line 26)			4,612,	449	3,732,686	
žΞ	22	Netas	sets or fund balances Subtract	line 21 from line 20		20,567,	699	21,983,835	
	rt II		ature Block						
my k	nowle		pelief, it is true, correct, and com	imined this return, including accompan iplete Declaration of preparer (other th					
		****				2017-03-01 Date			
Sign			ature of officer			Date			
Her	E		JOHNSTON CFO/COO or print name and title						
		P	rınt/Type preparer's name		ate	a . F:	PTIN		
Paid	b		IATT R WILLIS	MATT R WILLIS 2	017-03-01	Check ✓ if self-employed	P00419	9741	
	- pare	er ⊢							
	On	1 -	ırm's address ▶ 8215 NASHVILLE AVENU	E		Phone no (800	5) 747-38	306	
			LUBBOCK, TX 79423						
May	the IR	RS discus	s this return with the preparer sh	nown above? (see instructions)				√Yes No	

	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III "	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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, Pait V 🔰	10		No
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 3	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Νo

Νo

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Par	t IV Checklist of Required Schedules (continued)							
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part	22						

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🗦 🕏 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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," 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

Yes

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Yes

Form 990 (2015)

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this				
		effect if seffective of contains a response of flote to any line in this	ruit V I I I I I I	•	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 9			
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
		L ie organization comply with backup withholding rules for reportable payments to	vendors and reportable			
٠		ig (gambling) winnings to prize winners?	·	1c		
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and				
		tatements, filed for the calendar year ending with or within the year covered	2a 14			
L	,	s return		2b	Yes	
U		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			103	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	g the year?	3a		No
b	If "Ye	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i> c	on ın Schedule O	3b		
4a	Atany	y time during the calendar year, did the organization have an interest in, or a si	gnature or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	count, or other financial	4a		
	accou	int)?		-TG		No
Ь		s," enter the name of the foreign country				
	(FBAF	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	cand Financial Accounts			
5a	•	' he organization a party to a prohibited tax shelter transaction at any time durin	ng the tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t		5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?		20		
٠	11 16	s, to line 3a of 3b, did the organization mer of microsoft		5c		
6a		the organization have annual gross receipts that are normally greater than \$10		6a		No
_	_	ization solicit any contributions that were not tax deductible as charitable cont				
D		s," did the organization include with every solicitation an express statement th not tax deductible?	iat such contributions or gifts	6b		
7	Organ	izations that may receive deductible contributions under section 170(c).				
а		e organization receive a payment in excess of \$75 made partly as a contributi		7a		
		es provided to the payor?		71		
		s," did the organization notify the donor of the value of the goods or services pi ie organization sell, exchange, or otherwise dispose of tangible personal proper		7b		
·		rm 8282?	ty for willer it was required to	7 c		
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d			
e	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	ersonal benefit contract?			
				7e		
		e organization, during the year, pay premiums, directly or indirectly, on a perso		7 f		
g	If the requir	organization received a contribution of qualified intellectual property, did the o	rganization file Form 8899 as	7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, did the organization file a	- 3		
		1098-C?		7h		
8	•	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus	cinese holdings at any time			
		the year?	· · · · · · ·	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966	>	9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or rela		9b		
10		on 501(c)(7) organizations. Enter	red person			
		tion fees and capital contributions included on Part VIII, line 12	10a			
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b			
	facılıt		'		'	
		on 501(c)(12) organizations. Enter	اید			
		Income from members or shareholders	11a			
D		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b			
12a	Section	ت o n 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	in lieu of Form 10412	12a		
		s," enter the amount of tax-exempt interest received or accrued during the		-20		
-	year	, and a second during the	12b			
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the	organization licensed to issue qualified health plans in more than one state? N	ote. See the instructions for			
		onal information the organization must report on Schedule O	1	13a		
b		the amount of reserves the organization is required to maintain by the states	13b			
r		ch the organization is licensed to issue qualified health plans				
		the amount of reserves of fland	13c	14a		l No
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	,	14a		110
		, I I i i i i i i i i i i i i i i				

orm 990 (2	2015)		Page 6
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10 describe the circumstances, processes, or changes in Schedule O. See instructions.	Ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI		🔽
Section	A. Governing Body and Management		
		Yes	No
4	the number of value manning of the naverna hadron the and of the territory		

<u> 5e</u>	ction 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	9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?	er to	elect or appoint one or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?		members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ction B. Policies (This Section B requests information about policies not	requ	red by the Internal F	Revent	ie Cod	e.)
					Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10 a		Νo
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization			10 b		
1a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	s gov	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	90			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13 $$.			12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?	ly inte	rests that could give	12 b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? <i>If "Yes," describe</i> • • •	12 c	Yes	
3	Did the organization have a written whistleblower policy?			13	Yes	
4	Did the organization have a written document retention and destruction policy? $\ \ .$			14	Yes	
5	Did the process for determining compensation of the following persons include a revi independent persons, comparability data, and contemporaneous substantiation of th					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization $\ldots \ldots \ldots \ldots$			15 b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	orsım	ılar arrangement with a	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organic participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	estep	s to safeguard the	16b		
Se	ction C. Disclosure					
7	List the States with which a copy of this Form 990 is required to be filed▶					
8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable					
	(3)s only) available for public inspection. Indicate how you made these available. Ch	ieck a	ui inar apply			

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ Own website ☐ Another's website. ☐ Upon request. ☐ Other (explain in Schedule O).

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ►JANA JOHNSTON 1500 BROADWAY 6TH FLOOR LUBBOCK, TX 79401 (806) 749-4500

Part VII

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

	hours per week (list any hours for related	more pers	than on is	one bot rect	bo: h ar or/ti	chec x, unle n offic rustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) TIM COLLINS	2 00									
CHAIRMAN	2 00	×		X				0	0	Į į
(2) BARRY ORR	1 00									
DIRECTOR	1 00	×		X				0	0	(
(3) REGINA JOHNSTON	1 00									
DIRECTOR	1 00	×						0	0	I
(4) SUZANN KIRBY	1 00									
DIRECTOR 9/1/16-9/30/16	1 00	×						0	0	1
(5) LANCE NAIL	1 00									
DIRECTOR	1 00	X						0	0	ı
(6) JIM GILBREATH	1 00									
DIRECTOR	1 00	×						0	0	(
(7) MATTHEW BUMSTEAD DIRECTOR 9/1/16-9/30/16	1 00	x						0	0	ſ
(8) CALVIN DAVIS	1 00									
DIRECTOR	1 00	×						0	0	(
(9) MARK GRIFFIN	1 00									
DIRECTOR	1 00	×						0	0	
(10) DAVID SHARBUTT	1 00									
DIRECTOR 10/1/15-8/31/16	1 00	×						0	0	(
(11) LES EUBANK	1 00									
DIRECTOR 10/1/15-8/31/16	1.00	×						0	0	t
(12) JOHN OSBORNE	1 00 20 00									
CEO	20 00			×				301,373	0	38,139
(13) JANA JOHNSTON	20 00			,				454.065		
CFO	20 00			×				151,300	0	24,34
(14) KENNY MCKAY	20 00									
VICE PRESIDENT	20 00			X				177,485	0	16,70

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

(A)	(B)			//				(D)	(5)	Τ,		
Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensatior from related organizations (W- 2/1099- MISC)	Esti a mo ot compe fror	(F) Estimated amount of other compensation from the organization	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	МІЗС	MISC	and	related related relations	
(15) TONYA CHRISTINE ALLEN DIRECTOR OF WORKFORCE DEV	20 00					х		106,365		0	15,136	
(16) HOLLY RUSSELL DIRECTOR OF MARKETING	20 00 20 00					х		107,960		0	12,953	
1b Sub-Total				<u>▶</u>								
c Total from continuation sheets to Part VI	I, Section A .			•				44.402			107.277	
d Total (add lines 1b and 1c)	not limited to tho	se list	ed a	▶ bove	e) w	ho red		ed more than	0		107,277	
\$100,000 of reportable compensation fron	n the organization	n ▶ 5										
										Yes	No	

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	•	1 00	
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

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

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

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

Form 99								Page 9
Part V	/++1	Statement o						_
		Check if Schedu	ule O contains a respon	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated camp	paigns 1a					
Grants Amounts	ь	Membership du	es 1b					
ons, Gifts, Grants Similar Amounts	c	Fundraising eve	ents 1 c					
iffs ar A	d	Related organiz	ations 1d	1,890,996				
°, G ≡ :	e	Government grants	(contributions) 1e	5,664,843				
ion Si Si	f		ons, gifts, grants, and 1f					<u> </u>
Contributions, Gifts, and Other Similar A	g	similar amounts no	ot included above					
a di di	-	1a-1f \$			7.555.000			
Cont	h	Total. Add lines	s 1a-1f		7,555,839			
Ŧ			-	Business Code				
V-S-n	2a b							
ıΣ ČŽ	C							
ř Š	d							
<i>3</i> 5	e							
Program Service Revenue	f	All other progra	ım service revenue					
Æ	g	Total. Add lines	L 32a-2f	▶				
	3	Investment inc	ome (including dividend	ls, interest,	100,042			100,042
	4		ar amounts) tment of tax-exempt bond p	F	100,012			100,012
	5			▶				
			(ı) Real	(II) Personal				
	6a	Gross rents	23,783					
	ь	Less rental expenses	0					
	С	Rental income or (loss)	23,783					
	d		me or (loss)	•	23,783			23,783
	7a	Gross amount	(ı) Securities	(II) O ther				
	74	from sales of assets other than inventory		205,737				
	ь	Less cost or other basis and		0				
	_c	sales expenses Gain or (loss)		205,737				
	d		s)	· · ·	205,737			205,737
Other Revenue	8a	Gross Income fi events (not Incl \$	luding reported on line 1c)					
herl			a					
5	C	· ·	penses b loss) from fundraising e	vents •				
			rom gaming activities	,				
	Ь	Less direct exi	penses b					
	I		loss) from gaming activ	ities				
	10a	Gross sales of i	inventory, less	•				
		returns and allo	-					
	Ь	Less cost of go	a oods sold b					
	С	_	loss) from sales of inve	ntory ►				
		Miscellaneous	Revenue	Business Code				
	11a							
	b							
	d	All other revenu	ıe .					
	e e	Total. Add lines	L	▶				
	12		See Instructions					
					7,885,401	0	0	329,562

Part IX Statement of Functional Expenses

Section	501(c)(3)) and $501(c)(4)$ o	rganizations must cou	mnlete all columns	All other organizations	must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX															
Check is Schedule of Contains a response of note to any fine in this Fatt 1x	•	•	•	•	•	•	•	•	•	•	•	•	•	•	

<u></u>								
	ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21	3,191,626	3,191,626					
2	Grants and other assistance to domestic individuals See Part IV, line 22							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	709,346	532,010	177,336				
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	337,015	252,761	84,254				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	59,373	44,530	14,843				
9	Other employee benefits	80,756	60,567	20,189				
10	Payroll taxes							
		80,125	60,094	20,031				
11	Fees for services (non-employees)							
a	Management							
b	Legal	65,484	49,113	16,371				
c	Accounting	32,846	24,635	8,211				
d	Lobbying							
e	Professional fundraising services See Part IV, line 17							
f	Investment management fees							
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,977	10,483	3,494				
12	Advertising and promotion	259,060	259,060					
13	Office expenses	35,027	26,270	8,757				
14	Information technology	37,268	27,951	9,317				
15	Royalties	121.010	101 727	22.002				
16	Occupancy	134,819	101,727	33,092				
17 18	Payments of travel or entertainment expenses for any federal,	169,364	155,728	13,636				
19	state, or local public officials	51,205	44,408	6,797				
20	Interest	31,203	44,400	0,757				
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	138,846	138,846					
23	Insurance	11,595	8,696	2,899				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		7,222	2,111				
а	INFRASTRUCTURE COSTS	674,392	674,392					
b	BUSINESS PARK MAINT	246,280	246,280					
c	MEMBERSHIP DUES	140,015	105,011	35,004				
d	MISCELLANEOUS	846	635	211				
e	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	6,469,265	6,014,823	454,442	0			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				orm 900 (2015)			

Check if Schedule C contains a response of sole to any line in this Part X \$\ \text{(8)} emaps of year End of year	Par	t X	Balance Sheet								
1 Cash-non-interact-bearing 1 1 1 1 1 1 1 1 1			Check if Schedule O contains a response or note to any lii	ne in thi	s Part X			· · · · ·			
2 Savings and temporary cash investments						` '					
3 Pledges and grants receivable, net 1.880.884 4 1.384.473		1	Cash-non-interest-bearing				1				
1		2	Savings and temporary cash investments			14,992,772	2	14,058,369			
Solution Solution		3	Pledges and grants receivable, net				3				
Second Schedule		4	Accounts receivable, net			1,880,894	4	1,364,473			
Section Sec		5	key employees, and highest compensated employees C	ompĺete	e Part II of		5				
8 Inventories for sale or use 8 3,087,865 10a	ets	6	section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see inst	(c)(3)(B section	3), and 501(c)(9)		6				
8 Inventories for sale or use 8 3,087,865 10a	\$8	,	Notes and leans recoverble not								
9	Ø							3 087 665			
10a								3,007,003			
Complete Part VI of Schedule D 10a 7,567,726 11 1 1 1 1 1 1 1 1		_		 I I			9				
11		10a		10a							
12 Investments other securities See Part IV, line 11 13 13 17 14 17 18 19 19 19 19 19 19 19		b	Less accumulated depreciation	10b	351,115	8,306,482	10 c	7,206,014			
13 Investments—program-related See Part IV, line 11 13 14 15 15 16 15 15 15 15 16 15 16 16		11	Investments—publicly traded securities				11				
14		12	Investments—other securities See Part IV, line 11 .				12				
15		13	Investments—program-related See Part IV, line 11 .	nvestments—program-related See Part IV, line 11							
16		14	-	-							
17		15			15	_					
18 Grants payable		16	Total assets. Add lines 1 through 15 (must equal line 34)		25,180,148	16	25,716,521			
Deferred revenue		17	Accounts payable and accrued expenses			90,168	17	226,814			
20 Tax-exempt bond liabilities		18	Grants payable			4,522,281	18	3,505,872			
21 Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue				19				
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20	Tax-exempt bond liabilities				20				
23 Secured mortgages and notes payable to unrelated third parties 23		21	Escrow or custodial account liability Complete Part IV	of Sche	dule D		21				
23 Secured mortgages and notes payable to unrelated third parties 23	lities	22									
23 Secured mortgages and notes payable to unrelated third parties 23	<u>.</u>		persons Complete Part II of Schedule L				22				
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities.Add lines 17 through 25	Ë	23	Secured mortgages and notes payable to unrelated third	parties			23				
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third pa	irties			24				
Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to relate	ed third parties,						
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets					• • •	1040 110		0.700.000			
Section of the sect		26				4,612,449	26	3,732,686			
Ye30Capital stock or trust principal, or current funds030031Paid-in or capital surplus, or land, building or equipment fund031032Retained earnings, endowment, accumulated income, or other funds20,567,6993221,983,83533Total net assets or fund balances20,567,6993321,983,835	ses			ere 🕨 🏻	and complete						
Ye30Capital stock or trust principal, or current funds030031Paid-in or capital surplus, or land, building or equipment fund031032Retained earnings, endowment, accumulated income, or other funds20,567,6993221,983,83533Total net assets or fund balances20,567,6993321,983,835	lan	27	Unrestricted net assets				27				
Ye30Capital stock or trust principal, or current funds030031Paid-in or capital surplus, or land, building or equipment fund031032Retained earnings, endowment, accumulated income, or other funds20,567,6993221,983,83533Total net assets or fund balances20,567,6993321,983,835	ထိ	28	Temporarily restricted net assets				28				
Ye30Capital stock or trust principal, or current funds030031Paid-in or capital surplus, or land, building or equipment fund031032Retained earnings, endowment, accumulated income, or other funds20,567,6993221,983,83533Total net assets or fund balances20,567,6993321,983,835	pu .	29	Permanently restricted net assets				29				
Ye30Capital stock or trust principal, or current funds030031Paid-in or capital surplus, or land, building or equipment fund031032Retained earnings, endowment, accumulated income, or other funds20,567,6993221,983,83533Total net assets or fund balances20,567,6993321,983,835	or Fu		-	heck he	re ▶ 🔽 and						
	ts .	30	-			0	30	0			
	sse		· · · · · · · · · · · · · · · · · · ·	fund							
	Ă					20,567,699		21,983,835			
	Zet Vet		- · · · · · · · · · · · · · · · · · · ·								
	_										

1

Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI

Revenue less expenses Subtract line 2 from line 1 . .

Net unrealized gains (losses) on investments .

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Donated services and use of facilities .

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Total revenue (must equal Part VIII, column (A), line 12)							
Total expenses (must equal Part IX, column (A), line 25)							

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

1 7,885,401 2

3

4

5

6

7

8

10

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

6,469,265 1,416,136 20,567,699

Cash Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

7	Investment expenses	
′	Threstment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	
ar	XII Financial Statements and Reporting	
	Check if Schedule O contains a response or note to any line in this Part XII	

21,983,833 		
		1
	21,9	83,83
Yes No	 	. 🔽
	Yes	
	l	l

Νo

Nο

Form 990 (2015)

2a

2b

2c

3a

3b

Yes

Yes

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DLN: 93493068003177

SCHEDULE D

(Form 990)

Department of the

Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

	nal Revenue Service		F	
	nme of the organization BBOCK ECONOMIC DEVELOPMENT ALLIANCE		Emp	oloyer identification number
D.	art I Organizations Maintaining Donor	Advised Funds or Other Simila		0183669
	Complete if the organization answere			or Accounts.
	<u>-</u>	(a) Donor advised funds	(b)Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t			ısed Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?			
Pa	rt II Conservation Easements. Comple	ete if the organization answered "Ye	s" on For	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organızatıon (check all that apply)		
	Preservation of land for public use (e g , recre		-f b b -	rically important land area
	education) Protection of natural habitat	•		ed historic structure
	Preservation of open space	Treservation	or a certific	ed matoric atructure
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution	n in the forr	n of a conservation
_	easement on the last day of the tax year			
	Tabal assessment and a second			Held at the End of the Year
a b	Total number of conservation easements Total acreage restricted by conservation easeme	nte	2a 2b	
C	Number of conservation easements on a certified		20 2c	
d	Number of conservation easements included in (chistoric structure listed in the National Register	, ,	2d	
3	Number of conservation easements modified, trai	nsferred, released, extinguished, or term	ınated by tl	ne organization during the
	tax year ▶			
4	Number of states where property subject to cons	ervation easement is located ►		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		handling of	f □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and en	forcing con	servation easements during the
	-			
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforci	ng conserv	ation easements during the year
8	Does each conservation easement reported on lin	ne 2(d) above satisfy the requirements o	f section 1	` '
9	(B)(I) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text			•
	the organization's accounting for conservation ea	5	neiai statei	nemes that describes
Pa	rt III Organizations Maintaining Collect Complete if the organization answere			her Similar Assets.
1 a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar	FAS 116 (ASC 958), not to report in its a assets held for public exhibition, educat	revenue sta ion, or rese	earch in furtherance of public
b	service, provide, in Part XIII, the text of the footi	FAS 116 (ASC 958), to report in its reve	nue statem	nent and balance sheet
	works of art, historical treasures, or other similar service, provide the following amounts relating to	these items	·	·
	(i) Revenue included on Form 990, Part VIII, line 1	l .		
(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, he following amounts required to be reported under S			ncial gain, provide the

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, Hi	storio	cal T	reas	ures, or	Oth	er Similar	Ass	ets
3		g the organization's acquisition, acception items (check all that apply)	ession, and other rec	ords,c	heck a	ny of	the fo	llowing tha	t are	a significant	use o	fits
а		Public exhibition		d	Г	Loai	n or e	xchange pro	ogra	ms		
b	Γ	Scholarly research		e	Γ	Oth	er					
c		Preservation for future generations										
4	Provi Part)	de a description of the organization's KIII	s collections and exp	laın ho	w they	furth (er the	organizatio	on's	exempt purpo	se in	
5		g the year, did the organization solic s to be sold to raise funds rather the									es (☐ No
Pa	rt IV		ngements.									<u>'</u>
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interr	mediar	y for co	ontrib	utions	or other as	sset	s not	es/	☐ No
b	If'	'Yes," explain the arrangement in Pa	art XIII and complete	the fo	llowing	a tahli	e		Γ	Δ	mour	 nt
c		ginning balance	are XIII and complete	. the lo	ono wing	g tabi		1	ıc			
d		ditions during the year						—	.d			
e		stributions during the year						<u> </u>	.e			
f		ding balance						<u> </u>	lf .			
2a		unig balance ne organization include an amount oi	n Form 990, Part X, I	ıne 21,	, for es	crow	orcus			liability?	es e	No
b	If"Ye	es," explain the arrangement in Part	XIII Check here if t	he exn	lanatio	on has	been	provided in	n Pai	· XIII		
Pa	rt V	Endowment Funds. Comple										
		·	(a)Current year		'nor yea			wo years back)Three years bac		Pour years back
1a	Begii	nning of year balance										
b	C ont	ributions										
С	Net i losse	nvestment earnings, gains, and es										
d	Gran	ts or scholarships										
e		r expenditures for facilities programs										
f	A dm	inistrative expenses										
g	End	of year balance										
2		· · · · · · · de the estimated percentage of the o	Lurrent year end hala	nce (li	ne 1a	colun	nn (a)) held as				
		I designated or quasi-endowment	earrency car ena baia	1100 (11	ne ig,	Colui	(u)	, nera as				
a		,										
b		anent endowment ▶										
С		orarily restricted endowment > percentages on lines 2a, 2b, and 2c	should equal 100%									
3а		here endowment funds not in the pos iization by	session of the organ	ızatıon	that a	re hel	ld and	administer	ed f	or the		Yes No
	(i) ur	related organizations									3a(i)	
		elated organizations									3a(ii)	<u> </u>
b		es" on 3a(II), are the related organiza					? .		•	[3b	
4		ribe in Part XIII the intended uses o		endown	nent fu	inds						
Pa	rt VI	Land, Buildings, and Equip Complete if the organization a		orm o	990. P	art I	V. lın	e 11a.See	· Fo	rm 990. Part	. X. lı	ne 10.
		Description of property			ost or o	a)	asıs C	(b) Cost or other b		Accumulate (c)depreciation	ed	(d)Book value
1 a	Land					·						
b	Buildin	ıgs						5,090	,349	126	,461	4,963,888
		nold improvements		. \vdash				12	,022	10	,146	1,876
d	Equipn	nent						234	,302	214	,508	19,794

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

2,220,456

7,206,014

2,220,456

(1) Financia	See Form 990, Part X, line 12.			
(1)Financia	(a) Description of security or categor (including name of security)	ory	(b) Book value	(c)Method of valuation Cost or end-of-year market valu
	al derivatives			Cost of end of year market valu
(2) Closely (3) Other	-held equity interests			
(3)0 thei				
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 12)	. •		
Part VIII	Investments—Program Related			
	Complete if the organization answer (a) Description of investment	ed 'Yes' on Form 9	90, Part IV, line 11c. _{Se}	ee Form 990, Part X, line 13. (c) Method of valuation
	(a) Description of investment		(b) Book Value	Cost or end-of-year market value
Total. (Colur	mn (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	·		on Form 990, Part IV, line	
	(a) De	scription		(b) Book value
	40			
	umn (b) must equal Form 990, Part X, col (B) lii Other Liabilities. Complete if the o		red 'Yes' on Form 990,	
	See Form 990, Part X, line 25.			<u> </u>
1.	(a) Description of liability	(b) Book val	ue	
Federal inc	ome taxes			
	mn (b) must equal Form 990, Part X, col (B) line 25) for uncertain tax positions In Part XIII, pro	•		

Schedule D (Form 990) 2015

1 2 7,885,401

а	Net unrealized gains (losses)	on investments		2a		
b	Donated services and use of	facılıtıes	. [2b		
c	Recoveries of prior year gran	cs	. [2c		
d	Other (Describe in Part XIII)	[2d		
e	Add lines 2a through 2d .				2e	0
3	Subtract line 2e from line 1 .				3	7,885,401
4	A mounts included on Form 99	90, Part VIII, line 12, but not on line 1				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	.	4a		
b	Other (Describe in Part XIII)	. [4b		
c	Add lines 4a and 4b				4c	0
5	Total revenue Add lines 3 an	d 4c. (This must equal Form 990, Part I,	line 1	2)	5	7,885,401
Part		xpenses per Audited Financial		•	es per Ret	urn.
	-	nization answered 'Yes' on Form 99			1 1	
1	·	er audited financial statements			1	6,469,265
2		ut not on Form 990, Part IX, line 25		1		
а	Donated services and use of	acılıtıes	.	2a	4	
b	Prior year adjustments		L	2b		
c	Otherlosses		.	2c	_	
d	Other (Describe in Part XIII)	· - L	2d		
e	Add lines 2a through 2d				2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	6,469,265
4	A mounts included on Form 99	00, Part IX, line 25, but not on line 1:				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b		4a		
b	Other (Describe in Part XIII)	[4b		
c	Add lines 4a and 4b				4c	0
5	Total expenses Add lines 3 a	and 4c. (This must equal Form 990, Part	I, line	18)	5	6,469,265
					<u>'</u>	
Par	Supplemental In	formation				
		r Part II, lines 3, 5, and 9, Part III, lines				
	V, line 4, Part X, line 2, Part XI mation	, lines 2d and 4b, and Part XII, lines 2d	d and 4	b Also complete this part	to provide an	y additional
111101						
	Return Reference	Explanation	on			
PART	X, LINE 2	LEDA IS A NONPROFIT CORPORAT SECTION 501(C)(4) OF THE INTERN ACCORDINGLY, THERE IS NO PROV ACCOMPANYING BFS THE FINANC	NALR VISIO SIALS	EVENUE CODE (IRC) OF N FOR FEDERAL INCOME TATEMENT EFFECTS OF	1986, AS AM TAXES IN T A TAX POSI	ENDED HE FION TAKEN OR
		EXPECTED TO BE TAKEN ARE RECC MORE LIKELY THAN NOT, BASED O SUSTAINED UPON EXAMINATION ANALYZED ITS TAX POSITIONS AN	N THI AS O	E TECHNICAL MERITS TH F SEPTEMBER 30, 2016 N	IAT THE POS 1ANAGEMEN	ITION WILL BE T HAS

1 - 1

BE SUSTAINED UPON EXAMINATION LEDA'S TAX RETURNS GENERALLY REMAIN OPEN FOR FEDERAL INCOME TAX EXAMINATION FOR THREE YEARS FROM THE DATE OF FILING

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Schedule D (Form 990) 2015	Page 5	
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493068003177 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number LUBBOCK ECONOMIC DEVELOPMENT ALLIANCE 90-0183669 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

Part IV Supplement	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Explanation								
PART I, LINE 2	LEDA MAKES GRANTS TO VARIOUS ENTITIES FOR THE PURPOSE OF PROMOTING ECONOMIC GROWTH BY CREATING HIGH QUALITY JOBS,								

ATTRACTING NEW CAPITAL INVESTMENTS, RETAINING AND EXPANDING EXISTING BUSINESSES AND IMPROVING LUBBOCK'S QUALITY OF LIFE THE GRANT MONEY IS NOT PAID TO THE ENTITY UNTIL THE JOBS HAVE BEEN CREATED OR CAPITAL INVESTMENTS HAVE BEEN COMPLETED AND PUT INTO SERVICE INDEPENDENT AUDITORS ARE USED TO CONFIRM MILESTONES ARE MET BEFORE FUNDS ARE PAID Schedule I (Form 990) 2015

Additional Data

Software ID: Software Version:

EIN: 90-0183669

Name: LUBBOCK ECONOMIC DEVELOPMENT ALLIANCE

Form 990,Schedule I, Par	t II, Grants and	Other Assistance	e to Domestic Orga	anizations and D	omestic Governme	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OSTEOOGENICS BIOMEDICAL INC 4620 71ST STREET BUILDING 78-79 LUBBOCK,TX 79424	75-2690032	N/A	8,400				ECONOMIC DEVELOPMENT
TYLER TECHNOLOGIES INC 5808 4TH STREET LUBBOCK,TX 79416	75-2303920	N/A	29,500				ECONOMIC DEVELOPMENT
HPHG LLC 4401 82ND STREET SUITE 1200 LUBBOCK,TX 79424	26-1569907	N/A	27,700				ECONOMIC DEVELOPMENT

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) **B&JWELDING SUPPLY** 75-2628712 N/A 12,800 ECONOMIC DEVELOPMENT PO BOX 1034 LAMESA.TX 79331 OMIC LOPMENT

ARMTECH INSURANCE SERVICES INC 5102 29TH DRIVE SUITE B LUBBOCK,TX 794072612	75-2838797	N/A	16,800		ECONOMIC DEVELOPMEN
AMERIGROUP TEXAS INC	75-2603231	N/A	19,000		ECONOMIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3223 S LOOP 280 SUITE

LUBBOCK, TX 79423

110

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) ELLIOT ELECTRIC SUPPLY N/A 11,800 ECONOMIC 75-1423734 INC DEVELOPMENT DO DOV 630610

5,600

ECONOMIC

DEVELOPMENT

NACOGDOCHES,TX 75963					
COPY CRAFT PRINTERS INC 6024 45TH STREET LUBBOCK TX 79407	75-2373937	N/A	14,500		ECONOMIC DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

N/A

59-2800509

LUMMUS CORPORATION

POOLER, GA 313220929

PO BOX 929

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) N/A 10,300 INFECTION CONTROLS INC. 20-4467134 ECONOMIC 2541 74TH STREET DEVELOPMENT LUBBOCK.TX 79423 N/A 43,300 ECONOMIC OZARK AUTOMOTIVE 44-0618012 DISTRIBUTERS INC. DEVELOPMENT 223 S PATTERSON

ECONOMIC

DEVELOPMENT

42,429

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

N/A

SPRINGFIELD, MO 65803

FRANCHISE CORPORATION

86-0708520

BAHAMA BUCKS

5741 50TH STREET LUBBOCK,TX 79424

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance X-FAB TEXAS 75-2798998 N/A 7,500 ECONOMIC 2301 N UNIVERSITY DEVELOPMENT LURBOCK TX 79415 MIC

LODDOCK, TX 73413					
SUNGOLD FOODS INC (RED RIVER COMMODITIES) 901 E 66TH STREET LUBBOCK,TX 79404	57-1154666	N/A	39,700		ECONOMIC DEVELOPMENT

10,600

ECONOMIC

DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

N/A

SHEARER'S FOODS INC

3203 AVENUE B

LUBBOCK, TX 79404

20-8250960

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance TYCO FIRE PRODUCTS 23-1940157 N/A 35,400 ECONOMIC 8902 N INTERSTATE 27 DEVELOPMENT LUBBOCK.TX 79403 MIC OPMENT

ELECTRACOM SUPPLY 4910 FRANKFORD AVENUE LUBBOCK,TX 79424	20-2907282	N/A	5,400		ECONOMIC DEVELOPMEN
CHROMATIN INC	36-4424178	N/A	11,200		ECONOMIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

10 SOUTH LASALLE

STREET STE 2100 CHICAGO, IL 60603

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) SOUTH PLAINS COLLEGE 75-6004667 N/A 1.900.000 ECONOMIC 1401 COLLEGE AVENUE DEVELOPMENT BOX 5 OMIC OPMENT

LEVELLAND,TX 79336					
MONSANTO COMPANY 800 N LINDBERGH BOULEVARD ST LOUIS,MO 63167	38-3186048	N/A	635,000		ECONOMIC DEVELOPMEN
LUBBOCK INDEPENDENT	75-6001989	N/A	14,341		ECONOMIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SCHOOL DISTRICT

1628 19TH STREET LUBBOCK,TX 79401

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant other) or aovernment assistance SHALLOWATER 75-6004650 N/A 32,159 ECONOMIC INDEPENDENT SCHOOL DEVELOPMENT DISTRICT 1100 AVENUE K OMIC

SHALLOWATER,TX 79363					
LUBBOCK COOPER ISD 16302 LOOP 493 LUBBOCK,TX 79423	75-1360736	N/A	21,177		ECONOMIC DEVELOPMENT
FRENSHIP INDEPENDENT	75-1363904	N/A	18,400		ECONOMIC

FRENSHIP INDEPENDENT 75-1363904 N/A 18,400 SCHOOL DISTRICT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BOX 100

WOLFFORTH, TX 79382

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) SLATON INDEPENDENT 75-6002454 N/A 2,158 **ECONOMIC** LOPMENT

SCHOOL DISTRICT 105 N 20TH STREET SLATON,TX 79364					DEVELOPMENT
LUBBOCK ANGEL NETWORK	75-6002622	N/A	10,000		ECONOMIC DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BOX 24007

LUBBOCK, TX 79409

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Schedule J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

DLN: 93493068003177 OMB No 1545-0047

2015

reas		n 990) and its instructions is at <u>www.irs.gov</u> ,			ectio	
Νa	me of the organization		Emp	oloyer identificatio	n nur	nber	
LUB	BOCK ECONOMIC DEVELOPMENT ALLIANCE		90-	0183669			
Pa	rt I Questions Regarding Compensation		·				
				_		Yes	No
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	Γ	Housing allowance or residence for per	sonal use			ļ
	Travel for companions	Γ	Payments for business use of personal	residence			ļ
	Tax idemnification and gross-up payments	✓	Health or social club dues or initiation	fees			ļ
	Discretionary spending account	Г	Personal services (e g , maid, chauffeu	r, chef)		İ	
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses desc		, , , , , ,	I	1b	Yes	
2	Did the organization require substantiation prior to rein						
	directors, trustees, officers, including the CEO/Executi	ive D	rector, regarding the items checked in li	ne 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that used by a related organization to establish compensati	apply	Do not check any boxes for methods				
	✓ Compensation committee	~	Written employment contract				
	Independent compensation consultant	~	Compensation survey or study				
	▼ Form 990 of other organizations	~	Approval by the board or compensation	n committee			
4	During the year, did any person listed on Form 990, Pa or a related organization	rt VI	, Section A , line 1a with respect to the f	iling organization			
а	Receive a severance payment or change-of-control pay	ymen	t?		4a		Νo
b	Participate in, or receive payment from, a supplementa	Inon	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-base	ed cor	npensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	de th	e applicable amounts for each item in Pa	rt III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ns mu	st complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, list compensation contingent on the revenues of		•				
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III						
5	For persons listed on Form 990, Part VII, Section A, list compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue any				
а	The organization?				6 a		Νo
b	Any related organization?			[6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," des			xed	7		No
В	Were any amounts reported on Form 990, Part VII, pail subject to the initial contract exception described in Rein Part III		•	" describe	8		No
9	If "Yes" on line 8, did the organization also follow the re	ebutt	able presumption procedure described in	Regulations			<u> </u>

section 53 4958-6(c)?

Schedule J (Form 990) 2015

Page 2

3 KENNY MCKAY

VICE PRESIDENT

(ii)

(ii)

118,805

49,680

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and		(E) Total of columns		
		Base (ii) (i) compensation Compensation		(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 JOHN OSBORNECEO	(i)	216,180	70,793	14,400	13,100	25,039	339,512	0	
	(ii)	0	0	0	0	0	0	0	

8,440

8,265

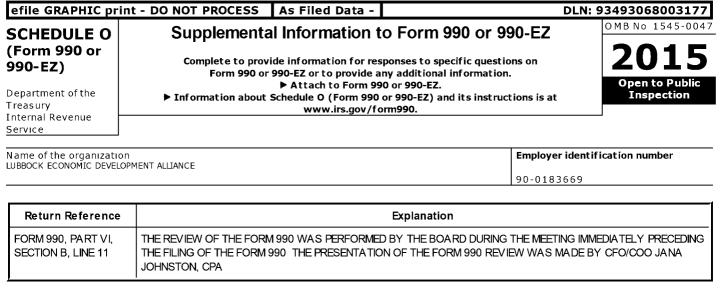
194,190

2 IANA IOHNSTONCEO 119,923 31,377 8,035 16,309 175,644 (i)

9,000

Return Reference	Explanation				
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information					
Part IIII Supplemental Inform	nation				
Schedule J (Form 990) 2015	Page 3				

Schedule J (Form 990) 2015



Return Reference	Explanation
FORM 990.	THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO THE BOARD OF DIRECTORS AT THE FIRST MEETING OF THE YEAR
PART VI.	IT HAS A SIGNATURE LINE ON THE BOTTOM OF THE FORM FOR THE DIRECTOR TO SIGN AND DATE INDICATING THAT THEY
SECTION B,	HAVE READ AND AGREE TO THE POLICY AS A PART OF THE PROCEDURE THERE IS AN ACCOMPANYING CONFLICT OF
LINE 12C	INTEREST QUESTIONNAIRE ON WHICH THE BOARD MEMBERS LIST ANY POTENTIAL CONFLICTS BOTH DOCUMENTS ARE
	COLLECTED AND MAINTAINED BY THE CFO OF LEDA AND ARE UPDATED EACH YEAR FINALLY, THE POLICY PROVIDES
	THAT A BOARD MEMBER MAY NOTIFY THE CHAIRMAN OF THE BOARD WHEN HE/SHE BECOMES AWARE OF A POTENTIAL
	CONFLICT DURING THE COURSE OF THE YEAR

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	OFFICER AND KEY EMPLOYEE SALARIES ARE REVIEWED ANNUALLY AND RECOMMENDATIONS ARE MADE BY THE AUDIT AND COMPLIANCE COMMITTEE AND MANAGEMENT TO ADJUST COMPENSATION LEVELS BASED ON COMPENSATION SURVEYS, INFLATION AND MERIT THE COMPENSATION SURVEY USED IN DETERMINING RECOMMENDED SALARY ADJUSTMENTS IS BASED ON INDUSTRY DATA REFLECTED IN THE ANNUAL INTERNATIONAL ECONOMIC DEVELOPMENT COUNCIL (IEDC) SALARY SURVEY OF ECONOMIC DEVELOPMENT PROFESSIONALS WHICH IS PUBLISHED BY THE IEDC THIS STUDY PROVIDES SALARIES FOR THE VARIOUS POSITIONS WITHIN THE INDUSTRY AND IS SORTED ACCORDING TO ORGANIZATIONAL SIZE AND GEOGRAPHIC REGION

Explanation
S, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL I THE ORGANIZATION'S OFFICE AT 1500 BROADWAY ST, STE

Return Reference	Explanation
FORM 990,	LAND BEING HELD FOR RESALE OR TO BE GIVEN TO A COMPANY AS AN INCENTIVE, INSTEAD OF BEING USED IN THE
PAGE 11, PART	OPERATIONS OF LEDA, SHOULD BE RECORDED IN THE GOVERNMENTAL FUNDS IN PRIOR YEAR FINANCIAL STATEMENTS,
X, LINE 8 AND	LAND INVENTORY WAS ONLY RECORDED IN THE GOVERNMENT-WIDE FINANCIAL STATEMENTS AND WAS INCLUDED
10	WITH CAPITAL ASSETS LAND INVENTORY IS NOW BEING ACCOUNTED FOR IN THE GOVERNMENTAL FUNDS DUE TO THIS
	CHANGE WE ARE NOW REPORTING THE LAND INVENTORY AS AN INVENTORY ITEM ON LINE 8 INSTEAD OF LINE 10 THE
	BEGINNING OF YEAR BALANCE SHEET STILL REPORTS THE LAND ON LINE 10 THIS IS SO IT WILL AGREE TO THE END OF
	THE YEAR BALANCE SHEET ON THE 2014 FORM 990

Return Reference	Explanation
FORM 990, PAGE 12,	THE BOARD OF DIRECTORS HAVE ASSIGNED MEMBERS TO AN AUDIT COMMITTEE TO OVERSEE THE FINANCIAL
PART XII, LINE 2C	STATEMENT AUDIT AND SELECT THE INDEPENDENT FINANCIAL STATEMENT AUDITOR

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

DLN: 93493068003177 OMB No 1545-0047

Related Organizations and Unrelated Partnerships

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

2015

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.qov/form990.

Open to Public Inspection

Name of the organization LUBBOCK ECONOMIC DEVELOPMENT ALLIANCE				Employer i 90-01836		ation number		
Part I Identification of Disregarded Entities Compl	ete if the organization a	nswered "Yes" on	Form 990, Part					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income En	(e) d-of-year assets	D	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during t		e organization ans	wered "Yes" on	Form 990, Pa	ırt IV, I	ine 34 because it	had on	е
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sectio	ection Public charity st (if section 501(c		(f) Direct controlling entity	Section (13) co	g) n 512(b ontrolle tity?
							Yes	No
(1)MARKET LUBBOCK ECONOMIC DEVELOPMENT CORPORATION 1500 BROADWAY STE 600 LUBBOCK, TX 79401 75-2621353	TO INCREASE EMPLOYMENT OPPORTUNITIES IN LUBBOCK, TX	TX	501(C)(4)	N/A		CITY OF LUBBOCK		No

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

(a) Name, address, and EIN of related organization	Name, address, and EIN of related organization Primary activity Legal Direct Primary activity (state or foreign country)			(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets			are of Disprop of-year alloca ssets		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	(k) Percentage ownership
] 3117			Yes	No	1	Yes	No			
											\vdash			
Part TV Identification of Polated Organizations Tayable					I.		<u> </u>							

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(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	(i) Section 512 (b)(13) controlled entity?		
								Yes	No	

Part V	Transactions With Rela	ated Organizations Complete	if the organization answered "Yes	s" on Form 990, Part IV, line 34, 3	35b, or 36.

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations	listed in Parts II-IV				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		No
b	Gift, grant, or capital contribution to related organization(s)			1 b		No
c	Gift, grant, or capital contribution from related organization(s)			1 c	Yes	
d	Loans or loan guarantees to or for related organization(s)			1 d		No
е	Loans or loan guarantees by related organization(s)			1e		No
f	Dividends from related organization(s)			1f		No
g	Sale of assets to related organization(s)			1 g		No
h	Purchase of assets from related organization(s)			1h		No
i	Exchange of assets with related organization(s)			1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)			1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)			1k		No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)			11		No
•				ا ما		
	n Performance of services or membership or fundraising solicitations by related organization(s)			1m		No
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		No
0	Sharing of paid employees with related organization(s)			10	Yes	
	Reimbursement paid to related organization(s) for expenses			1p		No
q	Reimbursement paid by related organization(s) for expenses			1q		No
				\sqcup		
	Other transfer of cash or property to related organization(s)			1r		No
S	Other transfer of cash or property from related organization(s)			1 s		No
_	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including	covered relationships	and transaction throsholds			
	(a) (b)	(c)	(d)			
	Name of related organization Transaction type (a-s)	Amount involved	Method of determining an	nount ir	rvolved	
1) M/	ARKET LUBBOCK ECONOMIC DEVELOPMENT CORP	1,890,996	CASH			
(2) M/	MARKET LUBBOCK ECONOMIC DEVELOPMENT CORP O	176,919	CASH			
			1			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?												(e) Are all partners section 501(c)(3) organizations?						(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No																	
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