

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
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-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: LUBBOCK ANGEL NETWORK INC
Number and street (or P O box, if mail is not delivered to street address): 7822 ORLANDO AVENUE
Room/suite: [blank]
City or town, state or province, country, and ZIP or foreign postal code: LUBBOCK, TX 79423

D Employer identification number: 47-2941553
E Telephone number: (806) 795-0470
F Group Exemption Number: [blank]

G Accounting Method: Cash Accrual Other (specify) [blank]

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.LUBBOCKANGELNETWORK.COM

J Tax-exempt status (check only one): 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 44,024

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	
1	Contributions, gifts, grants, and similar amounts received 12,500
2	Program service revenue including government fees and contracts
3	Membership dues and assessments 31,500
4	Investment income 24
5a	Gross amount from sale of assets other than inventory 5a
5b	Less cost or other basis and sales expenses 5b
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c
6	Gaming and fundraising events
6a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b
6c	Less direct expenses from gaming and fundraising events 6c
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d
7a	Gross sales of inventory, less returns and allowances 7a
7b	Less cost of goods sold 7b
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c
8	Other revenue (describe in Schedule O) 8
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 44,024
Expenses	
10	Grants and similar amounts paid (list in Schedule O) 10
11	Benefits paid to or for members 11
12	Salaries, other compensation, and employee benefits 12
13	Professional fees and other payments to independent contractors 28,905
14	Occupancy, rent, utilities, and maintenance 1,016
15	Printing, publications, postage, and shipping 850
16	Other expenses (describe in Schedule O) 12,683
17	Total expenses. Add lines 10 through 16 43,454
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 570
Net Assets	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 42,311
20	Other changes in net assets or fund balances (explain in Schedule O) 1
21	Net assets or fund balances at end of year Combine lines 18 through 20 42,882

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 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 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here ***** Signature of officer MIKE MCDOUGAL PRESIDENT Date 2018-01-19 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name KEVIN G MCMAHON Preparer's signature Date 2018-01-19 Check if self-employed PTIN P00049241 Firm's name MCMAHON VINSON BENNETT LLP Firm's EIN 75-1226156 Firm's address 7822 ORLANDO AVE LUBBOCK, TX 794231942 Phone no (806) 795-0470

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:
Software Version:
EIN: 47-2941553
Name: LUBBOCK ANGEL NETWORK INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 N/A (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
LUBBOCK ANGEL NETWORK INC**Supplemental Information to Form 990 or 990-EZ**

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017**Open to Public Inspection**

Employer identification number

47-2941553

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE EXPENSE 2,941 TRAVEL 2,521 MEALS & ENTERTAINMENT 4,339 CONFERENCES 1,779 BUSINESS INSURANCE 1,103 TOTAL 12,683

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20	BOOK / TAX DEPRECIATION DIFFERENCE 1

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	ORGANIZATIONAL COSTS 5,078 5,078 LESS ACCUMULATED AMORTIZATION 2,031 3,047 TOTAL 3,047 2,031

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	ACT AS A FACILITATOR OF THE ABILITY OF EARLY STAGE COMPANIES TO MEET AND INTERACT WITH ACCREDITED INVESTORS, ESTABLISHED BUSINESSES, COMMUNITY LEADERS AND HIGHER EDUCATION LEADERS FOR THE PURPOSE OF HELPING SAID EARLY STAGE COMPANIES TO GROW AND IMPROVE THE ECONOMIC HEALTH OF THE LUBBOCK REGION