

# 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)

OMB No. 1545-0047

## 2007

Open to Public Inspection

Form **990**

Department of the Treasury  
Internal Revenue Service

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

|  |   |   |   |
|--|---|---|---|
| <b>A</b> For the 2007 calendar year, or tax year beginning   |   | and ending  |   |
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>LUBBOCK AREA FOUNDATION</b>                       |   | <b>D</b> Employer identification number<br><b>75-1709180</b>  |
|  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite |   | <b>E</b> Telephone number   |
|  | <b>1655 MAIN STREET</b><br><b>202</b>   |   | <b>(806) 762-8061</b>   |
|  | City or town, state or country, and ZIP + 4   |   | <b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) ▶ |
| • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).  |   | Hand I are not applicable to section 527 organizations.<br><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> If "Yes," enter number of affiliates ▶ <b>N/A</b><br><b>H(c)</b> Are all affiliates included? <b>N/A</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list.)<br><b>H(d)</b> Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>I</b> Group Exemption Number ▶ <b>N/A</b> |   |
| <b>G</b> Website: ▶ <b>WWW.LUBBOCKAREAFUNDATION.ORG</b>  |   |   |   |
| <b>J</b> Organization type (check only one) ▶ <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |   |   |
| <b>K</b> Check here <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.             |   | <b>M</b> Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).   |   |
| <b>L</b> Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶  |   | <b>3,076,717.</b>   |   |

| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances  |  |                   |                           |
|---|--|-------------------|---------------------------|
| <b>Revenue</b>  | <b>1</b> Contributions, gifts, grants, and similar amounts received:                                       |                   |                           |
|   | <b>a</b> Contributions to donor advised funds  | <b>1a</b>         | <b>221,465.</b>           |
|   | <b>b</b> Direct public support (not included on line 1a)   | <b>1b</b>         | <b>374,476.</b>           |
|   | <b>c</b> Indirect public support (not included on line 1a)   | <b>1c</b>         |                           |
|   | <b>d</b> Government contributions (grants) (not included on line 1a)                                       | <b>1d</b>         |                           |
|   | <b>e</b> Total (add lines 1a through 1d) (cash \$ <b>595,941.</b> noncash \$ )                             | <b>1e</b>         | <b>595,941.</b>           |
|   | <b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)          | <b>2</b>          | <b>218,994.</b>           |
|   | <b>3</b> Membership dues and assessments   | <b>3</b>          |                           |
|   | <b>4</b> Interest on savings and temporary cash investments  | <b>4</b>          | <b>16,575.</b>            |
|   | <b>5</b> Dividends and interest from securities  | <b>5</b>          | <b>643,671.</b>           |
|   | <b>6 a</b> Gross rents   | <b>6a</b>         |                           |
|   | <b>b</b> Less: rental expenses   | <b>6b</b>         |                           |
| <b>c</b> Net rental income or (loss). Subtract line 6b from line 6a   | <b>6c</b>  |                   |                           |
| <b>7</b> Other investment income (describe )  | <b>7</b>   |                   |                           |
| <b>8 a</b> Gross amount from sales of assets other than inventory   | (A) Securities   | <b>8a</b>         |                           |
|   | <b>1,601,536.</b>  |                   |                           |
|   | (B) Other  | <b>8b</b>         |                           |
|   | <b>1,601,536.</b>  | <b>8c</b>         |                           |
| <b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)   | <b>8d</b>  | <b>1,601,536.</b> |                           |
| <b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> |  |                   |                           |
| <b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)  | <b>9a</b>  |                   |                           |
| <b>b</b> Less: direct expenses other than fundraising expenses  | <b>9b</b>  |                   |                           |
| <b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a  | <b>9c</b>  |                   |                           |
| <b>10 a</b> Gross sales of inventory, less returns and allowances   | <b>10a</b>   |                   |                           |
|   | <b>b</b> Less: cost of goods sold  | <b>10b</b>        |                           |
|   | <b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a | <b>10c</b>        |                           |
| <b>11</b> Other revenue (from Part VII, line 103)   | <b>11</b>  |                   |                           |
| <b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11   | <b>12</b>  | <b>3,076,717.</b> |                           |
| <b>Expenses</b>   | <b>13</b> Program services (from line 44, column (B))  | <b>13</b>         | <b>1,218,445.</b>         |
|   | <b>14</b> Management and general (from line 44, column (C))  | <b>14</b>         | <b>35,044.</b>            |
|   | <b>15</b> Fundraising (from line 44, column (D))   | <b>15</b>         | <b>137,493.</b>           |
|   | <b>16</b> Payments to affiliates (attach schedule)   | <b>16</b>         |                           |
|   | <b>17</b> Total expenses. Add lines 16 and 44, column (A)  | <b>17</b>         | <b>1,390,982.</b>         |
| <b>Net Assets</b>   | <b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12                                  | <b>18</b>         | <b>1,685,735.</b>         |
|   | <b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))                      | <b>19</b>         | <b>20,355,944.</b>        |
|   | <b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 2</b>         | <b>20</b>         | <b>&lt;1,357,243.&gt;</b> |
|   | <b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20                         | <b>21</b>         | <b>20,684,436.</b>        |

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

| <i>Do not include amounts reported on line 6b, 8b, 9b, 10b, 10c, or 16 of Part I.</i>  | (A) Total  | (B) Program services | (C) Management and general | (D) Fundraising |
|--|------------|----------------------|----------------------------|-----------------|
| <b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>181,729.</u> noncash \$ <u>0.</u> )<br>If this amount includes foreign grants, check here <input type="checkbox"/> |            |                      | STATEMENT 4                |                 |
| <b>22a</b>   | 181,729.   | 181,729.             |                            |                 |
| <b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>619,884.</u> noncash \$ <u>0.</u> )<br>If this amount includes foreign grants, check here <input type="checkbox"/>         |            |                      | STATEMENT 5                |                 |
| <b>22b</b>   | 619,884.   | 619,884.             |                            |                 |
| <b>23</b> Specific assistance to individuals (attach schedule)   |            |                      |                            |                 |
| <b>23</b>  |            |                      |                            |                 |
| <b>24</b> Benefits paid to or for members (attach schedule)  |            |                      |                            |                 |
| <b>24</b>  |            |                      |                            |                 |
| <b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A   | 76,300.    | 28,720.              | 11,086.                    | 36,494.         |
| <b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B  | 0.         | 0.                   | 0.                         | 0.              |
| <b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                  |            |                      |                            |                 |
| <b>25c</b>   |            |                      |                            |                 |
| <b>26</b> Salaries and wages of employees not included on lines 25a, b, and c  | 66,496.    | 25,029.              | 9,662.                     | 31,805.         |
| <b>26</b>  |            |                      |                            |                 |
| <b>27</b> Pension plan contributions not included on lines 25a, b, and c   | 8,400.     | 3,162.               | 1,220.                     | 4,018.          |
| <b>27</b>  |            |                      |                            |                 |
| <b>28</b> Employee benefits not included on lines 25a - 27   |            |                      |                            |                 |
| <b>28</b>  |            |                      |                            |                 |
| <b>29</b> Payroll taxes  | 10,059.    | 3,786.               | 1,462.                     | 4,811.          |
| <b>29</b>  |            |                      |                            |                 |
| <b>30</b> Professional fundraising fees  |            |                      |                            |                 |
| <b>30</b>  |            |                      |                            |                 |
| <b>31</b> Accounting fees  | 19,200.    | 7,680.               | 3,840.                     | 7,680.          |
| <b>31</b>  |            |                      |                            |                 |
| <b>32</b> Legal fees   | 574.       | 230.                 | 114.                       | 230.            |
| <b>32</b>  |            |                      |                            |                 |
| <b>33</b> Supplies   | 1,524.     | 675.                 | 174.                       | 675.            |
| <b>33</b>  |            |                      |                            |                 |
| <b>34</b> Telephone  | 1,450.     | 642.                 | 166.                       | 642.            |
| <b>34</b>  |            |                      |                            |                 |
| <b>35</b> Postage and shipping   | 3,197.     | 1,416.               | 365.                       | 1,416.          |
| <b>35</b>  |            |                      |                            |                 |
| <b>36</b> Occupancy  | 10,200.    | 4,518.               | 1,164.                     | 4,518.          |
| <b>36</b>  |            |                      |                            |                 |
| <b>37</b> Equipment rental and maintenance   | 5,123.     | 2,269.               | 585.                       | 2,269.          |
| <b>37</b>  |            |                      |                            |                 |
| <b>38</b> Printing and publications  | 5,220.     | 2,312.               | 596.                       | 2,312.          |
| <b>38</b>  |            |                      |                            |                 |
| <b>39</b> Travel   | 1,671.     | 740.                 | 191.                       | 740.            |
| <b>39</b>  |            |                      |                            |                 |
| <b>40</b> Conferences, conventions, and meetings   | 11,368.    | 5,035.               | 1,298.                     | 5,035.          |
| <b>40</b>  |            |                      |                            |                 |
| <b>41</b> Interest   |            |                      |                            |                 |
| <b>41</b>  |            |                      |                            |                 |
| <b>42</b> Depreciation, depletion, etc. (attach schedule)  | 2,621.     | 1,161.               | 299.                       | 1,161.          |
| <b>42</b>  |            |                      |                            |                 |
| <b>43</b> Other expenses not covered above (itemize):  |            |                      |                            |                 |
| a  |            |                      |                            |                 |
| b  |            |                      |                            |                 |
| c  |            |                      |                            |                 |
| d  |            |                      |                            |                 |
| e  |            |                      |                            |                 |
| f  |            |                      |                            |                 |
| g <b>SEE STATEMENT 3</b>   | 365,966.   | 329,457.             | 2,822.                     | 33,687.         |
| <b>43g</b>   |            |                      |                            |                 |
| <b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)  | 1,390,982. | 1,218,445.           | 35,044.                    | 137,493.        |
| <b>44</b>  |            |                      |                            |                 |

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;  
 (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

|   |  |
|---|--|
| What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 6</b>   | <b>Program Service Expenses</b><br>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
| All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) |  |
| <b>a THE ORGANIZATION ATTRACTS AND MANAGES CHARITABLE ENDORSEMENTS AND AWARDED 124 GRANTS TO NON-PROFIT ORGANIZATIONS AND 115 SCHOLARSHIPS.</b>   | 801,613.   |
| (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>  |  |
| <b>b THE ORGANIZATION MAINTAINS A FUNDING INFORMATION CENTER WHICH MAKES INFORMATION AND MATERIALS AVAILABLE TO THOSE PREPARING GRANT REQUESTS. THE CENTER ASSISTS IN INFORMING AREA GRANTSEEKERS ON HOW TO PREPARE A GRANT REQUEST.</b>  | 416,832.   |
| (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>  |  |
| <b>c</b>  |  |
| (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>  |  |
| <b>d</b>  |  |
| (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>  |  |
| <b>e Other program services (attach schedule)</b>   |  |
| (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>  |  |
| <b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►   | <b>1,218,445.</b>  |

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

|  |   | (A)<br>Beginning of year | (B)<br>End of year |
|--|---|--------------------------|--------------------|
| <b>Assets</b>  | 45 Cash - non-interest-bearing .....  |                          | 45                 |
|  | 46 Savings and temporary cash investments .....   | 317,863.                 | 46 354,366.        |
|  | 47 a Accounts receivable .....  | 47a                      |                    |
|  | b Less: allowance for doubtful accounts .....   | 47b                      | 47c                |
|  | 48 a Pledges receivable .....   | 48a                      |                    |
|  | b Less: allowance for doubtful accounts .....   | 48b                      | 48c                |
|  | 49 Grants receivable .....  |                          | 49                 |
|  | 50 a Receivables from current and former officers, directors, trustees, and key employees .....   |                          | 50a                |
|  | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....        |                          | 50b                |
|  | 51 a Other notes and loans receivable .....   | 51a                      |                    |
|  | b Less: allowance for doubtful accounts .....   | 51b                      | 51c                |
|  | 52 Inventories for sale or use .....  |                          | 52                 |
|  | 53 Prepaid expenses and deferred charges .....  |                          | 53                 |
|  | 54 a Investments - publicly-traded securities <b>STMT 8</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV               | 15,402,622.              | 54a 18,329,540.    |
|  | b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV   |                          | 54b                |
|  | 55 a Investments - land, buildings, and equipment: basis <b>STMT 7</b> .....  | 55a                      |                    |
|  | b Less: accumulated depreciation .....  | 55b                      | 55c                |
|  | 56 Investments - other <b>SEE STATEMENT 9</b> .....   | 5,703,067.               | 56 3,186,984.      |
|  | 57 a Land, buildings, and equipment: basis <b>57a</b> 18,009.   |                          |                    |
| b Less: accumulated depreciation <b>STMT 10</b> <b>57b</b> 11,833.   | 5,630.  | 57c 6,176.               |                    |
| 58 Other assets, including program-related investments (describe <input type="checkbox"/> ) .....  |   | 58                       |                    |
| 59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....   | 21,429,182.   | 59 21,877,066.           |                    |
| <b>Liabilities</b>   | 60 Accounts payable and accrued expenses .....  |                          | 60                 |
|  | 61 Grants payable .....   |                          | 61                 |
|  | 62 Deferred revenue .....   |                          | 62                 |
|  | 63 Loans from officers, directors, trustees, and key employees .....  |                          | 63                 |
|  | 64 a Tax-exempt bond liabilities .....  |                          | 64a                |
|  | b Mortgages and other notes payable .....   |                          | 64b                |
|  | 65 Other liabilities (describe <input type="checkbox"/> <b>SEE STATEMENT 11</b> ) .....   | 1,073,238.               | 65 1,192,630.      |
| 66 <b>Total liabilities.</b> Add lines 60 through 65 .....   | 1,073,238.  | 66 1,192,630.            |                    |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. |                          |                    |
|  | 67 Unrestricted .....   | 20,150,858.              | 67 20,516,436.     |
|  | 68 Temporarily restricted .....   | 205,086.                 | 68 168,000.        |
|  | 69 Permanently restricted .....   |                          | 69                 |
|  | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.                         |                          |                    |
|  | 70 Capital stock, trust principal, or current funds .....   |                          | 70                 |
|  | 71 Paid-in or capital surplus, or land, building, and equipment fund .....  |                          | 71                 |
|  | 72 Retained earnings, endowment, accumulated income, or other funds .....   |                          | 72                 |
| 73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) ..... | 20,355,944.   | 73 20,684,436.           |                    |
| 74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....  | 21,429,182.   | 74 21,877,066.           |                    |





| <b>Part VI Other Information</b> <i>(continued)</i>   |  | Yes        | No                                  |
|---|--|------------|-------------------------------------|
| <b>82 a</b>   | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....  | <b>82a</b> | <input checked="" type="checkbox"/> |
| <b>b</b>  | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) .....   | <b>82b</b> |                                     |
| <b>83 a</b>   | Did the organization comply with the public inspection requirements for returns and exemption applications? .....  | <b>83a</b> | <input checked="" type="checkbox"/> |
| <b>b</b>  | Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? .....  | <b>83b</b> | <input checked="" type="checkbox"/> |
| <b>84 a</b>   | Did the organization solicit any contributions or gifts that were not tax deductible? .....  | <b>84a</b> | <input checked="" type="checkbox"/> |
| <b>b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....  | <b>84b</b> |                                     |
| <b>85 a</b>   | <b>501(c)(4), (5), or (6).</b> Were substantially all dues nondeductible by members? .....   | <b>85a</b> |                                     |
| <b>b</b>  | Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....  | <b>85b</b> |                                     |
| If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. |  |            |                                     |
| <b>c</b>  | Dues, assessments, and similar amounts from members .....  | <b>85c</b> | N/A                                 |
| <b>d</b>  | Section 162(e) lobbying and political expenditures .....   | <b>85d</b> | N/A                                 |
| <b>e</b>  | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....   | <b>85e</b> | N/A                                 |
| <b>f</b>  | Taxable amount of lobbying and political expenditures (line 85d less 85e) .....  | <b>85f</b> | N/A                                 |
| <b>g</b>  | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....  | <b>85g</b> |                                     |
| <b>h</b>  | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....                                     | <b>85h</b> | N/A                                 |
| <b>86</b>   | <b>501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12 .....  | <b>86a</b> | N/A                                 |
| <b>b</b>  | Gross receipts, included on line 12, for public use of club facilities .....   | <b>86b</b> | N/A                                 |
| <b>87</b>   | <b>501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders .....   | <b>87a</b> | N/A                                 |
| <b>b</b>  | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....  | <b>87b</b> | N/A                                 |
| <b>88 a</b>   | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX .....         | <b>88a</b> | <input checked="" type="checkbox"/> |
| <b>b</b>  | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI .....  | <b>88b</b> | <input checked="" type="checkbox"/> |
| <b>89 a</b>   | <b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0.</u> ; section 4912 ▶ <u>0.</u> ; section 4955 ▶ <u>0.</u>   |            |                                     |
| <b>b</b>  | <b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction ..... | <b>89b</b> | <input checked="" type="checkbox"/> |
| <b>c</b>  | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....  |            |                                     |
| <b>d</b>  | Enter: Amount of tax on line 89c, above, reimbursed by the organization .....  |            |                                     |
| <b>e</b>  | <b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....   | <b>89e</b> | <input checked="" type="checkbox"/> |
| <b>f</b>  | <b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....   | <b>89f</b> | <input checked="" type="checkbox"/> |
| <b>g</b>  | <b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....                             | <b>89g</b> | <input checked="" type="checkbox"/> |
| <b>90 a</b>   | List the states with which a copy of this return is filed ▶ <b>NONE</b>  |            |                                     |
| <b>b</b>  | Number of employees employed in the pay period that includes March 12, 2007 .....  | <b>90b</b> | 3                                   |
| <b>91 a</b>   | The books are in care of ▶ <b>KATHY STOCCO</b> Telephone no. ▶ <b>(806) 762-8061</b><br>Located at ▶ <b>1655 MAIN STREET, LUBBOCK, TX</b> ZIP + 4 ▶ <b>79401</b>   |            |                                     |
| <b>b</b>  | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....                                     | <b>91b</b> | <input checked="" type="checkbox"/> |
| If "Yes," enter the name of the foreign country ▶ <b>N/A</b>  |  |            |                                     |
| See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.                                 |  |            |                                     |

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

|   | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (E)<br>Related or exempt<br>function income |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
|   | (A)<br>Business<br>code   | (B)<br>Amount | (C)<br>Exclu-<br>sion<br>code        | (D)<br>Amount |   |
| 93 Program service revenue:                                     |                           |               |                                      |               |   |
| a <b>MANAGEMENT FEES</b>  |                           |               |                                      |               | 201,454.                                    |
| b <b>OTHER INCOME</b>   |                           |               |                                      |               | 17,540.                                     |
| c   |                           |               |                                      |               |   |
| d   |                           |               |                                      |               |   |
| e   |                           |               |                                      |               |   |
| f Medicare/Medicaid payments                                    |                           |               |                                      |               |   |
| g Fees and contracts from government agencies                   |                           |               |                                      |               |   |
| 94 Membership dues and assessments                              |                           |               |                                      |               |   |
| 95 Interest on savings and temporary cash investments           |                           |               | 14                                   | 16,575.       |   |
| 96 Dividends and interest from securities                       |                           |               | 14                                   | 643,671.      |   |
| 97 Net rental income or (loss) from real estate:                |                           |               |                                      |               |   |
| a debt-financed property  |                           |               |                                      |               |   |
| b not debt-financed property                                    |                           |               |                                      |               |   |
| 98 Net rental income or (loss) from personal property           |                           |               |                                      |               |   |
| 99 Other investment income                                      |                           |               |                                      |               |   |
| 100 Gain or (loss) from sales of assets<br>other than inventory |                           |               | 18                                   | 1,601,536.    |   |
| 101 Net income or (loss) from special events                    |                           |               |                                      |               |   |
| 102 Gross profit or (loss) from sales of inventory              |                           |               |                                      |               |   |
| 103 Other revenue:  |                           |               |                                      |               |   |
| a   |                           |               |                                      |               |   |
| b   |                           |               |                                      |               |   |
| c   |                           |               |                                      |               |   |
| d   |                           |               |                                      |               |   |
| e   |                           |               |                                      |               |   |
| 104 Subtotal (add columns (B), (D), and (E))                    |                           | 0.            |                                      | 2,261,782.    | 218,994.                                    |
| 105 <b>Total</b> (add line 104, columns (B), (D), and (E))      |                           |               |                                      |               | 2,480,776.                                  |

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|----------|---|
| 93A      | THE MANAGEMENT FEES THAT ARE RECEIVED ARE FOR MANAGING THE ENDOWMENT FUNDS AS PER THE FUND AGREEMENTS.  |
| 93B      | OTHER INCOME REPRESENTS WORKSHOP INCOME AND MISCELLANEOUS MANAGEMENT FEES.  |

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

| (A)<br>Name, address, and EIN of corporation,<br>partnership, or disregarded entity | (B)<br>Percentage of<br>ownership interest | (C)<br>Nature of activities | (D)<br>Total income | (E)<br>End-of-year<br>assets |
|---|--|-----------------------------|---------------------|------------------------------|
| N/A   | %  |                             |                     |                              |
|   | %  |                             |                     |                              |
|   | %  |                             |                     |                              |
|   | %  |                             |                     |                              |

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

|            |           |
|------------|-----------|
| <b>Yes</b> | <b>No</b> |
|            |           |

|               | (A)<br>Name, address, of each controlled entity | (B)<br>Employer Identification Number | (C)<br>Description of transfer | (D)<br>Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a             | -----<br>-----<br>-----                         |                                       |                                |                           |
| b             | -----<br>-----<br>-----                         |                                       |                                |                           |
| c             | -----<br>-----<br>-----                         |                                       |                                |                           |
| <b>Totals</b> |   |                                       |                                |                           |

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

|            |           |
|------------|-----------|
| <b>Yes</b> | <b>No</b> |
|            |           |

|               | (A)<br>Name, address, of each controlled entity | (B)<br>Employer Identification Number | (C)<br>Description of transfer | (D)<br>Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a             | -----<br>-----<br>-----                         |                                       |                                |                           |
| b             | -----<br>-----<br>-----                         |                                       |                                |                           |
| c             | -----<br>-----<br>-----                         |                                       |                                |                           |
| <b>Totals</b> |   |                                       |                                |                           |

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

|            |           |
|------------|-----------|
| <b>Yes</b> | <b>No</b> |
|            |           |

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.

**Please Sign Here**

|   |      |
|---|------|
| Signature of officer<br><b>KATHY STOCCO, EXECUTIVE DIRECTOR</b> | Date |
| Type or print name and title                                    |      |

|  |                  |   |   |
|--|------------------|---|---|
| Preparer's signature   | Date<br>09/25/08 | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN (See Gen. Inst. X) |
| Firm's name (or yours if self-employed), address, and ZIP + 4<br><b>BOLINGER, SEGARS, GILBERT AND MOSS LLP</b><br><b>8215 NASHVILLE AVENUE</b><br><b>LUBBOCK, TX 79423</b> | EIN              | Phone no. <b>(806) 747-3806</b>                 |   |



**Part III Statements About Activities** (See page 2 of the instructions.)

|     |  | Yes        | No |
|-----|--|------------|----|
| 1   | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)<br>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. |            | X  |
| 2   | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)   |            |    |
| a   | Sale, exchange, or leasing of property? .....  | 2a         | X  |
| b   | Lending of money or other extension of credit? .....   | 2b         | X  |
| c   | Furnishing of goods, services, or facilities? .....  | 2c         | X  |
| d   | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b> .....  | 2d         | X  |
| e   | Transfer of any part of its income or assets? .....  | 2e         | X  |
| 3 a | Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .....   | 3a         | X  |
| b   | Did the organization have a section 403(b) annuity plan for its employees? .....   | 3b         | X  |
| c   | Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....   | 3c         | X  |
| d   | Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....  | 3d         | X  |
| 4 a | Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....   | 4a         | X  |
| b   | Did the organization make any taxable distributions under section 4966? .....  | 4b         | X  |
| c   | Did the organization make a distribution to a donor, donor advisor, or related person? .....   | 4c         | X  |
| d   | Enter the total number of donor advised funds owned at the end of the tax year .....   | 23         |    |
| e   | Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....   | 4,542,117. |    |
| f   | Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....   | 125.       |    |
| g   | Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....  | 16136143.  |    |

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

| (a)<br>Name(s) of supported organization(s) | (b)<br>Employer identification number (EIN) | (c)<br>Type of organization (described in lines 5 through 12 above or IRC section) | (d)<br>Is the supported organization listed in the supporting organization's governing documents? |    | (e)<br>Amount of support |
|---|---|--|---|----|--------------------------|
|   |   |  | Yes   | No |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
| <b>Total</b> .....                          |   |  |   |    | ▶                        |

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006       | (b) 2005   | (c) 2004 | (d) 2003 | (e) Total             |
|---|----------------|------------|----------|----------|-----------------------|
| <b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)  | 1,284,947.     | 763,112.   | 313,518. | 521,901. | 2,883,478.            |
| <b>16</b> Membership fees received  |                |            |          |          |                       |
| <b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose   | 13,432.        | 7,288.     | 7,315.   | 10,071.  | 38,106.               |
| <b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975   | 401,822.       | 473,214.   | 324,591. | 219,525. | 1,419,152.            |
| <b>19</b> Net income from unrelated business activities not included in line 18   |                |            |          |          |                       |
| <b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf  |                |            |          |          |                       |
| <b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge  |                |            |          |          |                       |
| <b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets  |                |            |          |          |                       |
| <b>23</b> Total of lines 15 through 22  | 1,700,201.     | 1,243,614. | 645,424. | 751,497. | 4,340,736.            |
| <b>24</b> Line 23 minus line 17   | 1,686,769.     | 1,236,326. | 638,109. | 741,426. | 4,302,630.            |
| <b>25</b> Enter 1% of line 23   | 17,002.        | 12,436.    | 6,454.   | 7,515.   |                       |
| <b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24  |                |            |          |          | <b>26a</b> 86,053.    |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts  |                |            |          |          | <b>26b</b> 708,151.   |
| c Total support for section 509(a)(1) test: Enter line 24, column (e)   |                |            |          |          | <b>26c</b> 4,302,630. |
| d Add: Amounts from column (e) for lines: 18 <u>1,419,152.</u> 19 _____ 22 _____ 26b <u>708,151.</u>  |                |            |          |          | <b>26d</b> 2,127,303. |
| e Public support (line 26c minus line 26d total)  |                |            |          |          | <b>26e</b> 2,175,327. |
| f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>   |                |            |          |          | <b>26f</b> 50.5581%   |
| <b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: <b>N/A</b><br>(2006) _____ (2005) _____ (2004) _____ (2003) _____   |                |            |          |          |                       |
| b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: <b>N/A</b><br>(2006) _____ (2005) _____ (2004) _____ (2003) _____ |                |            |          |          |                       |
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____  |                |            |          |          | <b>27c</b> N/A        |
| d Add: Line 27a total _____ and line 27b total _____  |                |            |          |          | <b>27d</b> N/A        |
| e Public support (line 27c total minus line 27d total)  |                |            |          |          | <b>27e</b> N/A        |
| f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶   | <b>27f</b> N/A |            |          |          |                       |
| g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>   |                |            |          |          | <b>27g</b> N/A %      |
| h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>   |                |            |          |          | <b>27h</b> N/A %      |

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**NONE**

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

|   |  | Yes | No |
|---|--|-----|----|
| 29  | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....  |     |    |
| 30  | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....   |     |    |
| 31  | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....<br>If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)<br>_____<br>_____<br>_____ |     |    |
| 32  | Does the organization maintain the following:  |     |    |
| a   | Records indicating the racial composition of the student body, faculty, and administrative staff? .....  | 32a |    |
| b   | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....  | 32b |    |
| c   | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....  | 32c |    |
| d   | Copies of all material used by the organization or on its behalf to solicit contributions? .....   | 32d |    |
| If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)<br>_____<br>_____  |  |     |    |
| 33  | Does the organization discriminate by race in any way with respect to:   |     |    |
| a   | Students' rights or privileges? .....  | 33a |    |
| b   | Admissions policies? .....   | 33b |    |
| c   | Employment of faculty or administrative staff? .....   | 33c |    |
| d   | Scholarships or other financial assistance? .....  | 33d |    |
| e   | Educational policies? .....  | 33e |    |
| f   | Use of facilities? .....   | 33f |    |
| g   | Athletic programs? .....   | 33g |    |
| h   | Other extracurricular activities? .....  | 33h |    |
| If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)<br>_____<br>_____ |  |     |    |
| 34 a  | Does the organization receive any financial aid or assistance from a governmental agency? .....  | 34a |    |
| b   | Has the organization's right to such aid ever been revoked or suspended? .....   | 34b |    |
| If you answered "Yes" to either 34a or b, please explain using an attached statement.   |  |     |    |
| 35  | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....  | 35  |    |

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

**N/A**

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.) |   | (a)<br>Affiliated group<br>totals | (b)<br>To be completed for <b>all</b><br>electing organizations |
|---|---|-----------------------------------|---|
|   |   | <b>N/A</b>                        |   |
| <b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....       | <b>36</b>   |                                   |   |
| <b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....       | <b>37</b>   |                                   |   |
| <b>38</b> Total lobbying expenditures (add lines 36 and 37) .....                                   | <b>38</b>   |                                   |   |
| <b>39</b> Other exempt purpose expenditures .....   | <b>39</b>   |                                   |   |
| <b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....                             | <b>40</b>   |                                   |   |
| <b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -                   |   |                                   |   |
| <b>If the amount on line 40 is -</b>  | <b>The lobbying nontaxable amount is -</b>              |                                   |   |
| Not over \$500,000 .....  | 20% of the amount on line 40 .....                      |                                   |   |
| Over \$500,000 but not over \$1,000,000 .....   | \$100,000 plus 15% of the excess over \$500,000 .....   |                                   |   |
| Over \$1,000,000 but not over \$1,500,000 .....   | \$175,000 plus 10% of the excess over \$1,000,000 ..... | <b>41</b>                         |   |
| Over \$1,500,000 but not over \$17,000,000 .....  | \$225,000 plus 5% of the excess over \$1,500,000 .....  |                                   |   |
| Over \$17,000,000 .....   | \$1,000,000 .....                                       |                                   |   |
| <b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....                                 | <b>42</b>   |                                   |   |
| <b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....            | <b>43</b>   |                                   |   |
| <b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....            | <b>44</b>   |                                   |   |

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

| Calendar year (or fiscal year beginning in) ▶                  | Lobbying Expenditures During 4-Year Averaging Period |             |             |             | N/A          |
|--|--|-------------|-------------|-------------|--------------|
|  | (a)<br>2007  | (b)<br>2006 | (c)<br>2005 | (d)<br>2004 | (e)<br>Total |
| <b>45</b> Lobbying nontaxable amount .....                     |  |             |             |             | 0.           |
| <b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....   |  |             |             |             | 0.           |
| <b>47</b> Total lobbying expenditures .....                    |  |             |             |             | 0.           |
| <b>48</b> Grassroots nontaxable amount .....                   |  |             |             |             | 0.           |
| <b>49</b> Grassroots ceiling amount (150% of line 48(e)) ..... |  |             |             |             | 0.           |
| <b>50</b> Grassroots lobbying expenditures .....               |  |             |             |             | 0.           |

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

**N/A**

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | Yes | No | Amount |
|---|-----|----|--------|
| <b>a</b> Volunteers .....   |     |    |        |
| <b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....  |     |    |        |
| <b>c</b> Media advertisements .....   |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public .....  |     |    |        |
| <b>e</b> Publications, or published or broadcast statements .....   |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes .....  |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....   |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....   |     |    |        |
| <b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) .....  |     |    | 0.     |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007**

Name of organization

LUBBOCK AREA FOUNDATION

Employer identification number

75-1709180

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

**General Rule-**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions  
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

|  |   |
|--|---|
| Name of organization<br><b>LUBBOCK AREA FOUNDATION</b> | Employer identification number<br><b>75-1709180</b> |
|--|---|

**Part I Contributors** (See Specific Instructions.)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|--|--------------------------------|--|
| 1          | <u>ALL SAINTS EPISCOPAL SCHOOL</u><br><u>3222 103RD STREET</u><br><u>LUBBOCK, TX 79423</u> | \$ <u>100,000.</u>             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | <u>ALICE VIRGINIA WHITE</u><br><u>403 TOPEKA</u><br><u>LUBBOCK, TX 79416</u>               | \$ <u>67,000.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          | <u>CH FOUNDATION</u><br><u>P.O. BOX 94038</u><br><u>LUBBOCK, TX 79493</u>                  | \$ <u>144,300.</u>             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          | <u>LOU DIEKEMPER</u><br><u>P.O. BOX 2453</u><br><u>LUBBOCK, TX 79408</u>                   | \$ <u>29,000.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          | <u>JOHN &amp; FRED HEGI</u><br><u>P.O. BOX 704</u><br><u>LAMESA, TX 79331</u>              | \$ <u>25,000.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|            |  | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

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|          |   |           |   |
|----------|---|-----------|---|
| FORM 990 | GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES | STATEMENT | 1 |
|----------|---|-----------|---|

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| DESCRIPTION                 | GROSS<br>SALES PRICE | COST OR<br>OTHER BASIS | EXPENSE<br>OF SALE | NET GAIN<br>OR (LOSS) |
|-----------------------------|----------------------|------------------------|--------------------|-----------------------|
| REALIZED GAINS/LOSSES       | 1,601,536.           | 0.                     | 0.                 | 1,601,536.            |
| TO FORM 990, PART I, LINE 8 | 1,601,536.           | 0.                     | 0.                 | 1,601,536.            |

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|          |  |           |   |
|----------|--|-----------|---|
| FORM 990 | OTHER CHANGES IN NET ASSETS OR FUND BALANCES | STATEMENT | 2 |
|----------|--|-----------|---|

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| DESCRIPTION  | AMOUNT       |
|--|--------------|
| NET UNREALIZED GAIN (LOSS) ON CHANGE IN FAIR MARKET VALUE OF INVESTMENTS | <1,357,243.> |
| TOTAL TO FORM 990, PART I, LINE 20                                       | <1,357,243.> |

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|          |                |           |   |
|----------|----------------|-----------|---|
| FORM 990 | OTHER EXPENSES | STATEMENT | 3 |
|----------|----------------|-----------|---|

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| DESCRIPTION                         | (A)<br>TOTAL | (B)<br>PROGRAM<br>SERVICES | (C)<br>MANAGEMENT<br>AND GENERAL | (D)<br>FUNDRAISING |
|-------------------------------------|--------------|----------------------------|----------------------------------|--------------------|
| INSURANCE                           | 4,259.       | 1,704.                     | 851.                             | 1,704.             |
| SOFTWARE SUPPORT                    | 9,440.       | 3,776.                     | 1,888.                           | 3,776.             |
| DUES & SUBSCRIPTIONS                | 3,196.       | 469.                       |                                  | 2,727.             |
| MISCELLANEOUS                       | 38.          | 17.                        | 4.                               | 17.                |
| BANK & CREDIT CARD<br>CHARGES       | 695.         | 308.                       | 79.                              | 308.               |
| PROGRAM EXPENSES                    | 435.         | 64.                        |                                  | 371.               |
| PUBLIC RELATIONS                    | 12,637.      | 1,853.                     |                                  | 10,784.            |
| FUNDRAISING EXPENSES                | 8,172.       | 1,198.                     |                                  | 6,974.             |
| YOUNG LEADERS<br>EXPENSE            | 5,959.       | 874.                       |                                  | 5,085.             |
| PROGRAM EXPENSES -<br>LIBRARY       | 1,923.       | 1,923.                     |                                  |                    |
| MANAGEMENT FEES                     | 201,454.     | 201,454.                   |                                  |                    |
| INVESTMENT FEES                     | 115,484.     | 115,484.                   |                                  |                    |
| LEVELLAND FUND<br>OPERATING EXPENSE | 2,274.       | 333.                       |                                  | 1,941.             |
| TOTAL TO FM 990, LN 43              | 365,966.     | 329,457.                   | 2,822.                           | 33,687.            |

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|          |  |             |
|----------|--|-------------|
| FORM 990 | CASH GRANTS AND ALLOCATIONS<br>TO OTHERS<br>FROM DONOR ADVISED FUNDS | STATEMENT 4 |
|----------|--|-------------|

| CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS    | AMOUNT   |
|---|----------|
| SCHOLARSHIPS & DONATIONS<br>SEE ATTACHED LIST | 181,729. |
| TOTAL INCLUDED ON FORM 990, PART II, LINE 22A | 181,729. |

|          |  |             |
|----------|--|-------------|
| FORM 990 | CASH GRANTS AND ALLOCATIONS<br>TO OTHERS | STATEMENT 5 |
|----------|--|-------------|

| CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS    | AMOUNT   |
|---|----------|
| SCHOLARSHIPS & DONATIONS<br>SEE ATTACHED LIST | 619,884. |
| TOTAL INCLUDED ON FORM 990, PART II, LINE 22B | 619,884. |

|          |  |             |
|----------|--|-------------|
| FORM 990 | STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE<br>PART III | STATEMENT 6 |
|----------|--|-------------|

EXPLANATION

TO RECEIVE AND ACCEPT FUNDS AND PROPERTY TO BE ADMINISTERED EXCLUSIVELY FOR CHARITABLE PURPOSES PRIMARILY IN AND FOR THE CITY OF LUBBOCK.

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|          |                           |           |   |
|----------|---------------------------|-----------|---|
| FORM 990 | NON-GOVERNMENT SECURITIES | STATEMENT | 7 |
|----------|---------------------------|-----------|---|

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| SECURITY DESCRIPTION         | COST/FMV | CORPORATE<br>STOCKS | CORPORATE<br>BONDS | OTHER<br>PUBLICLY<br>TRADED<br>SECURITIES | TOTAL<br>NON-GOV'T<br>SECURITIES |
|------------------------------|----------|---------------------|--------------------|---|----------------------------------|
| CORPORATE STOCKS             | FMV      | 11,794,911.         |                    |   | 11,794,911.                      |
| CORPORATE BONDS              | FMV      |                     | 1,256,978.         |   | 1,256,978.                       |
| TO FORM 990, LINE 54A, COL B |          | <u>11,794,911.</u>  | <u>1,256,978.</u>  |   | <u>13,051,889.</u>               |

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|          |                       |           |   |
|----------|-----------------------|-----------|---|
| FORM 990 | GOVERNMENT SECURITIES | STATEMENT | 8 |
|----------|-----------------------|-----------|---|

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| DESCRIPTION                         | COST/FMV | U.S.<br>GOVERNMENT | STATE AND<br>LOCAL GOV'T | TOTAL GOV'T<br>SECURITIES |
|-------------------------------------|----------|--------------------|--------------------------|---------------------------|
| US GOVERNMENT AGENCY<br>OBLIGATIONS | FMV      |                    | 3,665,301.               | 3,665,301.                |
| DIRECT U.S. TREASURY<br>OBLIGATIONS | FMV      | 1,612,350.         |                          | 1,612,350.                |
| TOTAL TO FORM 990, LINE 54A, COL B  |          | <u>5,277,651.</u>  |                          | <u>5,277,651.</u>         |

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|          |                   |           |   |
|----------|-------------------|-----------|---|
| FORM 990 | OTHER INVESTMENTS | STATEMENT | 9 |
|----------|-------------------|-----------|---|

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| DESCRIPTION                                   | VALUATION<br>METHOD | AMOUNT            |
|---|---------------------|-------------------|
| CDS   | COST                | 100,000.          |
| MONEY MARKET                                  | COST                | 1,494,343.        |
| MUTUAL FUNDS                                  | MARKET VALUE        | 871,440.          |
| OTHER INVESTMENTS                             | MARKET VALUE        | 721,201.          |
| TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B |                     | <u>3,186,984.</u> |

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|          |  |              |
|----------|--|--------------|
| FORM 990 | DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT | STATEMENT 10 |
|----------|--|--------------|

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| DESCRIPTION                         | COST OR<br>OTHER BASIS | ACCUMULATED<br>DEPRECIATION | BOOK VALUE |
|-------------------------------------|------------------------|-----------------------------|------------|
| OFFICE EQUIPMENT AND<br>FURNISHINGS | 18,009.                | 11,833.                     | 6,176.     |
| TOTAL TO FORM 990, PART IV, LN 57   | 18,009.                | 11,833.                     | 6,176.     |

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|          |                   |              |
|----------|-------------------|--------------|
| FORM 990 | OTHER LIABILITIES | STATEMENT 11 |
|----------|-------------------|--------------|

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| DESCRIPTION                         | BEGINNING<br>OF YEAR | END OF YEAR |
|-------------------------------------|----------------------|-------------|
| FUNDS HELD AS AGENCY ENDOWMENTS     | 1,073,238.           | 1,192,630.  |
| TOTAL TO FORM 990, PART IV, LINE 65 | 1,073,238.           | 1,192,630.  |

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|          |                                    |              |
|----------|------------------------------------|--------------|
| FORM 990 | OTHER REVENUE INCLUDED ON FORM 990 | STATEMENT 12 |
|----------|------------------------------------|--------------|

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| DESCRIPTION  | AMOUNT   |
|--|----------|
| RECLASS MANAGEMENT FEE REVENUE NETTED WITH EXPENSES IN<br>FINANCIAL STATEMENTS | 201,454. |
| TOTAL TO FORM 990, PART IV-A   | 201,454. |

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|          |                                     |              |
|----------|-------------------------------------|--------------|
| FORM 990 | OTHER EXPENSES INCLUDED ON FORM 990 | STATEMENT 13 |
|----------|-------------------------------------|--------------|

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| DESCRIPTION  | AMOUNT   |
|--|----------|
| RECLASS MANAGEMENT FEE REVENUE NETTED WITH EXPENSES IN<br>FINANCIAL STATEMENTS | 201,454. |
| TOTAL TO FORM 990, PART IV-B   | 201,454. |

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 14

| NAME AND ADDRESS  | TITLE AND<br>AVRG HRS/WK                   | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN<br>CONTRIB | EXPENSE<br>ACCOUNT |
|---|--|-------------------|---------------------------------|--------------------|
| KATHLEEN STOCCO<br>1655 MAIN STREET #202<br>LUBBOCK, TX 79401 | EXECUTIVE DIRECTOR<br>40.00                | 65,000.           | 11,300.                         | 0.                 |
| FRANK STOGNER<br>1655 MAIN STREET #202<br>LUBBOCK, TX 79401   | PRESIDENT<br>1.00                          | 0.                | 0.                              | 0.                 |
| VELMA MEDINA<br>1655 MAIN STREET #202<br>LUBBOCK, TX 79401    | PRESIDENT ELECT<br>1.00                    | 0.                | 0.                              | 0.                 |
| SAMMIE PRATHER<br>1655 MAIN STREET #202<br>LUBBOCK, TX 79401  | VICE PRESIDENT FOR DONOR RELATIONS<br>1.00 | 0.                | 0.                              | 0.                 |
| JOE TOMBS<br>1655 MAIN STREET #202<br>LUBBOCK, TX 79401       | TREASURER<br>1.00                          | 0.                | 0.                              | 0.                 |
| ZACH BRADY<br>1655 MAIN STREET #202<br>LUBBOCK, TX 79401      | DIRECTOR<br>1.00                           | 0.                | 0.                              | 0.                 |
| BRENT BROWN<br>1655 MAIN STREET #202<br>LUBBOCK, TX 79401     | DIRECTOR<br>1.00                           | 0.                | 0.                              | 0.                 |
| DONNA COURVILLE<br>1655 MAIN STREET #202<br>LUBBOCK, TX 79401 | DIRECTOR<br>1.00                           | 0.                | 0.                              | 0.                 |
| ADRIENNE COZART<br>1655 MAIN STREET #202<br>LUBBOCK, TX 79401 | DIRECTOR<br>1.00                           | 0.                | 0.                              | 0.                 |
| JIM EARSLEY<br>1655 MAIN STREET #202<br>LUBBOCK, TX 79401     | DIRECTOR<br>1.00                           | 0.                | 0.                              | 0.                 |
| LISA FLATHERS<br>1655 MAIN STREET #202<br>LUBBOCK, TX 79401   | DIRECTOR<br>1.00                           | 0.                | 0.                              | 0.                 |

|  |                  |    |    |    |
|--|------------------|----|----|----|
| LARRY FRYER<br>1655 MAIN STREET #202<br>LUBBOCK, TX 79401    | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| SONNY GARZA<br>1655 MAIN STREET #202<br>LUBBOCK, TX 79401    | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| LARRY HARVEY<br>1655 MAIN STREET #202<br>LUBBOCK, TX 79401   | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| DON RUSHING<br>1655 MAIN STREET #202<br>LUBBOCK, TX 79401    | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| TED RUSHING<br>1655 MAIN STREET #202<br>LUBBOCK, TX 79401    | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| DAN SANDERS<br>1655 MAIN STREET #202<br>LUBBOCK, TX 79401    | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| BENJI SNEAD<br>1655 MAIN STREET #202<br>LUBBOCK, TX 79401    | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| JOE STETTMEYER<br>1655 MAIN STREET #202<br>LUBBOCK, TX 79401 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| GWEN TITUS<br>1655 MAIN STREET #202<br>LUBBOCK, TX 79401     | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| TERRY WILLIAMS<br>1655 MAIN STREET #202<br>LUBBOCK, TX 79401 | DIRECTOR<br>1.00 | 0. | 0. | 0. |

|                                       |  |         |         |    |
|---------------------------------------|--|---------|---------|----|
| TOTALS INCLUDED ON FORM 990, PART V-A |  | 65,000. | 11,300. | 0. |
|---------------------------------------|--|---------|---------|----|

FORM 990

EXPLANATION OF RELATIONSHIP  
PART V-A, LINE 75B

STATEMENT 15

INDIVIDUAL'S NAME

TITLE OR ROLE

DON RUSHING

DIRECTOR

INDIVIDUAL'S NAME

TITLE OR ROLE

TED RUSHING

DIRECTOR

EXPLANATION OF RELATIONSHIP

BROTHERS

DRAFT

LUBBOCK AREA FOUNDATION  
 EIN: 75-1709180  
 2007 FORM 990  
 PAGE 2, PART II, LINE 22a & 22b  
 LIST OF DONOR ADVISED FUND AND OTHER GRANTS PAID IN 2007

| Organization   | Total  | Donor Advised<br>Funds | Other Grants |
|--|--------|------------------------|--------------|
| 1 Abilene Christian University   | 1,000  |                        | \$ 1,000     |
| 2 Alderson Academy   | 1,800  |                        | 1,800        |
| 3 All Saints Episcopal School  | 12,000 | 5,000                  | 7,000        |
| 4 American Cancer Society  | 5,000  |                        | 5,000        |
| 5 American Wind Power Center   | 3,362  |                        | 3,362        |
| 6 Angelo State University  | 1,000  |                        | 1,000        |
| 7 Assist Human Needs   | 6,000  |                        | 6,000        |
| 8 Backyard Mission   | 3,100  |                        | 3,100        |
| 9 Balley Lubbock   | 2,000  |                        | 2,000        |
| 10 Ballet Folklorico Aztlan de Lubbock                                 | 5,000  |                        | 5,000        |
| 11 Boys and Girls Club of Lubbock                                      | 5,930  |                        | 5,930        |
| 12 Breedlove Dehydrated Foods  | 1,235  | 593                    | 642          |
| 13 Brownfield Meals on Wheels  | 1,715  |                        | 1,715        |
| 15 Buckner Baptist Children & Family Services                          | 5,000  |                        | 5,000        |
| 16 CASA  | 4,800  | 4,800                  | -            |
| 17 CATS Playhouse  | 10,000 |                        | 10,000       |
| 18 California Institute of Technology                                  | 5,000  |                        | 5,000        |
| 19 Catholic Family Service, Inc  | 100    | 100                    | -            |
| 20 Children's Advocacy Center of Lubbock County                        | 10,357 |                        | 10,357       |
| 21 Christ the King Cathedral School                                    | 2,000  |                        | 2,000        |
| 22 City of Dickens   | 3,200  |                        | 3,200        |
| 23 City of Levelland - Main Street Program                             | 4,500  |                        | 4,500        |
| 24 Coalition of Community Assistance Volunteers, Inc.                  | 5,000  |                        | 5,000        |
| 25 Colorado State University   | 5,000  |                        | 5,000        |
| 26 Community Partners of Lubbock                                       | 5,860  | 2,000                  | 3,860        |
| 27 Coronado Junior High  | 804    |                        | 804          |
| 28 Covenant School of Nursing  | 1,000  |                        | 1,000        |
| 29 Crosbyton Middle School   | 1,730  |                        | 1,730        |
| 30 Crossview Christian Camp  | 2,500  |                        | 2,500        |
| 31 Early Learning Center of Lubbock                                    | 2,500  |                        | 2,500        |
| 32 Estacado Junior High School   | 865    |                        | 865          |
| 33 Estacado High School  | 200    | 200                    | -            |
| 34 Family Guidance and Outreach Center of Lubbock, Inc                 | 200    | 200                    | -            |
| 35 Family Promise of Lubbock, Inc                                      | 5,000  |                        | 5,000        |
| 36 Fiestas Del Llano, Inc  | 2,500  |                        | 2,500        |
| 37 First United Methodist Church - Crosbyton                           | 214    |                        | 214          |
| 38 First United Methodist Church of Brownfield                         | 2,413  |                        | 2,413        |
| 39 Floyd County Friends  | 2,500  |                        | 2,500        |
| 40 Foster A Life   | 3,000  |                        | 3,000        |
| 41 Fresh Anointing Life Family Life Ministries, Inc.                   | 3,200  |                        | 3,200        |
| 42 Friends of the Library  | 21,522 |                        | 21,522       |
| 43 Garland Weeks   | 39,000 |                        | 39,000       |
| 44 General Board of Global Ministries                                  | 428    |                        | 428          |
| 45 Girls Scouts of the Texas Oklahoma Plains - Lubbock Regional Office | 43,086 | 43,086                 | -            |
| 46 Goodwill Industries   | 10,000 |                        | 10,000       |
| 47 Guadalupe - Parkway Neighborhood Center                             | 5,000  |                        | 5,000        |
| 48 Hale County Crisis Center   | 3,886  |                        | 3,886        |
| 49 Hardin Simmons University   |        |                        | -            |
| 50 Harvard College   | 1,000  |                        | 1,000        |
| 51 Highland Elementary   | 1,000  |                        | 1,000        |
| 52 Hillcrest High School   |        |                        | -            |
| 53 Hope Lutheran Church  | 510    | 510                    | -            |
| 54 Hospice of Lubbock  | 8,526  | 1,149                  | 7,378        |
| 55 Humane Society of West Texas  | 12,163 |                        | 12,163       |
| 56 Junior Achievement of West Texas                                    | 3,800  |                        | 3,800        |
| 57 Junior League of Lubbock  | 2,500  |                        | 2,500        |
| 58 KOHM Radio Station  | 500    | 500                    | -            |
| 59 Lakeridge United Methodist Church                                   | 15,900 | 11,000                 | 4,900        |
| 60 Le'Lands' Heart Sanctuary   | 8,000  |                        | 8,000        |
| 61 Levelland Academic Beginning Center                                 | 1,008  |                        | 1,008        |
| 62 Levelland Elementary School   | 985    |                        | 985          |
| 63 Levelland Middle School   | 902    |                        | 902          |
| 64 Lockney Elementary  | 440    |                        | 440          |
| 65 Louise Hopkins Underwood Center for the Arts                        | 35,000 |                        | 35,000       |

LUBBOCK AREA FOUNDATION  
 EIN: 75-1709180  
 2007 FORM 990  
 PAGE 2, PART II, LINE 22a & 22b  
 LIST OF DONOR ADVISED FUND AND OTHER GRANTS PAID IN 2007

| Organization  | Total  | Donor Advised<br>Funds | Other Grants |
|---|--------|------------------------|--------------|
| 66 Lubbock Area United Way                                  | 9,859  |                        | 9,859        |
| 67 Lubbock Arts Alliance                                    | 20,000 |                        | 20,000       |
| 68 Lubbock Children's Health Clinic                         | 3,500  |                        | 3,500        |
| 69 Lubbock Christian Elementary                             | 390    |                        | 390          |
| 70 Lubbock Christian High School                            | 845    |                        | 845          |
| 71 Lubbock Christian University                             | 6,750  |                        | 6,750        |
| 72 Lubbock Community Theatre                                | 10,000 |                        | 10,000       |
| 73 Lubbock Independent School District                      | 18,466 |                        | 18,466       |
| 74 Lubbock Meals on Wheels                                  | 314    | 100                    | 214          |
| 75 Lubbock Moonlight Musicals                               | 17,500 |                        | 17,500       |
| 76 Lubbock Roots Historical Arts Council                    | 2,240  |                        | 2,240        |
| 77 Lubbock Symphony Orchestra                               | 11,561 | 500                    | 11,061       |
| 78 Lubbock Veteran's Memorial                               | 500    |                        | 500          |
| 79 Lubbock Women's Club Historical Foundation               | 428    |                        | 428          |
| 80 Masonic Home for the Aged                                | 214    |                        | 214          |
| 81 My Father's House  | 4,344  |                        | 4,344        |
| 82 New Deal High School                                     | 515    |                        | 515          |
| 83 North and East Lubbock Community Development Corporation | 5,000  |                        | 5,000        |
| 84 Parenting Cottage  | 4,000  |                        | 4,000        |
| 85 Parkridge Pregnancy Center                               | 219    |                        | 219          |
| 86 Plainview Civic Music Association                        | 5,000  |                        | 5,000        |
| 87 Plainview Community Concert Association                  | 10,000 |                        | 10,000       |
| 88 Race Track Chaplaincy Ruidoso Downs                      | 4,000  | 4,000                  | -            |
| 89 Ralls Independent School District                        | 5,000  |                        | 5,000        |
| 90 Ranching Heritage Association                            | 825    |                        | 825          |
| 91 Republic County FFA                                      | 1,000  | 1,000                  | -            |
| 92 Rio Blanco Heritage Foundation                           | 5,000  |                        | 5,000        |
| 93 Ronald Mcdonald House                                    | 4,716  | 500                    | 4,216        |
| 94 Salvation Army   | 200    | 200                    | -            |
| 95 Science Spectrum   | 6,466  |                        | 6,466        |
| 96 Second Baptist Church                                    | 308    |                        | 308          |
| 97 Shriners Hospital for Crippled Children                  | 1,068  |                        | 1,068        |
| 98 Slaton High School                                       | 1,000  |                        | 1,000        |
| 99 South Plains College                                     | 16,861 |                        | 16,861       |
| 100 South Plains College School of Nursing                  | 2,000  |                        | 2,000        |
| 101 South Plains Council of Boys Scouts of America          | 15,000 | 12,000                 | 3,000        |
| 102 South Plains Food Bank                                  | 10,001 |                        | 10,001       |
| 103 South Plains Wildlife Rehabilitation Center             | 13,000 |                        | 13,000       |
| 104 Southern Methodist University                           | 1,068  |                        | 1,068        |
| 105 Special Olympics Texas                                  | 5,000  |                        | 5,000        |
| 106 Springlake Earth High School                            | 968    |                        | 968          |
| 107 St. John's United Methodist Church                      | 214    |                        | 214          |
| 108 Stanford University                                     | 5,000  |                        | 5,000        |
| 109 Stephen F Austin Elementary                             | 300    | 300                    | -            |
| 110 Susan G Komen Foundation                                | 10,000 | 10,000                 | -            |
| 111 Texas A&M University                                    | 11,000 |                        | 11,000       |
| 112 Texas Boys Ranch  | 6,000  |                        | 6,000        |
| 113 Texas State University                                  | 385    |                        | 385          |
| 114 Texas Tech University                                   | 33,831 | 2,261                  | 31,570       |
| 115 Texas Tech University Foundation                        | 67,405 | 55,450                 | 11,955       |
| 116 Texas Tech University Health Sciences Center            | 1,000  |                        | 1,000        |
| 117 Texas Tech University - School of Nursing               | 3,000  |                        | 3,000        |
| 118 The Bridge of Lubbock                                   | 2,500  |                        | 2,500        |
| 119 The Haven Animal Care Shelter                           | 12,000 |                        | 12,000       |
| 120 The Leukemia and Lymphoma Society                       | 500    | 500                    | -            |
| 121 The University of Utah                                  | 1,000  |                        | 1,000        |
| 122 University Medical Center Foundation                    | 25,000 | 25,000                 | -            |
| 123 University of Colorado at Colorado Springs              | 1,000  |                        | 1,000        |
| 124 University of Oklahoma                                  | 5,000  |                        | 5,000        |
| 125 University of Texas                                     | 7,000  |                        | 7,000        |
| 126 University Therapeutic Riding Center                    | 202    |                        | 202          |
| 127 Vanderbilt University                                   | 1,000  |                        | 1,000        |
| 128 Wayland Baptist University                              | 2,000  |                        | 2,000        |
| 129 Wesley Biblical Seminary                                | 4,222  |                        | 4,222        |

LUBBOCK AREA FOUNDATION  
 EIN: 75-1709180  
 2007 FORM 990  
 PAGE 2, PART II, LINE 22a & 22b  
 LIST OF DONOR ADVISED FUND AND OTHER GRANTS PAID IN 2007

| <u>Organization</u>                 | <u>Total</u>      | <u>Donor Advised<br/>Funds</u> | <u>Other Grants</u> |
|-------------------------------------|-------------------|--------------------------------|---------------------|
| 130 Wesley Foundation at Texas Tech | 180               | 180                            | -                   |
| 131 West Texas A&M University       | 4,445             |                                | 4,445               |
| 132 West Texas Sports               | 400               | 400                            | -                   |
| 133 Westwind Elementary             | 954               |                                | 954                 |
| 134 Women's Protective Services     | 5,200             | 200                            | 5,000               |
| 135 Youth Corps Inc                 | 10,000            |                                | 10,000              |
| 136 YWCA                            | 1,926             |                                | 1,926               |
| 134 Miscellaneous                   | 84                |                                | 84                  |
| Total                               | <u>\$ 801,613</u> | <u>\$ 181,729</u>              | <u>\$ 619,884</u>   |

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

|               |  |   |
|---------------|--|---|
| Type or print | Name of Exempt Organization<br><b>LUBBOCK AREA FOUNDATION</b>  | Employer identification number<br><b>75-1709180</b> |
|               | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>1655 MAIN STREET, NO. 202</b>           |   |
|               | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>LUBBOCK, TX 79401</b> |   |

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ **KATHY STOCCO**  
Telephone No. ▶ **(806) 762-8061** FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year **2007** or

▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |           |               |
|---|-----------|---------------|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  | <b>3a</b> | \$            |
| <b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.   | <b>3b</b> | \$            |
| <b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | <b>3c</b> | \$ <b>N/A</b> |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

|   |  |  |   |  |                                |
|---|--|--|---|--|--------------------------------|
| <b>Part II</b>  |  |  | <b>Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy. |  |                                |
| Type or print<br><br>File by the extended due date for filing the return. See instructions. | Name of Exempt Organization  |  |   |  | Employer identification number |
|   | LUBBOCK AREA FOUNDATION  |  |   |  | 75-1709180                     |
|   | Number, street, and room or suite no. If a P.O. box, see instructions. |  |   |  | For IRS use only               |
| 1655 MAIN STREET, NO. 202   |  |  |   |  |                                |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions.    |  |  |   |  |                                |
| LUBBOCK, TX 79401   |  |  |   |  |                                |

**Check type of return to be filed** (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **KATHY STOCCO**  
 Telephone No. **(806) 762-8061** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2008**.
- 5 For calendar year **2007**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_

**ADDITIONAL TIME IS NECESSARY TO GATHER THE INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.**

|           |   |  |           |               |
|-----------|---|--|-----------|---------------|
| <b>8a</b> | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  |  | <b>8a</b> | \$            |
| <b>b</b>  | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. |  | <b>8b</b> | \$            |
| <b>c</b>  | <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.       |  | <b>8c</b> | \$ <b>N/A</b> |

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date