

Form **990**

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

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization LUBBOCK AREA UNITED WAY, INC.		D Employer identification number 75-0961812	
		Doing Business As		E Telephone number (806) 747-2711	
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 5,001,457.	
		1655 MAIN STREET	101	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City or town, state or country, and ZIP + 4 LUBBOCK, TX 79401		F Name and address of principal officer: GLENN COCHRAN		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.LIVEUNITEDLUBBOCK.ORG		K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1946 M State of legal domicile: TX	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO CREATE LONG-TERM CHANGE IN COMMUNITY CONDITIONS BY ANALYZING NEEDS AND MOBILIZING RESOURCES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	36
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5 Total number of employees (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	1000
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,147,930.	4,205,953.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	100,612.	54,624.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,312.	34,602.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,297,854.	4,295,179.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,073,836.
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		610,614.	645,421.
16a Professional fundraising fees (Part IX, column (A), line 11e)			6,285.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 416,069.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		255,985.	312,323.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,940,435.	4,221,093.	
19 Revenue less expenses. Subtract line 18 from line 12	1,357,419.	74,086.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	8,219,896.	8,442,215.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,223,389.	4,404,125.
		3,996,507.	4,038,090.

Part II Signature Block

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

Sign Here
 Signature of officer _____ Date _____
F. WAYNE THORNTON, VICE PRESIDENT FINANCE
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: *Kimberly Coleman, CPA* Date: **06/25/09** Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4: **BOLINGER, SEGARS, GILBERT AND MOSS LLP**
8215 NASHVILLE AVENUE
LUBBOCK, TX 79423 Preparer's identifying number (see instructions) _____
 Phone no. ▶ **(806) 747-3806**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION TO CREATE MEANINGFUL AND TANGIBLE IMPACT IN THE LUBBOCK COMMUNITY. TO BRING THE COMMUNITY TOGETHER TO LOOK AT THE MOST URGENT NEEDS AND DO WHATEVER IT TAKES TO IMPROVE LIVES. TO WORK TO ADDRESS THE NEEDS TODAY AND THE ISSUES OF TOMORROW. TO EMPOWER PEOPLE TO MAKE A REAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,502,438. including grants of \$ 3,257,064.) (Revenue \$) WE INVEST FINANCIAL RESOURCES IN 22 COMMUNITY PARTNERS THAT PROVIDE SERVICES IN THE AREAS OF HEALTH CARE, YOUTH DEVELOPMENT, LEGAL NEEDS, BASIC NEEDS, CRISIS RESPONSE, CHILDCARE, VOLUNTEER COORDINATION, ADVOCACY, LITERACY, MENTORING, ELDER SERVICES, COUNSELING, AND PARENTING. THE PROGRAMS AND SERVICES WE FUND ARE AN INTEGRAL PART OF OUR WORK TO CREATE SUSTAINED IMPROVEMENTS IN COMMUNITY CONDITIONS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) OUR MISSION OF GIVING PEOPLE HOPE IS CARRIED OUT BY WORKING WITH INDIVIDUAL ORGANIZATIONS THROUGHOUT THE COMMUNITY INCLUDING OTHER NON-PROFITS, SCHOOL DISTRICTS, BUSINESSES, AND GOVERNMENT ENTITIES TO ADDRESS PRIORITY NEEDS. WE PROACTIVELY ADDRESS ROOT CAUSES OF ISSUES IDENTIFIED IN OUR ANNUAL COMMUNITY STATUS REPORT AND EMPOWER CITIZENS TO ATTAIN INDEPENDENCE THROUGH OUR EDUCATION INITIATIVES OF: SUCCESS BY SIX - PREPARING CHILDREN TO ENTER KINDERGARTEN READY TO LEARN; SUCCESS IN SCHOOL - HELPING STUDENTS GRADUATE FROM HIGH SCHOOL; AND SUCCESS FOR LIFE - ASSISTING ADULTS IN ATTAINING EDUCATION AND JOB SKILLS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 3,502,438. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 14		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization?	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► WAYNE THORNTON - (806) 747-2711
1655 MAIN STREET, LUBBOCK, TX 79401

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL D. SHONROCK BOARD CHAIR	5.00	X					0.	0.	0.	
DAN POPE VICE CHAIR	3.00	X					0.	0.	0.	
DAVID G ALLISON TREASURER	1.00	X					0.	0.	0.	
WAYNE HAVENS CAMPAIGN CHAIR	1.00	X					0.	0.	0.	
EDDIE OWENS MARKETING & COMMUNICATIO	10.00	X					0.	0.	0.	
LAURA VINSON INVESTMENT & ACCOUNTABIL	2.00	X					0.	0.	0.	
DOUGLAS SANFORD PLANNED GIVING & ENDOWME	1.00	X					0.	0.	0.	
GEORGE ALLEN BOARD CHAIR	1.00	X					0.	0.	0.	
STEVE BEASLEY BOARD CHAIR	1.00	X					0.	0.	0.	
SUZANNE BLAKE BOARD MEMBER	1.00	X					0.	0.	0.	
WOODY BOYD BOARD MEMBER	1.00	X					0.	0.	0.	
MATT BUMSTEAD BOARD MEMBER	5.00	X					0.	0.	0.	
ABEL CASTRO BOARD MEMBER	1.00	X					0.	0.	0.	
MELINDA CLARK BOARD MEMBER	1.00	X					0.	0.	0.	
ADRIENNE COZART BOARD MEMBER	1.00	X					0.	0.	0.	
JAMES P. CUMMINGS BOARD MEMBER	1.00	X					0.	0.	0.	
KIM DAVIS BOARD MEMBER	5.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LEE ANN DUMBAULD BOARD MEMBER	1.00	X						0.	0.	0.
CRYSTAL EDWARDS BOARD MEMBER	1.00	X						0.	0.	0.
PAT HENDERSON BOARD MEMBER	1.00	X						0.	0.	0.
DARRELL HILL BOARD MEMBER	1.00	X						0.	0.	0.
REGINA JOHNSTON BOARD MEMBER	1.00	X						0.	0.	0.
FRED MALDONADO BOARD MEMBER	1.00	X						0.	0.	0.
ALEX MARTINEZ BOARD MEMBER	1.00	X						0.	0.	0.
WANDA C. MERRITT BOARD MEMBER	1.00	X						0.	0.	0.
BRYAN MOFFITT BOARD MEMBER	1.00	X						0.	0.	0.
MARGARITA OLIVAREZ BOARD MEMBER	1.00	X						0.	0.	0.
1b Total								104,600.	0.	11,735.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	4205953.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		4,205,953.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		75,374.		75,374.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a		(i) Real				
			(ii) Personal				
		Gross Rents	109,665.				
		Less: rental expenses	84,052.				
		Rental income or (loss)	25,613.				
	d	Net rental income or (loss)		25,613.		25,613.	
	7 a		(i) Securities				
			(ii) Other				
		Gross amount from sales of assets other than inventory	502,877.				
		Less: cost or other basis and sales expenses	523,627.				
	Gain or (loss)	-20,750.					
d	Net gain or (loss)		-20,750.		-20,750.		
8 a	Gross income from fundraising events (not including \$ 56,359. of contributions reported on line 1c). See Part IV, line 18	107,588.					
b	Less: direct expenses	98,599.					
c	Net income or (loss) from fundraising events		8,989.	8,989.			
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		4,295,179.	8,989.	0.	80,237.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,257,064.	3,257,064.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	116,335.	24,221.	34,284.	57,830.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	371,505.	81,020.	97,035.	193,450.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	115,294.	24,002.	33,983.	57,309.
10 Payroll taxes	42,287.	8,804.	12,462.	21,021.
11 Fees for services (non-employees):				
a Management	3,397.	3,397.		
b Legal				
c Accounting	14,056.		14,056.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	6,285.			6,285.
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	42,114.	7,807.	6,794.	27,513.
14 Information technology	16,525.	2,103.	5,576.	8,846.
15 Royalties				
16 Occupancy	44,918.	16,823.	24,439.	3,656.
17 Travel	4,140.	314.	593.	3,233.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,078.	2,610.	1,768.	3,700.
20 Interest				
21 Payments to affiliates	54,698.		54,698.	
22 Depreciation, depletion, and amortization	39,205.	20,162.		19,043.
23 Insurance	7,889.		7,889.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a OTHER GIVING	47,980.	47,980.		
b SUPPLIES	12,013.	342.	4,846.	6,825.
c AWARDS	5,256.	17.	537.	4,702.
d MEMBERSHIP DUES	2,982.		1,021.	1,961.
e				
f All other expenses	9,072.	5,772.	2,605.	695.
25 Total functional expenses. Add lines 1 through 24f	4,221,093.	3,502,438.	302,586.	416,069.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	12,118.	1	13,228.
	2	Savings and temporary cash investments	3,236,277.	2	3,405,342.
	3	Pledges and grants receivable, net	3,896,387.	3	3,927,746.
	4	Accounts receivable, net	41,076.	4	32,439.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	107,181.	9	107,352.
	10a	Land, buildings, and equipment: cost basis ...	1,423,815.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	467,707.		
			926,857.	10c	956,108.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,219,896.	16	8,442,215.	
Liabilities	17	Accounts payable and accrued expenses	45,350.	17	53,703.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	4,178,039.	25	4,350,422.
	26	Total liabilities. Add lines 17 through 25	4,223,389.	26	4,404,125.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,824,635.	27	2,070,122.
	28	Temporarily restricted net assets	1,704,592.	28	1,532,235.
	29	Permanently restricted net assets	467,280.	29	435,733.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	3,996,507.	33	4,038,090.	
34	Total liabilities and net assets/fund balances	8,219,896.	34	8,442,215.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3461312.	3481660.	4034465.	5147930.	4211353.	20336720.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	3461312.	3481660.	4034465.	5147930.	4211353.	20336720.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4.						20336720.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	3461312.	3481660.	4034465.	5147930.	4211353.	20336720.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	101,682.	128,938.	140,889.	200,758.	185,039.	757,306.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		2,611.				2,611.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	86,489.	109,958.	150,448.	95,823.	95,967.	538,685.
11 Total support. Add lines 7 through 10						21635322.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	94.00	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	94.89	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

LUBBOCK AREA UNITED WAY, INC.

Employer identification number

75-0961812

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 (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization LUBBOCK AREA UNITED WAY, INC.	Employer identification number 75-0961812
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	COVENANT HEALTH SYSTEMS 3615 19TH STREET LUBBOCK, TX 79410	\$ 541,495.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	LUBBOCK INDEPENDENT SCHOOL DISTRICT 1628 19TH STREET LUBBOCK, TX 79401	\$ 252,483.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	PLAINS CAPITAL BANK 5010 UNIVERSITY AVENUE LUBBOCK, TX 79413-4400	\$ 97,068.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	STATE EMPLOYEE CHARITABLE CAMPAIGN 1655 MAIN STREET LUBBOCK, TX 79401	\$ 808,110.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE CH FOUNDATION 4601 50TH STREET LUBBOCK, TX 79414	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	UNITED SUPERMARKETS 7830 ORLANDO LUBBOCK, TX 79423	\$ 163,175.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

LUBBOCK AREA UNITED WAY, INC.

Employer identification number

75-0961812

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple sections for conservation easements, including purpose(s), number of easements, acreage, and monitoring details. Includes a table for 'Held at the End of the Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with questions about reporting collections of art, historical treasures, or other similar assets, including revenue and asset reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Term endowment _____ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		302,851.		302,851.
b Buildings		914,949.	299,732.	615,217.
c Leasehold improvements				
d Equipment		206,015.	167,975.	38,040.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				956,108.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,295,179.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,221,093.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	74,086.
4	Net unrealized gains (losses) on investments	4	-37,903.
5	Donated services and use of facilities	5	5,400.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-32,503.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	41,583.

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

1	Total revenue, gains, and other support per audited financial statements	1	4,346,728.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-37,903.
b	Donated services and use of facilities	2b	5,400.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	84,052.
e	Add lines 2a through 2d	2e	51,549.
3	Subtract line 2e from line 1	3	4,295,179.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	4,295,179.

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

1	Total expenses and losses per audited financial statements	1	4,305,145.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	84,052.
e	Add lines 2a through 2d	2e	84,052.
3	Subtract line 2e from line 1	3	4,221,093.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	4,221,093.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL PROPERTY EXPENSE

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL PROPERTY EXPENSE

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		GOLF TOURNAMENT (event type)	KICKOFF CAMPAIGN (event type)	7 (total number)		
Revenue	1	Gross receipts	67,980.	9,975.	85,992.	163,947.
	2	Less: Charitable contributions	56,359.			56,359.
	3	Gross revenue (line 1 minus line 2)	11,621.	9,975.	85,992.	107,588.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	11,621.	8,289.	78,689.	98,599.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(98,599.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				8,989.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				(_____)
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .

c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

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

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

LUBBOCK AREA UNITED WAY, INC.

Employer identification number

75-0961812

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH PLAINS CHAPTER OF THE AMERICAN RED CROSS - 2201 19TH STREET - LUBBOCK, TX 79411	75-1046980	501(C)(3)	192,798.	0.			TO PROVIDE RELIEF TO VICTIMS OF DISASTER AND HELP PEOPLE PREVENT, PREPARE FOR, AND RESPOND
BIG BROTHERS/BIG SISTERS OF LUBBOCK - 1409 19TH STREET - LUBBOCK, TX 79401	23-7041917	501(C)(3)	120,960.	0.			TO ENCOURAGE CHILDREN OF SINGLE PARENTS OR NON TRADITIONAL HOMES TO DEVELOP POSITIVE SOCIAL
BOY SCOUTS OF AMERICA COUNCIL 694 SOUTH PLAINS - 30 BRIERCROFT OFFICE PARK - LUBBOCK, TX 79412	75-0871721	501(C)(3)	140,642.	0.			TO SERVE OTHERS BY HELPING TO INSTILL VALUES IN YOUNG PEOPLE AND, IN OTHER WAYS, TO PREPARE
CASA OF THE SOUTH PLAINS, INC. 916 MAIN ST, SUITE 425 LUBBOCK, TX 79401	75-2482631	501(C)(3)	92,068.	0.			TO PROVIDE ADVOCATES FOR ABUSED AND NEGLECTED CHILDREN IN THE COURT SYSTEM.
CATHOLIC FAMILY SERVICES, INC 102 AVE J LUBBOCK, TX 79401	75-1966688	501(C)(3)	138,647.	0.			TO ASSIST LOW INCOME AND ELDERLY PERSONS WITH EYE GLASSES, PRESCRIPTIONS, HEARING AIDS, DENTURES
EARLY LEARNING CENTERS OF LUBBOCK, INC. - 1639 MAIN STREET - LUBBOCK, TX 79401	75-0940023	501(C)(3)	402,327.	0.			TO PROVIDE CHILDCARE REGARDLESS OF FAMILY INCOME.

- 2** Enter total number of section 501(c)(3) and government organizations ▶ _____
- 3** Enter total number of other organizations ▶ _____

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

Schedule I (Form 990) 2008

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 1: LUBBOCK AREA UNITED WAY'S COMMUNITY IMPACT
 DIVISION, CHAIRED BY A VOLUNTEER AND STAFFED BY ONE OF THE VICE PRESIDENTS,
 REVIEWS FUNDED PROGRAMS OUTCOMES AND FINANCIAL RESPONSIBILITY AS COMPARED
 TO PREDETERMINED ESTIMATES AND BUDGETS ON AN ANNUAL BASIS. RECOMMENDATIONS
 ARE MADE TO THE BOARD OF DIRECTORS BY THE COMMUNITY IMPACT DIVISION BASED
 UPON THE RESULTS OF THESE REVIEWS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

LUBBOCK AREA UNITED WAY, INC.

Employer identification number

75-0961812

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICE ASSOCIATION OF LUBBOCK - 22 BRIERCROFT OFFICE PARK; STE 10 - LUBBOCK, TX 79412	75-0916140	501(C)(3)	128,705.	0.			TO ALLEVIATE SUFFERING AND STRESS, AS WELL AS SEEKING IMPLEMENTATION OF STRATEGIES, WHICH COULD
GUADALUPE PARKWAY NEIGHBORHOOD CENTERS, INC. - 405 N MLK - LUBBOCK, TX 79403	75-1096079	501(C)(3)	175,316.	0.			TO KEEP YOUNG PEOPLE ENGAGED IN POSITIVE ACTIVITIES AND AWAY FROM DESTRUCTIVE ONES SUCH AS
LEGAL AID SOCIETY OF LUBBOCK, INC. 916 MAIN ST LUBBOCK, TX 79401	75-1253155	501(C)(3)	130,306.	0.			TO PROVIDE LEGAL REPRESENTATION IN THE AREA OF FAMILY LAW FOR INDIGENT RESIDENTS OF
LITERACY LUBBOCK 1306 9TH STREET LUBBOCK, TX 79401	75-2293940	501(C)(3)	130,878.	0.			TO DEVELOP AND SUPPORT ADULT AND FAMILY LITERACY SERVICES.
LUBBOCK CHILDREN HEALTH CLINIC P.O. BOX 12103 LUBBOCK, TX 79452	75-0968315	501(C)(3)	182,611.	0.			TO PROVIDE QUALITY, LOW COST, COMPREHENSIVE PRIMARY HEALTH CARE TO THE MEDICALLY INDIGENT
WOMEN'S PROTECTIVE SERVICES OF LUBBOCK, INC. - P.O. BOX 54089 - LUBBOCK, TX 79453	75-1633066	501(C)(3)	148,709.	0.			COMMUNITY EDUCATION TO PREVENT INCIDENTS OF FAMILY VIOLENCE SHELTER SERVICES TO CREATE A SAFE
LUBBOCK UNITED NEIGHBORHOOD ASSOCIATION, INC. - 1706 23RD STREET; STE 104 - LUBBOCK, TX 79411	75-2537152	501(C)(3)	26,812.	0.			TO PROMOTE NEIGHBORHOOD ASSOCIATIONS.
LUBBOCK RAPE CRISIS CENTER P.O. BOX 2000 LUBBOCK, TX 79457	75-1516328	501(C)(3)	73,933.	0.			TO PROVIDE HELP, HOPE AND HEALING TO ALL PERSONS AFFECTED BY SEXUAL VIOLENCE BY PROVIDING

2 Enter total number of Section 501(c)(3) and government organizations **3** Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

LUBBOCK AREA UNITED WAY, INC.

Employer identification number

75-0961812

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY 1111 16TH STREET LUBBOCK, TX 79415	75-0800678	501(C)(3)	164,617.	0.			COMPREHENSIVE EMERGENCY ASSISTANCE.
VOLUNTEER CENTER OF LUBBOCK, INC. 1706 23RD STREET; STE 101 LUBBOCK, TX 79411	75-2325274	501(C)(3)	136,477.	0.			TO PROMOTE VOLUNTEERISM AND TO PROVIDE MANAGEMENT ASSISTANCE SERVICES FOR NON-PROFIT ORGANIZATIONS.
LUTHERAN SOCIAL SERVICES 1318 BROADWAY LUBBOCK, TX 79401	74-1109745	501(C)(3)	119,920.	0.			HEALTH CARE
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF LUBBOCK - 3101 35TH STREET - LUBBOCK, TX 79413	75-0939427	501(C)(3)	187,000.	0.			TO CREATE OPPORTUNITIES FOR WOMEN'S GROWTH LEADERSHIP AND POWER IN ORDER TO ATTAIN A COMMON
CHILDREN'S ADVOCACY CENTER OF THE SOUTH PLAINS - 720 TEXAS AVE - LUBBOCK, TX 79401	75-2660920	501(C)(3)	85,680.	0.			TO ASSIST CHILDREN WHO ARE VICTIMS OF ABUSE AND TRAUMA.
THE PARENTING COTTAGE 3818 50TH STREET LUBBOCK, TX 79413	75-1806027	501(C)(3)	70,597.	0.			TO STRENGTHEN FAMILIES ACROSS THE COMMUNITY BY PROVIDING HOPE, EDUCATION, RESOURCES AND
COMMUNITIES IN SCHOOLS ON THE SOUTH PLAINS, INC - 1655 MAIN STREET; STE 201 - LUBBOCK, TX 79401	75-2819581	501(C)(3)	69,449.	0.			TO MEET THE NEEDS OF STUDENTS IN AT RISK SITUATIONS BY IMPROVING ACADEMICS, BEHAVIOR, AND
BOYS AND GIRLS CLUB OF LUBBOCK 3221 59TH STREET LUBBOCK, TX 79413	75-1037228	501(C)(3)	202,982.	0.			TO PROVIDE A SAFE AND POSITIVE PLACE FOR CHILDREN.

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

LUBBOCK AREA UNITED WAY, INC.

Employer identification number

75-0961812

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST TEXAS GIRL SCOUT COUNCIL, INC. - 2567 74TH STREET - LUBBOCK, TX 79423	75-0979890	501(C)(3)	135,630.	0.			TO BUILD COURAGE, CONFIDENCE AND CHARACTER.

2 Enter total number of Section 501(c)(3) and government organizations **▶**

3 Enter total number of other organizations **▶**

Part IV Supplemental Information

SOUTH PLAINS CHAPTER OF THE AMERICAN RED CROSS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE RELIEF TO VICTIMS OF DISASTER AND HELP PEOPLE PREVENT, PREPARE FOR, AND RESPOND TO EMERGENCIES.

NAME OF ORGANIZATION OR GOVERNMENT: BIG BROTHERS/BIG SISTERS OF LUBBOCK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENCOURAGE CHILDREN OF SINGLE PARENTS OR NON TRADITIONAL HOMES TO DEVELOP POSITIVE SOCIAL BEHAVIOR AND RESPECT BY PROVIDING ADULT, ONE ON ONE FRIENDSHIPS THROUGH PROFESSIONALLY TRAINED STAFF.

NAME OF ORGANIZATION OR GOVERNMENT:

BOY SCOUTS OF AMERICA COUNCIL 694 SOUTH PLAINS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SERVE OTHERS BY HELPING TO INSTILL VALUES IN YOUNG PEOPLE AND, IN OTHER WAYS, TO PREPARE THEM TO MAKE ETHICAL CHOICES OVER THEIR LIFETIME IN ACHIEVING THEIR FULL POTENTIAL.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC FAMILY SERVICES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST LOW INCOME AND ELDERLY PERSONS WITH EYE GLASSES, PRESCRIPTIONS, HEARING AIDS, DENTURES AND TRANSPORTATION.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY SERVICE ASSOCIATION OF LUBBOCK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ALLEVIATE SUFFERING AND STRESS, AS WELL AS SEEKING IMPLEMENTATION OF STRATEGIES, WHICH COULD PREVENT FUTURE PROBLEMS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

GUADALUPE PARKWAY NEIGHBORHOOD CENTERS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO KEEP YOUNG PEOPLE ENGAGED IN POSITIVE ACTIVITIES AND AWAY FROM DESTRUCTIVE ONES SUCH AS ALCOHOL AND DRUG ABUSE, GANGS, VIOLENCE AND CRIME.

NAME OF ORGANIZATION OR GOVERNMENT: LEGAL AID SOCIETY OF LUBBOCK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE LEGAL REPRESENTATION IN THE AREA OF FAMILY LAW FOR INDIGENT RESIDENTS OF LUBBOCK COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: LUBBOCK CHILDREN HEALTH CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE QUALITY, LOW COST, COMPREHENSIVE PRIMARY HEALTH CARE TO THE MEDICALLY INDIGENT CHILDREN OF LUBBOCK FROM BIRTH TO 18 YEARS OF AGE.

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S PROTECTIVE SERVICES OF LUBBOCK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY EDUCATION TO PREVENT INCIDENTS OF FAMILY VIOLENCE SHELTER SERVICES TO CREATE A SAFE AND SUPPORTIVE ENVIRONMENT FOR THE PURPOSE OF ASSISTING WOMEN, CHILDREN AND FAMILIES IN CRISIS AND TRANSITIONAL SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: LUBBOCK RAPE CRISIS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE HELP, HOPE AND HEALING TO ALL PERSONS AFFECTED BY SEXUAL VIOLENCE BY PROVIDING EDUCATION, AWARENESS AND SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF LUBBOCK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE OPPORTUNITIES FOR WOMEN'S GROWTH LEADERSHIP AND POWER IN ORDER TO ATTAIN A COMMON VISION OF PEACE, JUSTICE, FREEDOM AND DIGNITY FOR ALL PEOPLE.

NAME OF ORGANIZATION OR GOVERNMENT: THE PARENTING COTTAGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN FAMILIES ACROSS THE COMMUNITY BY PROVIDING HOPE, EDUCATION, RESOURCES AND ENCOURAGEMENT.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITIES IN SCHOOLS ON THE SOUTH PLAINS, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MEET THE NEEDS OF STUDENTS IN AT RISK SITUATIONS BY IMPROVING ACADEMICS, BEHAVIOR, AND ATTENDANCE.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

LUBBOCK AREA UNITED WAY, INC.

Employer identification number

75-0961812

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DIFFERENCE IN THE LUBBOCK COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 10: BEFORE FILING THE FORM 990 THE ORGANIZATION WILL DISTRIBUTE A COPY OF THE RETURN TO EACH BOARD MEMBER FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY EACH BOARD MEMBER AND EMPLOYEE IS REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: A BIENNIAL COMPENSATION COMMITTEE REVIEWS OFFICER AND KEY EMPLOYEE SALARIES AND RECOMMENDS TO THE BOARD COMPENSATION LEVELS BASED ON INFLATION AND MERIT.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION PUTS AN ELECTRONIC COPY OF IT'S MOST RECENT 990 ON THEIR WEBSITE. IN ADDITION TO THE MOST RECENT RETURN ON THE ORGANIZATION'S WEBSITE THE PRIOR 3 YEARS 990'S CAN ALSO BE FOUND ON THE WEBSITE WWW2.GUIDESTAR.ORG. FINALLY, THE PRIOR 3 990'S ARE AVAILABLE FOR VIEWING AT THE ORGANIZATION OFFICE AT 1655 MAIN ST, LUBBOCK, TX.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR VIEWING BY THE PUBLIC AT THE ORGANIZATION'S OFFICE IN LUBBOCK, TX. IN ADDITION THE ORGANIZATION POSTS A COPY OF THE MOST RECENT FINANCIAL STATEMENT AUDIT ON ITS WEBSITE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

LUBBOCK AREA UNITED WAY, INC.

Employer identification number

75-0961812

(LIVEUNITEDLUBBOCK.ORG/FINANCIAL.SHTML).

FORM 990, PART XI, LINE 2C

COMMITTEE IN CHARGE OF AUDIT OVERSIGHT

LUBBOCK AREA UNITED WAY USES A COMMITTEE ASSIGNED BY THE BOARD TO OVERSEE THE FINANCIAL STATEMENT AUDIT AND FOR SELECTION OF THE INDEPENDENT AUDITOR. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: EDDIE OWENS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE IS EMPLOYED BY THE ORGANIZATION.

(D) DESCRIPTION OF TRANSACTION: SALARY PAID TO SPOUSE AS AN EMPLOYEE OF THE ORGANIZATION.

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 **X**
 - 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 and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization LUBBOCK AREA UNITED WAY, INC.	Employer identification number 75-0961812
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1655 MAIN STREET, NO. 101	
	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):

- | | | |
|--|---|------------------------------------|
| <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 |

WAYNE THORNTON

- The books are in the care of ▶ **1655 MAIN STREET - LUBBOCK, TX 79401**
 Telephone No. ▶ **(806) 747-2711** 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, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2008** 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

3a 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.	3a	\$	
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.	3b	\$	
c Balance Due. 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.	3c	\$	N/A

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.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning _____, 2008, and ending _____, 20____

2008

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

LUBBOCK AREA UNITED WAY, INC.

75-0961812

Name and title of officer

**F. WAYNE THORNTON
VICE PRESIDENT FINANCE**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b <u>4295179</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **BOLINGER, SEGARS, GILBERT AND MOSS LLP** to enter my PIN **79401**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **75528479423**
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ **06/25/09**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**