

MCKINNEY COMMUNITY DEVELOPMENT CORPORATION

Grant Application

Fiscal Year 2014

IMPORTANT:

- Please read the McKinney Community Development Corporation Grant Guidelines prior to completing this application.
- Application is available at www.mckinneycdc.org; by calling 214.544.0296 or by emailing cgibson@mckinneycdc.org
- Please call to discuss your plans for submitting an application in advance of completing the form provided. Completed application and all supporting documents are required to be submitted electronically or on a CD for consideration by the MCDC board. Please submit the application to:

McKinney Community Development Corporation
5900 S. Lake Forest Blvd., Suite 110
McKinney, TX 75070

- *If you are interested in a preliminary review of your project proposal or idea, please complete and submit the **Letter of Inquiry** form, available at www.mckinneycdc.org, by calling 214.544.0296 or emailing cqibson@mckinneycdc.org.*

Applications must be completed in full, using this form, and received by MCDC, electronically or on a CD, by 5:00 p.m. on the date indicated in schedule below.

Please indicate the type of funding you are requesting:

Project Grant

Quality of Life projects that advance the mission of MCDC and are eligible for funding in accordance with the Type B sales tax statute (refer to examples in Grant Guidelines).

**Promotional or Community Event Grant
(maximum \$15,000)**

Initiatives, activities and events that promote the City of McKinney for the purpose of developing new or expanded business opportunities and/or tourism – and enhance quality of life for McKinney residents.

Promotional and Community Event Grants:

Application Deadline	Presentation to MCDC Board	Board Vote and Award Notification
Cycle I: January 3, 2014	January 2014	February 2014
Cycle II: June 30 2014	July 2014	August 2014

Project Grants:

Application Deadline	Presentation to MCDC Board	Board Vote and Award Notification
Cycle I: January 31, 2014	February 2014	March 2014
Cycle II: April 30, 2014	May 2014	June 2014
Cycle III: July 31, 2014	August 2014	September 2014

APPLICATION

ORGANIZATION INFORMATION

Name: Volunteer McKinney

Federal Tax I.D.: 75-2775219

Incorporation Date: 1998

Mailing Address: 2150 South Central Expressway, Suite 150

City McKinney

ST: TX

Zip: 75070

Phone: 972 542-0679

Fax:

Email: dana.riley@volunteermckinney.org Website: www.volunteermckinney.org

Check One:

Nonprofit – 501(c) Attach a copy of IRS Determination Letter

Governmental entity

For profit corporation

Other

Professional affiliations and organizations to which your organization belongs: **Center for Nonprofit Management, Texas Association of Volunteer Centers, McKinney Chamber of Commerce, Executive Planning Committee for the Texas Volunteer Management Conference 2014**

REPRESENTATIVE COMPLETING APPLICATION:

Name: Dana Riley

Title: Executive Director

Mailing Address: 2150 South Central Expressway, Suite 150

City: McKinney

ST: TX

Zip: 75070

Phone: 972 542-0679

Fax:

Email: dana.riley@volunteermckinney.org

CONTACT FOR COMMUNICATIONS BETWEEN MCDC AND ORGANIZATION:

Name: Dana Riley

Title: Executive Director

Mailing Address: 2150 South Central Expressway, Suite 150

City: McKinney

ST: TX

Zip: 75070

Phone 972 542-0679

Fax:

Email: dana.riley@volunteermckinney.org

FUNDING

Total amount requested: \$11,000

PROJECT/PROMOTION/COMMUNITY EVENT

Start Date: 3/2014

Completion Date: 5/2014

BOARD OF DIRECTORS *(may be included as an attachment)*

Attached

LEADERSHIP STAFF *(may be included as an attachment)*

Dana Riley

Executive Director

Using the outline below, provide a written narrative no longer than 7 pages in length:

- **Applying Organization**

Volunteer McKinney has spent the last 18 months revitalizing itself and recommitting to this community. Our mission is to connect people with their passion through volunteerism and strengthen McKinney area nonprofits through training and collaboration. The cornerstone of what we do is our website that acts as a "match.com" for volunteers seeking to connect with McKinney area nonprofits. We use the latest technology to accomplish this and our 90 partner agencies have their own listing on our site that they can manage themselves. The agency can post its volunteer, in-kind and advocacy needs as well as events and board openings. We also serve as this community's authority on volunteerism and speak often to community groups, churches and civic organizations.

In addition to our service to the community, we offer assistance to local businesses to help them develop their corporate volunteerism programs and to educate their employees on how to plug in to local nonprofits.

We have recently purchased a volunteer support trailer that is available for McKinney events where there are large numbers of volunteers engaged. We can serve refreshments from it, offer first aid and other support functions to make sure the volunteers are supported as they give of their time and talents to local nonprofits.

We consider ourselves essential to this community as we bring nonprofits and government together to collaborate for the good of the community through events such as the Spirit of McKinney Volunteer Awards Dinner, the Youth Summit and the McKinney Volunteer Manager Appreciation Luncheon. These events offer an opportunity for recognition, training and community engagement.

Lastly, we offer low or no cost training to our partner agencies on topics such as volunteer management, risk management, event planning and more. We have formed a partnership with the Center for Nonprofit Management to bring their board and nonprofit management classes to McKinney in 2014.

We have received funding from the City of McKinney's Community Grants Advisory Commission to hire a paid intern from the University of North Texas' Masters of Public Administration program. This person will work on planning and implementing the youth initiatives we started in 2013, including the Youth Summit.

- **Community Events**

1. **Spirit of McKinney Volunteer Appreciation Dinner (\$5,000)**

This is an annual event celebrating the spirit of giving in McKinney. Nominations are made by local nonprofits and awards are given in the following categories:

- **The Pete & Nancy Huff Community Service Award** presented to a person who demonstrates a long-standing commitment to this community through volunteerism, board service and/or leadership of local organizations or groups.
- **The HEART Award** presented to an individual or group who has provided significant volunteer service to one agency or organization and has made a significant impact on the agency and/or the clients they serve.
- **The KIM HOFFMAN Volunteer of the Year Award** This award is named after Kim Hoffman, a tireless

McKinney volunteer who led by example and was truly committed to serving others.

- **The Nonprofit Leadership Award** presented to a paid staff member within a McKinney-area nonprofit who has demonstrated leadership, commitment and vision in their organization and/or in collaboration with other organizations for the common good.
- **The Volunteer Group Award** presented to a group of volunteers who have joined together in service to others, contributing to a local nonprofit, cause or organization to impact the lives of others
- **“Spirit of McKinney” Business Service Award** presented to a McKinney-area business for its demonstration of community support through volunteerism and/or financial support of local nonprofits including employee engagement programs and sponsorships of community events.
- **The Youth Volunteer Award** presented to a volunteer younger than the age of 21 or a group of volunteers younger than 21 who have demonstrated leadership and/or a commitment to serving others within the McKinney area.
- **The Inspired to Serve Award** presented to a public or private school, home school group or other group that endeavors to teach and demonstrate serving others to its students through curriculum, programs and community service initiatives.

This event offers the community a chance to learn more about local nonprofits and the services they provide while enjoying dinner and entertainment. Last year’s event was held at the Airport and was attended by over 250 people. A video of last year’s event can be viewed at <http://volunteermckinney.org/pages/gallery/2013-spirit-of-mckinney-video.php>. We offer all nominees 2 free tickets and use corporate (cash and in-kind) donations along with charging a small fee for others to attend. This event is not a fund-raiser for us but we are committed to making it happen since many of the local nonprofits cannot afford to host their own event to recognize their volunteers. Last year, this event was supported by the following: City of McKinney, McKinney Community Development Corporation, Bill and Priscilla Darling, First United Bank, Market Street, Independent Bank, Tomes Auto Group and Volunteer McKinney. In-Kind donors were: Blue Bell Creameries, Bob Tomes Ford, George Schuler, Horsepower Communications, Metro Linen, North TX Palm and Pottery, 3rd Monday Trade Days, SMU Ballroom Dance Club and 97.5 KLAK-FM. This grant request is to assist in covering some of the general event expenses.

2. **McKinney Youth Summit (\$3,000)**

Last year was the first time that this event had been held. We saw the need to bring together citizens, government, churches, schools and nonprofits to spend a day discussing teens who are living in at-risk environments in McKinney. We collaborated with 7 other agency and government leaders to pull off the event. The agenda included activities, a panel discussion from local experts, lunch and entertainment. The event received very positive feedback from the 150 in attendance and we hope to receive funding to continue to host this very important event. We are not directly involved in serving at-risk teens (except through court-ordered community service) but serve as the source of the collaboration between local groups to make life better for those teens. We held the attendance to 150 in order to facilitate the group activities but we could have had many more attend. We are hoping to change the format to make it a mini-conference and offer attendees a chance to hear about specific topics that are of interest to them. One of the takeaways from our work around this topic last year is the “Youth Resource Guide”

(<http://volunteermckinney.org/pages/youth-empowerment.php>) which is on our website and offers the public a listing of all of the entities in our area who offer assistance or services to teens. We are hoping to make some upgrades to the list to make it more searchable in the future. We also included a video invitation to the event which was very well received. To view it, go to:

<http://volunteermckinney.org/pages/gallery/2013-youth-summit-invitation-video.php>

Last year, the event was supported by an award of \$2,500 from America's Promise presented to the City of McKinney for being named one of the Top 100 Best Places to Live for Children. We received in-kind donations from local businesses, the Leadership McKinney Class of 2012-13 assisted with the development of the Resource List and served as day-of hosts for registration. We charged a fee of \$10 per participant to assist in covering our costs. The planning committee for last year's event were representatives from the following stakeholders: Volunteer McKinney, City of McKinney, McKinney ISD, Collin College, McKinney YMCA, Embrace TEXAS and the Boys and Girls Club of McKinney. To view a video of the event, go to: <http://www.youtube.com/watch?v=98yS0yd8cDE>.

This grant request is for covering some of the venue expenses related to hosting this event. We have received a \$1,000 grant from the Wal-Mart Foundation for this year's Summit.

3. **Volunteer Manager's Appreciation Luncheon (\$3,000)**

This event was held for the first time last year in an effort to allow nonprofit volunteer managers to feel appreciated by this community. Volunteer Managers are often the lowest paid employee at a nonprofit and usually wear many hats. They have very small budgets and often work long hours in order to interview, train and supervise the volunteers who keep our local nonprofits running. The luncheon was held at the ballroom of the Grand Hotel and offered a nice buffet lunch, a speaker on maintaining a positive attitude and door prizes. Local government officials attended to offer their appreciation and served as table hosts/hostesses. Last year's event was fully funded by a grant from the One Star Foundation that supported local volunteer center initiatives. This money is no longer available due to the cut-backs at the federal level which was the original source of the money. We held the attendance to 60 in order to keep the costs down and plan to have the same number this year. We received door prize donations from local businesses and we donated some, as well. This grant request is for underwriting some of the costs of the event.

For Community Events

- All three of these events speak to the kind of place McKinney is. The existence of a Volunteer Center in a city this size is rare and the community spirit here is evident by the fact that these events are held. It shows that this community values volunteerism and nonprofits and supports the work that they do. The type of people that we want to attract to this city through residency and business are the types of people that are volunteers and understand the value of a community whose citizens give to others. These events promote collaboration and are supported by a broad base of the community. Many communities struggle to get their nonprofits, governments, schools and churches to work together. Through these events, we are a living example of how we all just want to do what is best for McKinney and put our individual agency needs behind that.
- We support and encourage any activity that supports volunteerism, the professional treatment of volunteers, the empowerment of youth to use volunteerism as a means to learn and grow and the promotion of the field of professional volunteer management. Because we have a staff of one, we cannot often do long term programs but we can offer our expertise and leadership to programs and events that are collaborative and that benefit the community as a whole. These events are what we do best for this

community. Because we have a small budget, we must rely on community support to finance events and raise those funds each year.

Provide specific information to illustrate how this Event will enhance quality of life and further business and economic development in the City of McKinney, and support one or more of MCDC's goals:

The Spirit of McKinney Volunteer Appreciation Dinner, the Youth Summit and the Volunteer Managers Appreciation Luncheon are all events that have been successfully done in the past. MCDC's support of them will show the community the level of commitment you have to supporting local volunteerism and to supporting initiatives that increase the quality of life in McKinney.

Events like this show the public, potential residents and businesses that this community is one that is fully connected. We work together to address issues that are identified and we provide outlets for our community to engage in service.

Although we do not directly offer events that bring many tourists to McKinney, we support the nonprofits that do through our initiatives and events. These three events speak to the kind of place McKinney is and that helps to tell the story of why McKinney is such a great place to live and work. These are the kinds of activities that promote and preserve the quality of life in McKinney which is directly in line with MCDC's goals. At each of our three events we capture where the attendees live and we have noted in the past that there were about 20% from outside McKinney of the 250 who attended the Spirit event, 40% of the 150 who attended the Youth Summit and 20% of the 60 who attended the Volunteer Manager's Appreciation event.

Has a request for funding, for this Community Event, been submitted to MCDC in the past?

Yes No

● **Financial**

- Volunteer McKinney continues to improve its financial situation with cost saving measures and increased fundraising efforts. Attached are the 990s from the last 2 years. Our 2014 budget has not been approved as of yet due to the term limits of most of our Executive Board expiring on Jan. 8th and the ice storm caused us to lose a week of work days. The new Executive Committee is preparing the new budget for a vote in February. I can provide it at that time.

What is the estimated total cost for these Community Events?

Spirit of McKinney Dinner-\$16,700

Youth Summit-\$10,000

Volunteer Manager's Appreciation Luncheon-\$5,000

(See attached budgets for each event.)

What percentage of Community Event funding will be provided by the Applicant?

Spirit of McKinney-18%

Youth Summit-10%

Volunteer Manager's Appreciation Luncheon-25%

Are Matching Funds available? Yes No

Projected Income

Spirit of McKinney

Cash \$12,500.	donors & ticket sales	75% of Total
In-Kind \$4200.00	various	25% of Total

Youth Summit

Cash \$8,000	VM,donors & ticket sales	80% of Total
In-Kind \$2,000	various	20% of Total

Volunteer Manager's Appreciation Luncheon

Cash \$3000	Donors & VM	60% of Total
In-Kind \$2000	various	40% of Total

Are other sources of funding available? Yes. We will seek sponsorships from local businesses for all three events.

Have any other federal, state, or municipal entities or foundations been approached for funding? We are meeting with the city manager of McKinney soon to discuss his support of the **Volunteer Manager's Appreciation Luncheon**. He stated that the city would support the event but we do not know at what level.

IV. Marketing and Outreach

We were one of only 7 nonprofits invited to attend the Dallas Chapter of the International Association of Business Communicators Luncheon. At this luncheon, we received one hour of free consulting from 5 communication leaders from local Fortune 500 companies. Two of these executives pledged their support as pro-bono volunteers to assist us with a new newsletter and to develop some other marketing strategies that fit our tiny budget.

We use Constant Contact to publicize our events and have over 5,000 people who have opted in to receive information about Volunteer McKinney. We also have a media contact list and usually do some radio spots on KLAK about our events.

V. Metrics to Evaluate Success

Success of all three events will be gauged by community participation. We will track and report the following:

- Attendance for all three events including returning attendees and demographics
- Number of Nominations for Awards for the Spirit Event
- Collaborations formed from the Youth Summit
- Feedback from event evaluations for the Youth Summit and Vol. Manager's Appreciation Luncheon

Acknowledgements

If funding is approved by the MCDC board of directors, Applicant will assure:

- The Community Event for which financial assistance is sought will be administered by or under the

- supervision of the applying organization;
- All funds awarded will be used exclusively for the purpose described in this application;
- MCDC will be recognized in all marketing, outreach, advertising and public relations as a funder of the Project/Promotion/Community Event. Specifics to be agreed upon by applicant and MCDC and included in an executed performance agreement;
- Organization's officials who have signed the application are authorized by the organization to submit the application;

Acknowledgements-continued

- Applicant will comply with the MCDC Grant Guidelines in executing the Project/Promotion/Community Event for which funds were received.
- A final report detailing the success of the Project/Promotion/Community Event, as measured against identified metrics, will be provided to MCDC no later than 30 days following the completion of the Project/Promotion/Community Event.
- Up to 80% of the approved grant may be provided, on a reimbursement basis, prior to conclusion of the Project/Promotion/Community Event with submission of invoices/receipts to MCDC. The final 20% will be paid following MCDC's receipt of unpaid invoices/receipts; documentation of fulfillment of obligations to MCDC; and final report on the Project/Promotion/Community Event.
- The required performance agreement will contain a provision certifying that the applicant does not and will not knowingly employ an undocumented worker in accordance with Chapter 2264 of the Texas Government Code, as amended. Further, should the applicant be convicted of a violation under 8 U.S.C. § 1324a(f), the applicant will be required to repay the amount of the public subsidy provided under the agreement plus interest, at an agreed to interest rate, not later than the 120th day after the date the MCDC notifies the applicant of the violation.

We certify that all figures, facts and representations made in this application, including attachments, are true and correct to the best of our knowledge.

Chief Executive Officer

Representative Completing Application

Dana Riley
Signature

SAME
Signature

Dana Riley
Printed Name

Printed Name

January, 2, 2014
Date

Date

INCOMPLETE APPLICATIONS, OR THOSE RECEIVED AFTER THE DEADLINE, WILL NOT BE CONSIDERED.

CHECKLIST:

Completed Application:

- Use the form/format provided
- Organization Description
- Outline of Project/Promotion/Community Event; description, goals and objectives
- Project/Promotion/Community Event timeline
- Plans for marketing and outreach
- Evaluation metrics
- List of board of directors and staff

Attachments:

- Financials: organization's budget for current fiscal year; Project/Promotion/Community Event budget; audited financial statements
- Feasibility Study or Market Analysis if completed (Executive Summary)
- IRS Determination Letter (if applicable)

A FINAL REPORT IS TO BE PROVIDED TO MCDC WITHIN 30 DAYS OF THE EVENT/COMPLETION OF THE PROJECT/PROMOTION/COMMUNITY EVENT.

FINAL PAYMENT OF FUNDING AWARDED WILL BE MADE UPON RECEIPT OF FINAL REPORT.

PLEASE USE THE FORM/FORMAT OUTLINED ON THE NEXT PAGE.



McKINNEY COMMUNITY DEVELOPMENT CORPORATION

Final Report

Organization:

Funding Amount:

Project/Promotion/Community Event:

Start Date:

Completion Date:

Location of Project/Promotion/Community Event:

Please include the following in your report:

- Narrative report on the Project/Promotion/Community Event
- Identify goals and objectives achieved
- Financial report – budget as proposed and actual expenditures, with explanations for any variance
- Samples of printed marketing and outreach materials
- Screen shots of online promotions
- Photographs, slides, videotapes, etc.
- Performance against metrics outlined in application

Please submit Final Report no later than 30 days following the completion of the Project/Promotion/Community Event to:

McKinney Community Development Corporation
5900 S. Lake Forest Blvd., Suite 110
McKinney, TX 75070

Attn: Cindy Schneible
cschneible@mckinneycdc.org



Spirit of McKinney
Event Budget 2014

Site	Estimated
Room and hall fees	\$3,000.00
Stage	\$1,100.00
Tables and chairs	\$700.00
Total	\$4,800.00

Decorations	Estimated
Flowers	\$300.00
Lighting	\$800.00
Paper supplies	\$100.00
Total	\$1,200.00

Publicity	Estimated
Graphics work	\$500.00
Photocopying/Printing	\$200.00
Stationary Supplies	\$500.00
Banners & Signage	\$1200.00
Postage	\$480.00
Total	\$2,180.00

Refreshments	Estimated
Food	\$5,500.00
Drinks	800.00
Linens	\$700.00
Paper Goods	\$400.00
Total	\$5,100.00

Program	Estimated
Performers	\$500.00
Total	\$500.00

Prizes	Estimated
Ribbons/Plaques/Trophies	\$800.00
Total	\$800.00
Grand Total	\$14,580.00

2012 TAX RETURN

Client Copy

Client: 88000

Prepared for: Volunteer McKinney Center
2150 South Central Expwy Suite 150
McKinney, TX 75070
(972) 542-0679

Prepared by: Barbara J Hartline, CPA
Barbara J. Hartline, CPA, PC
202 W Louisiana St Ste 104
McKinney, TX 75069-4447
(972) 562-8025

Date: October 1, 2013

Comments:

Route to: _____

2012 Exempt Org. Return
prepared for:

Volunteer McKinney Center
2150 South Central Expwy Suite 150
McKinney, TX 75070

Barbara J. Hartline, CPA, PC
202 W Louisiana St Ste 104
McKinney, TX 75069-4447

Barbara J. Hartline, CPA, PC
202 W Louisiana St Ste 104
McKinney, TX 75069-4447
(972) 562-8025

Client 88000
October 1, 2013

Volunteer McKinney Center
2150 South Central Expwy #150
McKinney, TX 75070
(972) 542-0679

FEDERAL FORMS

Form 990-EZ	2012 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule B	Schedule of Contributors
Schedule O	Supplemental Information
	Depreciation Schedules
Form 8879-EO	IRS e-file Signature Authorization

FEE SUMMARY

Preparation Fee

Volunteer McKinney Center

75-2775219

	2012	2011	Diff
FORM 990-EZ REVENUE			
Contributions, gifts, and grants.....	129,993	39,243	90,750
Investment income.....	102	294	-192
Net income (loss) - special events.....	-5,531	-20,724	15,193
Other revenue.....	0	56	-56
Total revenue.....	124,564	18,869	105,695
EXPENSES			
Salaries and employee benefits.....	41,784	54,202	-12,418
Professional fees/pymt to contractors....	975	975	0
Occupancy/rent/utilities/maintenance.....	5,925	5,400	525
Printing, publications, and postage.....	82	406	-324
Other expenses.....	14,025	13,517	508
Total expenses.....	62,791	74,500	-11,709
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year.....	61,773	-55,631	117,404
Net assets/fund bal. at beg. of year.....	35,444	91,075	-55,631
Net assets/fund bal. at end of year.....	97,217	35,444	61,773

Forms needed for this return

Federal: 990-EZ, Sch A, Sch B, Sch O

Carryovers to 2013

None

The organization's Federal tax return is **NOT FINISHED** until you complete the following instructions.

Prior to transmission of the return

Form 990-EZ

The organization should review their Federal Return along with any accompanying schedules and statements.

Paperless e-file

The organization should read, sign and date the Form 8879-EO, IRS e-file Signature Authorization.

Even Return

No payment is required.

After transmission of the return

Receive acknowledgement of your e-file transmission status.

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

Keep a signed copy of Form 8879-EO, IRS e-file Signature Authorization in your files for 3 years.

Do not mail:

Form 8879-EO IRS e-file Signature Authorization

The organization's Federal tax return is **NOT FINISHED** until you complete the following instructions.

Prior to transmission of the return

Form 8868

No signature is required when filing Form 8868 electronically.

Even Return

No payment is required.

After transmission of the return

Receive acknowledgement of your e-file transmission status.

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

Volunteer McKinney Center

75-2775219

Excess Contributions
Schedule A, Part II, Line 5

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>Total</u>	<u>2% Amt</u>	<u>Excess</u>
Pete Huff	3,600	3,600	3,600	3,600	0	14,400	9,696	4,704
Darling Homes	2,000	0	1,000	2,500	0	5,500	0	0
Wal Mart	1,834	0	0	0	0	1,834	0	0
McKinney Comm Dev	5,392	5,777	2,710	889	0	14,768	9,696	5,072
Raytheon	5,060	2,500	0	1,000	0	8,560	0	0
Encore Wire	1,000	0	0	500	0	1,500	0	0
Community & Visitor	0	0	0	0	0	0	0	0
Pat Lobb Toyota	10,000	0	0	0	0	10,000	9,696	304
	<u>28,886</u>	<u>11,877</u>	<u>7,310</u>	<u>8,489</u>	<u>0</u>	<u>56,562</u>	<u>29,088</u>	<u>10,080</u>

2012 Federal Book Depreciation Schedule

Volunteer McKinney Center

75-2775219

Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
10/28/98		100							100	100	200DB MQ	7		0
8/02/99		112							112	112	200DB MQ	7		0
3/28/08		85							85	59	200DB HY	7	.08930	8
7/27/12		1,080							1,080		200DB HY	7	.14290	154
		<u>1,377</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,377</u>	<u>271</u>				<u>162</u>
7/27/98		1,730							1,730	1,730	200DB MQ	5		0
11/07/00		590							590	590	200DB HY	5		0
5/07/03		1,796							1,796	1,796	200DB MQ	5		0
7/30/03		335							335	335	200DB MQ	5		0
9/16/03		1,128							1,128	1,128	200DB MQ	5		0
4/14/08		1,264							1,264	1,046	200DB HY	5	.11520	146
2/10/09		438							438	312	200DB HY	5	.11520	50
3/29/10		291							291	151	200DB HY	5	.19200	56
10/05/09		100							100	71	200DB HY	5	.11520	12
6/18/10		600							600	312	200DB HY	5	.19200	115
4/26/12		585							585		200DB HY	5	.20000	117
		<u>8,857</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>8,857</u>	<u>7,471</u>				<u>496</u>

2012 Federal Book Depreciation Schedule

Volunteer McKinney Center

75-2775219

Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
5/24/12		70							70		S/L	3		14
		70		0	0	0	0	0	70	0				14
		<u>10,304</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>10,304</u>	<u>7,742</u>				<u>672</u>
		<u>10,304</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>10,304</u>	<u>7,742</u>				<u>672</u>

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning _____, 2012, and ending _____

2012

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

Employer identification number

Volunteer McKinney Center

75-2775219

Dana Riley

Executive Director

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, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with 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.

1 a Form 990 check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	
2 a Form 990-EZ check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2 b	<u>124,564.</u>
3 a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b	
4 a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	
5 a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5 b	

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 2012 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) the reason for any delay in processing the return or refund, and (c) 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 Barbara J. Hartline, CPA, PC to enter my PIN 88000 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 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 2012 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 electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 75948875214
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 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 ▶ Barbara J Hartline, CPA Date ▶ _____

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

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2012

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning _____, 2012, and ending _____,

B Check if applicable: **C** Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Volunteer McKinney Center
2150 South Central Expwy #150
McKinney, TX 75070

D Employer identification number
75-2775219

E Telephone number
(972) 542-0679

F Group Exemption Number..... ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ www.volunteermckinney.org

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

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **130,095.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

REVENUE	1 Contributions, gifts, grants, and similar amounts received.....	1	129,993.
	2 Program service revenue including government fees and contracts.....	2	
	3 Membership dues and assessments.....	3	
	4 Investment income.....	4	102.
	5a Gross amount from sale of assets other than inventory.....	5a	
	b Less: cost or other basis and sales expenses.....	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000).....	6a	
b Gross income from fundraising events (not including \$ <u>2,659.</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).....	6b		
c Less: direct expenses from gaming and fundraising events.....	6c	5,531.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....	6d	-5,531.	
7a Gross sales of inventory, less returns and allowances.....	7a		
b Less: cost of goods sold.....	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	7c		
8 Other revenue (describe in Schedule O).....	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8..... ▶	9	124,564.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O).....	10	
	11 Benefits paid to or for members.....	11	
	12 Salaries, other compensation, and employee benefits.....	12	41,784.
	13 Professional fees and other payments to independent contractors.....	13	975.
	14 Occupancy, rent, utilities, and maintenance.....	14	5,925.
	15 Printing, publications, postage, and shipping.....	15	82.
	16 Other expenses (describe in Schedule O).....	16	See Schedule O
	17 Total expenses. Add lines 10 through 16..... ▶	17	62,791.
18 Excess or (deficit) for the year (Subtract line 17 from line 9).....	18	61,773.	
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).....	19	35,444.
	20 Other changes in net assets or fund balances (explain in Schedule O).....	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20..... ▶	21	97,217.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	35,782.	96,299.
23 Land and buildings		
24 Other assets (describe in Schedule O) <u>See Schedule O</u>	827.	1,890.
25 Total assets	36,609.	98,189.
26 Total liabilities (describe in Schedule O) <u>See Schedule O</u>	1,165.	972.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	35,444.	97,217.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 <u>Make a Difference Day with 500 volunteers engaged in 18 projects, 17 agencies were served.</u>		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	28 a	5,531.
29 <u>Together We Serve 2012 Event with 1200 Volunteers supporting 30 projects over 4 weeks.</u>		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	29 a	
30		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O).....		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a).....	32	5,531.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Danny Ledbetter Director	0	0.	0.	0.
Sue Bohner Director	0	0.	0.	0.
Scott Snellings Treasurer	0	0.	0.	0.
Lisa Bourassa Secretary	0	14,040.	0.	0.
Doc Vranici Director	0	0.	0.	0.
Mike Foster Chairman	0	0.	0.	0.
Jennifer Irwin Director	0	0.	0.	0.
LeRoy Wilkerson Treasurer	0	0.	0.	0.
Trish Yanes Vice Chairman	0	0.	0.	0.
Dana Riley Executive Dir.	0	23,000.	0.	0.

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule Q		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed None		

42a The organization's books are in care of **Executive Director** Telephone no. **(972) 542-0679**
 Located at **2150 South Central Expwy McKinney TX** ZIP + 4 **75070**

	Yes	No
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)? If 'Yes,' enter the name of the foreign country: _____	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: _____	42c	X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year. **43** N/A

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If 'Yes,' was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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

Sign Here
 Signature of officer: Dana Riley Date: _____
 Type or print name and title: Executive Director

Paid Preparer Use Only
 Print/Type preparer's name: Barbara J Hartline, CPA Preparer's signature: Barbara J Hartline, CPA Date: _____
 Check if self-employed PTIN: P00175214
 Firm's name ▶ Barbara J. Hartline, CPA, PC
 Firm's address ▶ 202 W Louisiana St Ste 104 Firm's EIN ▶ 75-2860232
McKinney, TX 75069-4447 Phone no. (972) 562-8025

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization Volunteer McKinney Center	Employer identification number 75-2775219
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt 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)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III – Functionally integrated d Type III – Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	141,514.	90,805.	86,861.	35,642.	129,994.	484,816.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	141,514.	90,805.	86,861.	35,642.	129,994.	484,816.
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)						10,080.
6 Public support. Subtract line 5 from line 4.						474,736.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4.	141,514.	90,805.	86,861.	35,642.	129,994.	484,816.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						484,816.
12 Gross receipts from related activities, etc (see instructions)					12	0.
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 2012 (line 6, column (f) divided by line 11, column (f))	14	97.92 %
15 Public support percentage from 2011 Schedule A, Part II, line 14.	15	92.95 %

16a **33-1/3% support test – 2012.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33-1/3% support test – 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10%-facts-and-circumstances test – 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 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. ▶

b **10%-facts-and-circumstances test – 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services 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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 lns 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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2012. 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 – 2011. 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.

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

[Area with horizontal dashed lines for supplemental information]

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF**

OMB No. 1545-0047

2012

Name of the organization

Volunteer McKinney Center

Employer identification number

75-2775219

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 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 an organization 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 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total 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: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization Volunteer McKinney Center	Employer identification number 75-2775219
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	City of McKinney, TX ----- 222 N. Tennessee ----- McKinney, TX 75070 -----	\$ 116,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Darling Homes ----- 1601 Longwood Drive ----- McKinney, TX 75071 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Volunteer McKinney Center

75-2775219

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		

Name of organization

Volunteer McKinney Center

Employer identification number

75-2775219

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8) or (10)

organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ N/A
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Volunteer McKinney Center

Employer identification number

75-2775219

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

To assure an available, prepared force of engaged citizens who will meet

McKinney's needs for volunteer service to the community for the long-term future.

Create a "center of knowledge" for all of McKinney's community activities which

will avoid duplication of effort, and so that the community elicits and develops

community leadership for sustainable community growth and a continuously improving

quality of life.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or

indirectly, to pay premiums on a personal benefit contract?..... No

(b) Did the organization, during the year, pay premiums, directly or

indirectly, on a personal benefit contract?..... No

Volunteer McKinney Center

75-2775219

**Form 990-EZ, Part I, Line 16
Other Expenses**

Advertising and Promotion.....	\$	298.
Automobile Expense.....		212.
Bank Charges.....		197.
Credit Card Disc Fees.....		696.
Depreciation.....		672.
Dues & Subscriptions.....		1,109.
Insurance.....		1,424.
Miscellaneous.....		15.
Office Expenses.....		2,026.
Storage.....		414.
Telephone.....		1,310.
Training.....		51.
Volunteer Solutions Expense.....		3,117.
Web Software.....		2,484.
	Total \$	<u>14,025.</u>

**Form 990-EZ, Part II, Line 24
Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Furniture and Fixtures.....	\$ 26.	\$ 944.
Machinery and Equipment.....	801.	890.
Miscellaneous.....	0.	56.
Total	<u>\$ 827.</u>	<u>\$ 1,890.</u>

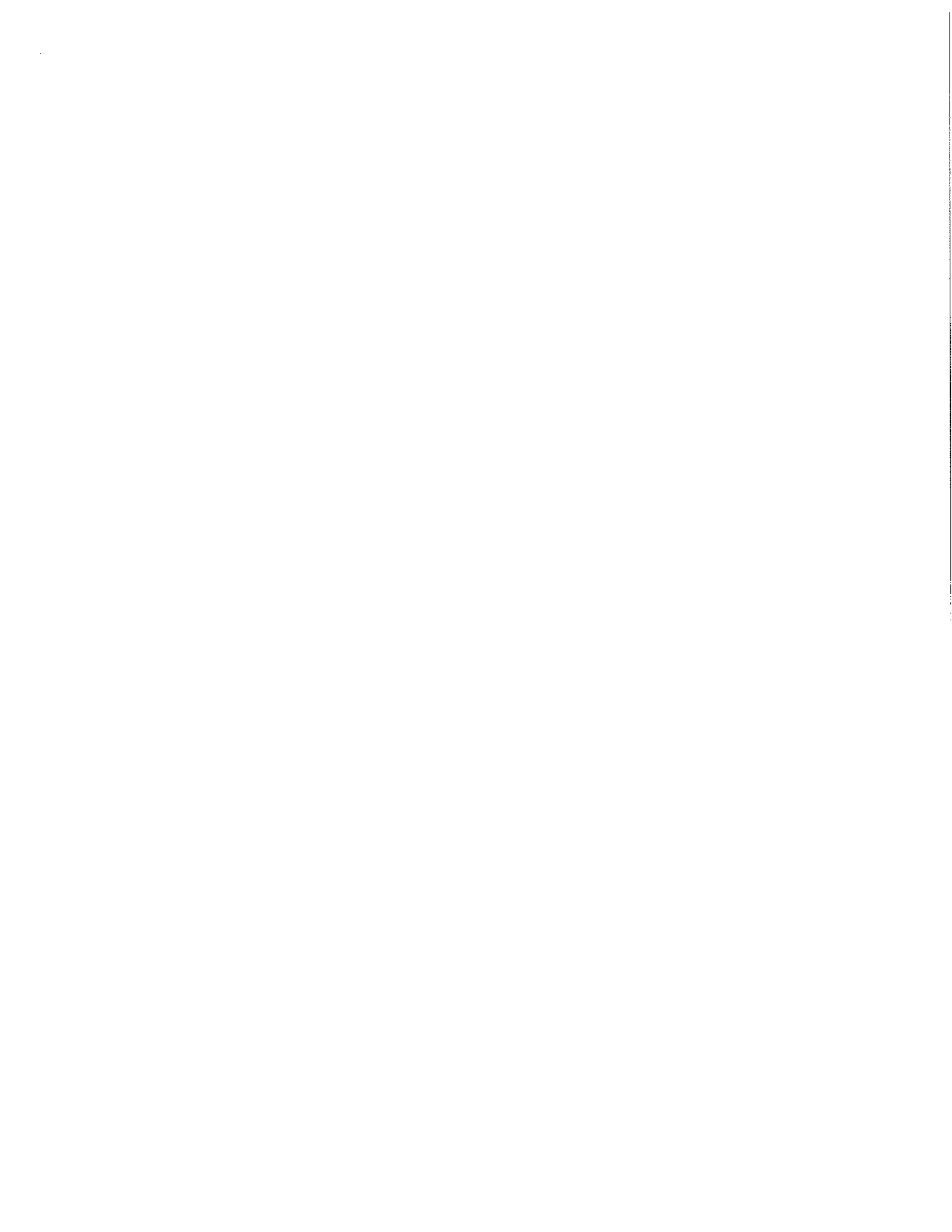
**Form 990-EZ, Part II, Line 26
Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Payroll Tax Payable.....	\$ 1,165.	\$ 972.
Total	<u>\$ 1,165.</u>	<u>\$ 972.</u>

**Volunteer McKinney
2013 Board of Directors**

Name	Term Start	Title	Address	Phone	Email
Sue Bohner	2012	Community Volunteer	1415 Snowberry Dr. Allen, TX 75013	c 214 850-2736	sue.bohner8@gmail.com
Lisa Bourassa	2011	Private Algebra Tutor	2102 Chippendale Dr. McKinney, TX 75071	c 972-415-9728	lisa.bourassa@volunteermckinney.org lisanbourassa94@gmail.com
Patrick Cloutier AAMS CRPC	2013	Owner Legacy PG	119 W. Virginia, Suite 201 McKinney, TX 75069	c 214-912-2736 o 972-562-5682 x201	patrick@legacypg.com
Michael Dodson	2013	Owner Ink and Toner Texas	3001 S. Hardin Blvd., Suite 114 McKinney, TX 75070	w 972 542-4800 c 972 632-6400	michael@inkandtonertexas.com
David Field CRPS, AAMS	2013	Financial Analyst	5080 Virginia Parkway, Suite 200 McKinney, TX 75071	O 972-529-3560	David.Field@edwardjones.com
Mike Foster	2011	Manager Market Street	5909 Desperado Dr. McKinney, TX 75070	c 806-786-5794 o 972-548-5145	561mgr@marketstreetunited.com
Jennifer McLaughlin	2013	Community Volunteer Junior League	7100 Winstanley Lane McKinney, TX 75071	c 972-365-3444	jen.mclaughlin@sbcglobal.net
Rob Nelson	2013	Owner Nelson Travel Consultants	2960 Eldorado Parkway, Suite 25 McKinney, TX 75070	972-529-5263 Work 214-695-5771 Cell	nelsontravel@hotmail.com
Melanie Scobey	2013	Director P31 Resource Networking	5900S. Lake Forest, #300 McKinney, Tx. 75070	c 214-578-0589	melanie.scobey@gmail.com
Scott Snellings	2011	The Burruss Snellings Law Firm PLLC	6617 Virginia Parkway McKinney, TX 75071	o 214-726-0016 c 214 991-8004	scott@mytexasfirm.com
Doc Vranici	2012	Owner Brother's Pizza	6150 Eldorado Pkwy, Ste. 180 McKinney, Tx. 75070	w972-548-4900 c214-505-6883	docvranici@hotmail.com
Trish Yanes	2010	Manager McKinney Community CTR	PO Box 517 75070 913 Inland Lane, 75070	w 972-547-2690x2693 c 469-556-7659	tyanes@mckinneytexas.org
Rafael Zambrana	2013	Mgr-Vol and Guest Relations Baylor McKinney	5252 W. University Drive McKinney, Tx. 75071	c 469-733-8177 o 469-764-2248	rafaelz@baylorhealth.edu
Dana Riley		Executive Director Volunteer McKinney	2150 South Central Expwy McKinney, Tx. 75070	w972-542-0679 c469-855-1524	dana.riley@volunteermckinney.org

as of January 1, 2014



2011 TAX RETURN

Government Copy

Client: 88000

Prepared for: Volunteer McKinney Center
P.O. Box 2821
McKinney, TX 75070-8177
(972) 542-0679

Prepared by: Barbara J Hartline, CPA
Barbara J. Hartline, CPA, PC
202 W Louisiana St Ste 104
McKinney, TX 75069-4447
(972) 562-8025

Date: July 12, 2012

Comments:

Route to: _____

**BARBARA J. HARTLINE, CPA, PC
202 W LOUISIANA ST STE 104
MCKINNEY, TX 75069-4447
(972) 562-8025**

July 12, 2012

Lisa Bourassa
Volunteer McKinney Center
P.O. Box 2821
McKinney, TX 75070-8177

Dear Lisa:

Enclosed is your 2011 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page four. No tax is payable with the filing of this return. Mail your Federal return on or before May 15, 2012 to:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Please be sure to call us if you have any questions.

Sincerely,

Barbara J Hartline, CPA

Volunteer McKinney Center
P.O. Box 2821
McKinney, TX 75070-8177

Department of Treasury
Internal Revenue Service
Ogden, UT 84201-0027

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2011 calendar year, or tax year beginning _____ **, 2011, and ending** _____

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C</p> <p>Volunteer McKinney Center P.O. Box 2821 McKinney, TX 75070-8177</p>	<p>D Employer identification number 75-2775219</p> <p>E Telephone number (972) 542-0679</p> <p>F Group Exemption Number..... ▶</p>
---	---	---

G Accounting Method: Cash Accrual Other (specify) _____

I Website: ▶ www.volunteermckinney.org

J Tax-exempt status (ck only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

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

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **39,593.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I.

R E V E N U E	1	Contributions, gifts, grants, and similar amounts received	1	39,243.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	294.
	5a	Gross amount from sale of assets other than inventory	5a	
		b Less: cost or other basis and sales expenses	5b	
		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
		a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ <u>33,490.</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
	c Less: direct expenses from gaming and fundraising events	6c	20,724.	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-20,724.	
	7a Gross sales of inventory, less returns and allowances	7a		
	b Less: cost of goods sold	7b		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8 Other revenue (describe in Schedule O)..... See Schedule O	8	56.	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶	9	18,869.	
E X P E N S E S	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	54,202.
	13	Professional fees and other payments to independent contractors	13	975.
	14	Occupancy, rent, utilities, and maintenance	14	5,400.
	15	Printing, publications, postage, and shipping	15	406.
	16	Other expenses (describe in Schedule O)	16	13,517.
	17 Total expenses. Add lines 10 through 16. ▶	17	74,500.	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-55,631.	
N E T A S S E T S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	91,075.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	21	35,444.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II. X

	(A) Beginning of year		(B) End of year	
22 Cash, savings, and investments	90,730.	22	35,782.	
23 Land and buildings		23		
24 Other assets (describe in Schedule O) See Schedule O	1,372.	24	827.	
25 Total assets	92,102.	25	36,609.	
26 Total liabilities (describe in Schedule O) See Schedule O	1,027.	26	1,165.	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	91,075.	27	35,444.	

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III. X

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	----- ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	
29	----- ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30	----- ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (describe in Schedule O) ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a) -----	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV. X

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Schedule O		43,120.	0.	0.
----- -----				

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.		
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40e	X
41 List the states with which a copy of this return is filed ▶ None		

42a The organization's books are in care of ▶ Interim Director Telephone no. ▶ (972) 542-0679
 Located at ▶ P.O. Box 2821 McKinney TX ZIP + 4 ▶ 75070-8177

	Yes	No
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)?	42b	X
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If 'Yes,' enter the name of the foreign country:.. ▶ _____		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	44d	
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

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

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If 'Yes,' was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

e Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ▶ Yes No

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

Sign Here
 Signature of officer: Lisa Bourassa Date: Interim Director
 Type or print name and title.

Paid Preparer Use Only
 Print/Type preparer's name: Barbara J Hartline, CPA Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P00175214
 Firm's name: Barbara J. Hartline, CPA, PC Firm's EIN: 75-2860232
 Firm's address: 202 W Louisiana St Ste 104 Phone no.: (972) 562-8025
McKinney, TX 75069-4447

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization Volunteer McKinney Center	Employer identification number 75-2775219
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt 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)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?.....	11 g (i)	
(ii) A family member of a person described in (i) above?.....	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?.....	11 g (iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	192,003.	141,514.	90,805.	86,861.	35,642.	546,825.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	192,003.	141,514.	90,805.	86,861.	35,642.	546,825.
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)						38,548.
6 Public support. Subtract line 5 from line 4.						508,277.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4.	192,003.	141,514.	90,805.	86,861.	35,642.	546,825.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						546,825.
12 Gross receipts from related activities, etc (see instructions)					12	0.
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 2011 (line 6, column (f) divided by line 11, column (f)).	14	92.95 %
15 Public support percentage from 2010 Schedule A, Part II, line 14.	15	90.49 %

16a **33-1/3% support test – 2011.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

b **33-1/3% support test – 2010.** 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. ▶

17a **10%-facts-and-circumstances test – 2011.** 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. ▶

b **10%-facts-and-circumstances test – 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 lns 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 2011 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2011. 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 – 2010. 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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Dashed lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18,
or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

Volunteer McKinney Center

Employer identification number

75-2775219

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total ▶

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		2011 Fundraisi (event type)	McKinney Volun (event type)	(total number)	(add column (a) through column (c))
	1	Gross receipts.....	20,604.	7,388.	27,992.
	2	Less: Charitable contributions.....	20,604.	7,388.	27,992.
	3	Gross income (line 1 minus line 2).....			
DIRECT EXPENSES	4	Cash prizes.....			
	5	Noncash prizes.....			
	6	Rent/facility costs.....			
	7	Food and beverages.....			
	8	Entertainment.....			
	9	Other direct expenses.....	10,414.	5,457.	15,871.
	10	Direct expense summary. Add lines 4 through 9 in column (d).....			15,871.
11	Net income summary. Combine line 3, column (d), and line 10.....			-15,871.	

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add column (a) through column (c))
	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, column (d) and line 7.....				

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? Yes No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

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? Yes No

13 Indicate the percentage of gaming activity operated in:

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

14 Enter 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 contact with a third party from whom the organization receives gaming revenue? Yes No

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 of the third party:

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? Yes No

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization

Volunteer McKinney Center

Employer identification number

75-2775219

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

To assure an available, prepared force of engaged citizens who will meet

McKinney's needs for volunteer service to the community for the long-term future.

Create a "center of knowledge" for all of McKinney's community activities which

will avoid duplication of effort, and so that the community elicits and develops

community leadership for sustainable community growth and a continuously improving

quality of life.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or

indirectly, to pay premiums on a personal benefit contract?..... No

(b) Did the organization, during the year, pay premiums, directly or

indirectly, on a personal benefit contract?..... No

Volunteer McKinney Center

75-2775219

Form 990-EZ, Part I, Line 8
Other Revenue

Travel Reimbursement.....	\$	56.
Total	\$	<u>56.</u>

Form 990-EZ, Part I, Line 16
Other Expenses

Bank Charges.....	\$	190.
Credit Card Disc Fees.....		461.
Depreciation.....		545.
Donation.....		40.
Dues & Subscriptions.....		285.
Insurance.....		4,850.
meals.....		430.
miscellaneous.....		157.
Office Expenses.....		1,040.
Storage.....		220.
Telephone.....		1,637.
Training.....		105.
Volunteer Solutions Expense.....		3,243.
Web Software.....		314.
Total	\$	<u>13,517.</u>

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Furniture and Fixtures.....	\$ 37.	\$ 26.
Machinery and Equipment.....	1,335.	801.
Total	\$ <u>1,372.</u>	\$ <u>827.</u>

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Payroll Tax Payable.....	\$ 1,027.	\$ 1,165.
Total	\$ <u>1,027.</u>	\$ <u>1,165.</u>

Volunteer McKinney Center

75-2775219

Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Health Benefits & Contrib- ution to EBP & DC</u>	<u>Expense Account & Other Allowances</u>
Nancy Cowlshaw 2878 CR 407 McKinney, TX 75071	Director 0	\$ 0.	\$ 0.	\$ 0.
Sheila Miller P.O. Box 2821 McKinney, TX 75070-2821	Executive Direc 0	38,500.	0.	0.
Erma Beeson 2123 Greenhill Dr. McKinney, TX 75070	Chairman 0	0.	0.	0.
Lisa Bourassa 2102 Chippendale Drive McKinney, TX 75071	Interim Direc 0	4,620.	0.	0.
Pat Farmer 8808 Milano Drive McKinney, TX 75071	Director 0	0.	0.	0.
Jim Durham 1450 Redbud Blvd McKinney, TX 75069	Vice Chairman 0	0.	0.	0.
Mike Foster 5909 Desperado Dr. McKinney, TX 75070	Director 0	0.	0.	0.
Roslyn Miller 1200 N. Tennessee Street McKinney, TX 75069	Director 0	0.	0.	0.
Jennifer Irwin 4500 Medical Ctr Drive McKinney, TX 75069	Director 0	0.	0.	0.
LeRoy Wilkerson 516 Lake Forest Dr. Coppell, TX 75019	Treasurer 0	0.	0.	0.
Trish Yanes PO Box 517 McKinney, TX 75070	Secretary 0	0.	0.	0.
Rhonda O'Bier 2502 W. University MS 8058 McKinney, TX 75071	Director 0	0.	0.	0.

Volunteer McKinney Center

75-2775219

Form 990-EZ, Part IV (continued)
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Health Benefits & Contrib- ution to EBP & DC</u>	<u>Expense Account & Other Allowances</u>
Daryl Booth 2803 Abbey Road McKinney, TX 75070	Director 0	\$ 0.	\$ 0.	\$ 0.
	Total	\$ 43,120.	\$ 0.	\$ 0.

501c3

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAY 25 1999

Employer Identification Number:
75-2775219

DLN:
319144444

VOLUNTEER MCKINNEY CENTER
800 NORTH MCDONALD
MCKINNEY, TX 75069

Contact Person:
JAMES M. GAVIN ID# 75033

Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
September 30, 1999

Form 990 Required:
yes

Addendum Applies:
no

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.



Youth Summit Event Budget 2014

Site	Estimated
Room and hall fees	\$3,000.00
Rentals	\$400.00
Total	\$3,400.00

Publicity	Estimated
Graphics work	\$300.00
Photocopying/Printing	\$300.00
Stationary Supplies	\$100.00
Banners & Signage	\$450.00
Total	\$1,150.00

Refreshments	Estimated
Food & Drink	\$3,500.00
Paper Goods	\$200.00
Total	\$3,700.00

Program	Estimated
Speakers	\$250.00
Total	\$250.00

Video Support	Estimated
Production	\$1,000.00
On-site A/V	\$500.00
Total	\$1,500.00

Grand Total	\$10,000.00
--------------------	--------------------

