

## Cindy Schneible

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**From:** noreply@civicplus.com  
**Sent:** Wednesday, May 31, 2017 12:23 PM  
**To:** Cindy Schneible  
**Subject:** Online Form Submittal: Grant Application

### Grant Application

#### Step 1

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##### Important Information

*Please read the McKinney Community Development Corporation Grant Guidelines prior to completing this application.*

*The Grant Guidelines are available on this website, or can be obtained by calling 214-544-0296.*

*Please call to discuss your plans for submitting an application in advance of completing this form.*

*Completed application and all supporting documents are required to be submitted electronically or on a CD for consideration by the McKinney Community Development Corporation (MCDC) board. Please submit physical applications with CDs to:*

*McKinney Community Development Corporation  
5900 South Lake Forest Boulevard, 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 which is available on this website, or by calling 214-544-0296.*

***Applications must be completed in full, using this form electronically (or physically with the requested CD by mail), and received by MCDC by 5 p.m. on the application deadline indicated on the "Grants" page of this website.***

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#### Organization Information

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Name	Volunteer McKinney
Federal Tax ID Number	75-2775219
Incorporation Date	1/1/1998
Mailing Address	400 W. Virginia, Suite 100
City	McKinney

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State	TX
Zip Code	75069
Phone Number	4698551524
Fax Number	000
Email Address	dana.riley@volunteermckinney.org
Organization Type	Nonprofit - 501(c) (Attach a copy of IRS Determination Letter)
IRS Determination Letter	<a href="#">IRS Determination Letter.pdf</a>

### **Representative & Contact Information**

#### Representative Completing Application:

Name	Dana Riley
Title	Executive Director
Address	400 W. Virginia, Suite 100
City	McKinney
State	TX
Zip Code	75069
Phone Number	4698551524
Fax Number	<i>Field not completed.</i>
Email Address	dana.riley@volunteermckinney.org

(Section Break)

#### Contact for Communications Between MCDC and Organization:

Name	Dana Riley
Title	Executive Director
Address	400 W. Virginia, Suite 100
City	McKinney
State	TX
Zip Code	75069

Phone Number 4698551524  
Fax Number *Field not completed.*  
Email Address dana.riley@volunteermckinney.org

**Project Information**

Funding - Total Amount Requested \$5,000

Matching Funds Available: No

Community Event/Project/Promotion: Start and Completion Dates 11/24/2017 - 12/17/2017

Board of Directors *Field not completed.*

Leadership Staff *Field not completed.*

Board of Directors Attachment [2017 Board of Directors February.xlsx](#)

Leadership Staff Attachment *Field not completed.*

(Section Break)

Using the outline below, provide a narrative:

**1: Applying Organization**

*Describe the mission, strategic goals and objectives, scope of services, day to day operations and number of paid staff and volunteers.*

*Disclose and summarize any significant, planned organizational changes and describe their potential impact on the Project/Promotion/Community Event for which funds are requested.*

**2: Project or Promotion/Community Event (whichever is applicable)**

*- Outline details of the Project/Promotion/Community Event for which funds are requested. Include information regarding scope, goals, objectives, and target audience.*

*- **For Promotional Grants/Community Events** - describe how this initiative will promote the City of McKinney for the purpose of business development and/or tourism.*

*- Describe how the proposed Project/Promotion/Community Event fulfills the strategic goals and objectives for your organization.*

*- Please also include planned activities, time frame/schedule, and estimated attendance and admission fees if applicable.*

*- Include the venue/location for the Project/Promotion/Community Event.*

*- Provide a timeline for the Project/Promotion/Community Event.*

*- Detail goals for growth/expansion in future years.*

**Provide specific information to illustrate how this Project/Promotion/Event aligns with one or more of the goals and strategies adopted by McKinney City Council and McKinney Community Development:**

- Eligible for MDCDC consideration under Sections 501 to 505 of the Texas Local Government Code (refer to MDCDC Grant Guidelines)
- Support cultural, sports, fitness, entertainment, community projects and events that attract resident and visitor participation and contribute to quality of life, business development and growth of McKinney sales tax revenue
- Highlight and promote McKinney as a unique destination for residents and visitors alike
- Meet citizen needs for quality of life improvements, business development and sustainable economic growth for residents in the City of McKinney
- Demonstrate informed financial planning – addressing long-term costs, budget consequences and sustainability of projects for which funding is requested
- Educate the community about the impact local dining and shopping has on investment in quality of life Improvements in McKinney

**3: Financial**

- Provide an overview of the organization’s financial status including the impact of this grant request on organization mission and goals.
- Please attach your budget for the current year and audited financial statements for the preceding two years. If audited financials are not available, please indicate why.

**4: Marketing and Outreach**

Describe marketing plans and outreach strategies for your organization, for the Project/Promotion/Community Event for which you are requesting funding, and how they are designed to help you achieve current and future goals.

**5: Metrics to Evaluate Success**

Outline the metrics that will be used to evaluate success of the proposed Project/Promotion/Community Event. If funding is awarded, a final report will be required summarizing success in achieving objectives outlined for the event.

Indicate which of the goals listed in the narrative instructions will be supported by the proposed Project/Promotion/Community Event:

This endeavor meets Goals 1-4 as we are a 501-C3 status nonprofit and Santa on the Square contributes to bringing people into the downtown area. Although they come to visit our unique Santa and get to have a private time with him, these people will stay downtown to shop or dine. If we do not bring Santa to downtown McKinney, patrons will have to go to Frisco, Allen or Plano for their Santa experience. Our Santa and his tiny house workshop draws people into downtown and the entire experience is in keeping with the "hometown" atmosphere of the square.

**Funding & Sources**

Project Grants

An expansion or improvement

Has a request for funding for this Project/Promotion/Community

No

Event been submitted to MCDC in the past?

Has a feasibility study or market analysis been completed for this proposal? No

What is the estimated total cost for this Project/Promotion/Community Event? \$12,000

Budget/Financial Statements *Field not completed.*

What percentage of the Project/Promotion/Community Event funding will be provided by the Applicant? 58%

Are Matching Funds available? No

Cash \$5,000

Source Corporate Donors & VM Funds

Percent of Total 42

In-Kind \$2,000

Source Photography & Printing Vendors

Percentage of Total 16

Are other sources of funding available? Downtown Businesses my pay to be listed in our Santa bags.

Have any other federal, state, or municipal entities or foundations been approached for funding? No

### **Acknowledgements**

If funding is approved by the MCDC board of directors, Applicant will assure:  
- *The Project/Promotion/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;
- 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% may 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.

**Incomplete applications or those received after the deadline listed in the application guidelines will not be considered.**

(Section Break)

Applicant Electronic Signature	Selecting this option indicates your agreement with the above statement.
Chief Executive Officer	Dana Riley
Representative Completing Application	Dana Riley
Completed Narrative	<a href="#">MCDC Grant App 2016-Santa.docx</a>
Date	5/31/2017

Email not displaying correctly? [View it in your browser.](#)

**McKinney Community Development Corporation**  
**Community Project Grant Application submitted by**  
**VOLUNTEER MCKINNEY**

**1: Applying Organization**

Volunteer McKinney has been in existence since 1998. The original purpose was to allow citizens of McKinney to connect with local nonprofits as volunteers. Currently, our mission is to **connect people to their passion through volunteerism and strengthening McKinney area nonprofits through training and collaboration**. For the past 5 years, we have done this with one paid staff member and a dedicated cadre of board members and community volunteers. In May, we hired a part-time Engagement Coordinator to assist us with social media, press releases and other items that will connect us with the McKinney community. We are proud of our status in Collin County as the main resource for volunteers, agencies and others seeking to learn about volunteerism. Our events frequently connect nonprofits to each other and we are constantly encouraging collaboration for the good of the clients that are served.

**2: Project or Promotion/Community Event**

Last year, we came up with a plan to have a Santa and charge families for the photos that would be taken. We decided to rent space at the PAC and I asked for a meeting with Amy Rosenthal to discuss the space rental. She told me that the downtown businesses had been clamoring for years to have a Santa downtown. After further discussion, we realized that our two goals could blend and that Main Street McKinney could play a role by providing a "one of a kind" Santa's tiny house workshop for our Santa. We agreed to try it and began the planning to pull off the event on a much larger scale and with an attention to detail that would be in keeping with Main Street's vision for Santa and would serve as direct competition to the popular Fairview Santa.

After much research, corporate sponsorship from Mercedes Benz of McKinney and with the blessing of Main Street and the city of McKinney, we offered our Santa experience on 3 weekends in December. Patrons booked their appointments online and paid \$29.99 in advance for 5 minutes with Santa inside the tiny house and 2-4 by 6 photos in a card frame. There was no limit to the number of people who were in the picture. A flash-drive was available for an additional \$10 and proved to be very popular once patrons viewed the photos inside our booth.

This first year taught us so much about how we would tweak the event to make it even better. We received so much praise from those who came to the square and also offered them advice on where to eat and shop. This was a successful fundraiser for us and we are glad to be able to commit to the huge amount of time and effort it takes to do it again.

The Santa on the Square takes 5 people plus Santa and the photographer to manage. We had full participation from our board last year and many of them brought their teens and spouses to help. We realize that this commitment forces all of us to give up the last weekend of November and 3 weekends in December but we are committed to using this as our only fundraiser for the year. Funds earned last year allowed us to hire a part time person and we are hopeful that our income will increase next year.

**Provide specific information to illustrate how this Project/Promotion/Event aligns with one or more of the goals and strategies adopted by McKinney City Council and McKinney Community Development:**

- Eligible for MCDC consideration under Sections 501 to 505 of the Texas Local Government Code (refer to MCDC Grant Guidelines)-**We are a registered 501-C3 in good standing with the IRS and the State of TX.**

- Support cultural, sports, fitness, entertainment, community projects and events that attract resident and visitor participation and contribute to quality of life, business development and growth of McKinney sales tax revenue-**Our event attracted an estimated 2,000 people to the square and many came with a group and most stayed to eat or shop.**

- Highlight and promote McKinney as a unique destination for residents and visitors alike-**The main thing we heard on social media and from the patrons are comments such as "This is the best experience I have ever had with a Santa", "Your Santa truly seemed real and we were even drawn in to the whole experience". "Thank you for making this visit with Santa for our special needs child so wonderful. This picture will be a treasure and we will be back next year"**.

- Meet citizen needs for quality of life improvements, business development and sustainable economic growth for residents in the City of McKinney-**Having a McKinney Santa makes it easier for families and surely impacts the number of shoppers in the downtown area.**

- Demonstrate informed financial planning – addressing long-term costs, budget consequences and sustainability of projects for which funding is requested-**This project, although labor intensive, is something that we feel strongly about. If we can do something like this instead of a Gala or other fundraiser, we want to keep doing it. We worked hard for the funds we were able to raise, but felt the entire time that we were doing something good for the community.**

- Educate the community about the impact local dining and shopping has on investment in quality of life Improvements in McKinney-**By coming to see Santa, patrons were exposed to all of the many dining and shopping options on the square and nearby. Next year, we plan to have a more focused effort on providing shopping and dining guides to all**

**our patrons.**

### **3: Financial**

See attached documents. We do not have audited financials due to our small annual budget.

### **4: Marketing and Outreach**

Last year, we were only able to print some posters and pay for some Facebook ads. We hope this year that we can do a bigger push on social media, print more posters and have more flash-drives that will promote us throughout the year. With our new part time person, we will be able to get more TV and print attention. We have a huge stockpile of photos from last year which will help us "sell" the Santa on the Square.

### **5: Metrics to Evaluate Success**

This year, we will be able to gauge success by the number of bookings over last year, the total number of people who come to the square for our event and the total amount of money we clear after all expenses. It is very easy to gauge most of these by using the analytics on our Santa on the Square website and by head-counting those who come with the children for the pictures. Last year, one child would bring an average of 3-4 adults with them.



2017 VM Board of Directors  
as of January 3, 2017

Name	Term Start	Title	Address	Phone	Email
Dave Stevens Board Chair	2015	Transition Manager Fujitsu America, Inc.	5424 Hampshire Dr. McKinney, TX 75070	c (469) 400-9710	<a href="mailto:dave.stevens@us.fujitsu.com">dave.stevens@us.fujitsu.com</a>
Michael Dodson Chair-Elect	2016-Oct	Owner Ink and Toner Texas	3001 S. Hardin Blvd., Suite 114 McKinney, TX 75070	w 972 542-4800 c 972 632-6400	<a href="mailto:michael@inkandtonertexas.com">michael@inkandtonertexas.com</a>
Rob Moore Treasurer	2015	Financial Analyst Morgan Stanley	2203 Stanford Ct. McKinney, TX 75070	c (832) 264-0018	<a href="mailto:rmoores246@comcast.net">rmoores246@comcast.net</a>
Deanna Kuykendall Secretary	2015	Consultant	5601 Spring Hill Drive McKinney, TX 75070	C (214) 733-2300	<a href="mailto:cdk2004@gmail.com">cdk2004@gmail.com</a>
Vonda Cloutier	2017	Community Volunteer	3114 St. Germain Dr. McKinney, TX 75070	c (214) 693-7391	<a href="mailto:vonda.cloutier@tx.rr.com">vonda.cloutier@tx.rr.com</a>
Jennifer Blalock, Ed.D.	2016-Oct	Vice President Collin College	4800 Preston Park Blvd Plano, TX 75093	c (321) 243-6260	<a href="mailto:jbialock@collin.edu">jbialock@collin.edu</a>
A. Brook Fulks, J.D.	2015	Attorney Fulks Family Law, PLLC	2121 Fleming Dr. McKinney, TX 75070	c (469) 307-7722	<a href="mailto:brook@fulksfamilylaw.com">brook@fulksfamilylaw.com</a>
Kara Olson	2017	Community Volunteer Jr. League	2305 Forest Hills Ct McKinney, TX 75070	c (214)924-3316	<a href="mailto:jl.karolson@gmail.com">jl.karolson@gmail.com</a>
Harvey Oaxaca	2016	Community Volunteer	4405 San Fernando McKinney, TX 75070	c (469) 853-0477	<a href="mailto:hoaxaca62489@gmail.com">hoaxaca62489@gmail.com</a>
Megan Pulley	2016-Dec	District Director St. Rep. Scott Sanford	115 W. Virginia St, #103 McKinney, TX 75069	c (972) 439-2374	<a href="mailto:megan.pulley123@gmail.com">megan.pulley123@gmail.com</a>
Klyne Smith	2016-Oct	Vice President, Application Delivery Ericsson	6400 Avalon Woods Drive McKinney, TX 75070	c (972) 533-6460	<a href="mailto:klynesmith@gmail.com">klynesmith@gmail.com</a>
Dana Riley		Executive Director Volunteer McKinney	400 W. Virginia, Suite 100 McKinney, Tx. 75069	c (469) 855-1524	<a href="mailto:dana.riley@volunteermckinney.org">dana.riley@volunteermckinney.org</a>

**VOLUNTEER MCKINNEY'S**  
**Santa on the Square 2017**  
**Proposed Budget**

**Event Expenses**

Website and Booking Software	\$400
Photo Supplies	\$300
Santa Appearances	\$4,800
Marketing and Promotional	\$5,000
Logoed photo sleeves, flash drives, bags & pens	\$3700
Posters	\$300
Flyers and Postcards	\$400
Paid Advertising (Print & radio)	\$600
Misc. Supplies	\$1,000
Payment to Main Street Mck of 10% of profit excluding sponsorships	TBD
<hr/>	
Total Expenses	\$11,500

**Event Income**

300 Advanced Ticket Sales @ \$29.99	\$9,000
20 Walk up Sales @ 39.99	\$800
300 Flash drive Sales @ \$10.00	\$3,000
Sponsorships and grants	\$10,000
<hr/>	
Total Income	\$23,000
Less Expenses	\$11,500
<hr/>	
Funds Raised	\$11,500
Less Main Street Fee	\$1,150
<hr/>	
TOTAL Funds Raised	\$10,350

**VOLUNTEER MCKINNEY**  
**Profit & Loss Detail**  
 October 2016 through January 2017

Num	Name	Memo	Split	Debit	Credit	Balance
6	-MULTIPLE-	Deposit	1029 · Ind Ban...		200.00	200.00
6		Square Deposit	1029 · Ind Ban...		126.39	326.39
6		Square Deposit	1029 · Ind Ban...		136.09	462.48
6		Paypal Deposit	1029 · Ind Ban...		4,000.00	4,462.48
6	Amazon	Supplies	1029 · Ind Ban...		669.75	5,132.23
6		Ettiane Mcihut	1029 · Ind Ban...		100.00	5,232.23
6		Square Deposit	1029 · Ind Ban...		29.16	5,261.39
6		Paypal Deposit	1029 · Ind Ban...		2,500.00	7,761.39
6		Square Deposit	1029 · Ind Ban...		388.90	8,150.29
6		Cash Deposit	1029 · Ind Ban...		469.00	8,619.29
6		Square Deposit	1029 · Ind Ban...		155.55	8,774.84
6		Square Deposit	1029 · Ind Ban...		408.34	9,183.18
6		Paypal Deposit	1029 · Ind Ban...		2,000.00	11,183.18
7	Santa on the Square	Deposit	1029 · Ind Ban...		236.00	11,419.18
7	Sonic	Deposit - (Mercedes-Benz)	1029 · Ind Ban...		5,810.00	17,229.18
7	Rotary	Deposit	1029 · Ind Ban...		100.00	17,329.18
				0.00	17,329.18	17,329.18
				0.00	17,329.18	17,329.18
				0.00	17,329.18	17,329.18
6	Dollar Tree		1029 · Ind Ban...	135.57		135.57
6	McKinney MPAC		1029 · Ind Ban...	408.00		543.57
6	Costume World		1029 · Ind Ban...	42.00		585.57
6	Amazon		1029 · Ind Ban...	459.95		1,045.52
6	The Print Lab		1029 · Ind Ban...	55.80		1,101.32
6	Party City		1029 · Ind Ban...	41.91		1,143.23
6	Marcos Pizza		1029 · Ind Ban...	147.58		1,290.81
6	The Print Lab		1029 · Ind Ban...	24.28		1,315.09
6	OTC Brands		1029 · Ind Ban...	150.86		1,465.95
6	Amazon		1029 · Ind Ban...	234.90		1,700.85
6	Wix.com		1029 · Ind Ban...	22.95		1,723.80
6	Swank Motion Picture	Polar Express Event	1029 · Ind Ban...	275.00		1,998.80
6	1422 Graphics Management	Flash drives	1029 · Ind Ban...	810.00		2,808.80
6		Supplies	1029 · Ind Ban...	669.75		3,478.55
6		Target	1029 · Ind Ban...	43.29		3,521.84
6		Wal-Mart	1029 · Ind Ban...	23.75		3,545.59
6		Snug on the Square	1029 · Ind Ban...	50.00		3,595.59
6		Landon Winery	1029 · Ind Ban...	50.00		3,645.59
6		Rick's Chop House	1029 · Ind Ban...	100.00		3,745.59
6	1425 Scott Rabe	Santa on the Square	1029 · Ind Ban...	1,375.00		5,120.59
6	1426 John Nickles	Santa 16 hours	1029 · Ind Ban...	900.00		6,020.59

**VOLUNTEER McKINNEY**  
**Profit & Loss Detail**  
 October 2016 through January 2017

Num	Name	Memo	Split	Debit	Credit	Balance
7	Wix.com	Website & booking - 1 month	1029 · Ind Ban...	22.95		6,043.54
				6,043.54	0.00	6,043.54
				6,043.54	0.00	6,043.54
				6,043.54	0.00	6,043.54
				<b>6,043.54</b>	<b>17,329.18</b>	<b>11,285.64</b>

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except private foundations)

**2015**

Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning 2015, and ending 2015

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

**C** Volunteer McKinney Center  
400 W. Virginia St. #100  
McKinney, TX 75069

**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** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 112,322.

**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.

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
<b>1</b> Contributions, gifts, grants, and similar amounts received					112,269.																								
<b>2</b> Program service revenue including government fees and contracts																													
<b>3</b> Membership dues and assessments																													
<b>4</b> Investment income					53.																								
<b>5a</b> Gross amount from sale of assets other than inventory																													
<b>b</b> Less: cost or other basis and sales expenses																													
<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																													
<b>6</b> Gaming and fundraising events																													
<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)																													
<b>b</b> Gross income from fundraising events (not including \$ <u>26,161.</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)																													
<b>c</b> Less: direct expenses from gaming and fundraising events											15,779.																		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)												-15,779.																	
<b>7a</b> Gross sales of inventory, less returns and allowances																													
<b>b</b> Less: cost of goods sold																													
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																													
<b>8</b> Other revenue (describe in Schedule O)																													
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																													
<b>10</b> Grants and similar amounts paid (list in Schedule O)																													
<b>11</b> Benefits paid to or for members																													
<b>12</b> Salaries, other compensation, and employee benefits																													
<b>13</b> Professional fees and other payments to independent contractors																													
<b>14</b> Occupancy, rent, utilities, and maintenance																													
<b>15</b> Printing, publications, postage, and shipping																													
<b>16</b> Other expenses (describe in Schedule O) <u>See Schedule O</u>																													
<b>17 Total expenses.</b> Add lines 10 through 16																													
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)																													
<b>19</b> 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)																													
<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)																													
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20																													

**RAA** For Paperwork Reduction Act Notice, see the separate instructions.

**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	72,200.	76,29.
23 Land and buildings		23
24 Other assets (describe in Schedule O) See Schedule O	8,143.	5,609.
25 Total assets	80,343.	81,901.
26 Total liabilities (describe in Schedule O) See Schedule O	2,225.	1,110.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	78,118.	80,791.

**Part III Statement of Program Service Accomplishments** (see the instructions 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; optional for others.)

28 <u>Together We Serve 2014 Event - Spirit of McKinney</u>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	8,987.
29 <u>Make a Difference Day</u>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	4,850.
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	13,837.

**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
<u>A. Brook Fulks, PLC</u> Director	0	0.	0.	0.
<u>Sue Bohner</u> Director	0	0.	0.	0.
<u>Deanna Kuykendall</u> Director	0	0.	0.	0.
<u>Charles Robinson</u> In Memorium	0	0.	0.	0.
<u>Doc Vranici</u> Director	0	0.	0.	0.
<u>Patrickk Clloutiere AAMS CRPC</u> President	0	0.	0.	0.
<u>Peggy Smolen</u> Director	0	0.	0.	0.
<u>Michael Dodson</u> Vice President	0	0.	0.	0.
<u>David Field CRPS, AAMS</u> Treasurer	0	0.	0.	0.
<u>Jennifer McLaughlin</u> Director	0	0.	0.	0.
<u>Rob Nelson</u> Director	0	0.	0.	0.
<u>Melanie Scobey</u> Director	0	0.	0.	0.
<u>Dana Riley</u> Executive Dir.	0	51,564.	0.	
<u>Rafael Zambrana</u> Director	0	0.	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
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O. ....		X
<b>34</b> 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
<b>35 a</b> 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>b</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 .....		
<b>c</b> 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
<b>36</b> 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
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37 a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? .....		X
<b>38 a</b> 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>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved. .... <b>38 b</b> N/A		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 .....		N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities .....		N/A
<b>40 a</b> 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>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 .....		X
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....		0.
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization .....		0.
<b>e</b> 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 .....		X
<b>41</b> List the states with which a copy of this return is filed ▶ <u>None</u>		

**42 a** The organization's books are in care of ▶ Executive Director Telephone no. ▶ (972) 542-0679  
 Located at ▶ 400 W. Virginia St., Ste 100 McKinney TX ZIP + 4 ▶ 75069

	Yes	No
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....		X
If 'Yes,' enter the name of the foreign country: ▶ _____		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? .....		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
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ .....		X
<b>b</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 .....		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? .....		X
<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O .....		
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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) .....		X

	Yes	No
<b>46</b> 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.		X

**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.

	Yes	No
<b>47</b> 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.		X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		X
<b>49b</b> If 'Yes,' was the related organization a section 527 organization?		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 business address of each independent contractor	(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 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: Executive Director  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: Randall Patrick, CPA  
 Preparer's signature: Randall Patrick, CPA  
 Date:   
 Check  if self-employed PTIN: P00949800  
 Firm's name: Marshall Warzecha Patrick, CPA PLLC  
 Firm's address: 1601 West University Ste B, McKinney, TX 75069  
 Firm's EIN: 47-4834518  
 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)**

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization <b>Volunteer McKinney Center</b>	Employer identification number <b>75-2775219</b>
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**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 (Form 990 or 990-EZ).)
- 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 to 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2015

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	35,642.	129,994.	108,773.	92,644.	112,321.	479,374.
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 <b>Total.</b> Add lines 1 through 3	35,642.	129,994.	108,773.	92,644.	112,321.	479,374.
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)						7,626.
6 <b>Public support.</b> Subtract line 5 from line 4						471,748.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	35,642.	129,994.	108,773.	92,644.	112,321.	479,374.
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 VI.)						0.
11 <b>Total support.</b> Add lines 7 through 10						479,374.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)).	14	98.41 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	97.08 %
16a <b>33-1/3% support test – 2015.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b <b>33-1/3% support test – 2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I 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 year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15.	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17.	18	%

19a **33-1/3% support tests - 2015.** 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 - 2014.** 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 Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. ....		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2) .....		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below .....		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination .....		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use .....		
<b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below .....		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations .....		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes .....		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document) .....		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document? .....		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control? .....		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .....		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ) .....		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ) .....		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .....		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .....		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .....		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below .....		
<b>b</b> Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) .....		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? .....	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above? .....	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI</i> .....	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year</i> .....	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization</i> .....	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)</i> .....	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? .....	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i> .....	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard</i> .....	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a**  The organization satisfied the Activities Test. Complete line 2 below.
  - b**  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c**  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) below.

	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities</i> .....	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement</i> .....	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .....	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard</i> .....	<b>3b</b>	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount		(A) Prior Year	(B) Current Year
1	<b>Adjusted net income for prior year</b> (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	<b>Minimum asset amount for prior year</b> (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

BAA

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D – Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes.....	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity.....	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations.....	
<b>4</b>	Amounts paid to acquire exempt-use assets.....	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required).....	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.....	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.....	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.....	
<b>9</b>	Distributable amount for 2015 from Section C, line 6.....	
<b>10</b>	Line 8 amount divided by Line 9 amount.....	

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6.....			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions).....			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b> .....			
<b>b</b> .....			
<b>c</b> .....			
<b>d</b> From 2013.....			
<b>e</b> From 2014.....			
<b>f</b> Total of lines 3a through e.....			
<b>g</b> Applied to underdistributions of prior years.....			
<b>h</b> Applied to 2015 distributable amount.....			
<b>i</b> Carryover from 2010 not applied (see instructions).....			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.....			
<b>4</b> Distributions for 2015 from Section D, line 7: \$.....			
<b>a</b> Applied to underdistributions of prior years.....			
<b>b</b> Applied to 2015 distributable amount.....			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.....			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).....			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).....			
<b>7</b> Excess distributions carryover to 2016. Add lines 3j and 4c.....			
<b>8</b> Breakdown of line 7:			
<b>a</b> .....			
<b>b</b> .....			
<b>c</b> Excess from 2013.....			
<b>d</b> Excess from 2014.....			
<b>e</b> Excess from 2015.....			

BAA

Schedule A (Form 990 or 990-EZ) 2015

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2015**

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Volunteer McKinney Center**

Employer identification number  
**75-2775219**

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' on 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

**2 a** 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						
<b>Total</b> .....						

**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.

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**Part II Fundraising Events.** Complete if the organization answered 'Yes' on 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Spirit of McKi (event type)	Giving Day (event type)	None (total number)	(add column (a) through column (c))	
REVENUE	1	Gross receipts	15,233.	6,078.		21,311.
	2	Less: Contributions	15,233.	6,078.		21,311.
	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	8,987.	403.		9,390.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				9,390.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-9,390.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1	Gross revenue			
	2	Cash prizes			
EXPENSES	3	Noncash 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. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If 'No,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10 a 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 conduct 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 conducted in:

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

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

Name ▶ -----

Address ▶ -----

15 a Does the organization have a contract 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.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also 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

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

**2015**

▶ Attach to Form 990 or 990-EZ.

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

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Volunteer McKinney Center

Employer identification number

75-2775219

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

Advertising and Promotion.....	\$	1,554.
Bank Charges.....		563.
Conferences, Conventions, and Meetings.....		65.
Contract Labor.....		4,510.
Credit Card Disc Fees.....		886.
Depreciation.....		2,535.
Dues & Subscriptions.....		605.
Information Technology.....		3,121.
Insurance.....		1,663.
Mileage.....		59.
Misc Expense.....		308.
Office Expenses.....		1,588.
Repairs and Maintenance.....		209.
Training.....		190.
Travel.....		1,388.
Vounteer Managers Event.....		331.
Youth Programs.....		6,396.
<b>Total</b>	<b>\$</b>	<b>25,971.</b>

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

	<u>Beginning</u>	<u>Ending</u>
Furniture and Fixtures.....	\$ 1,133.	\$ 356.
Machinery and Equipment.....	7,000.	5,252.
Miscellaneous.....	10.	1.
<b>Total</b>	<b>\$ 8,143.</b>	<b>\$ 5,609.</b>

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

	<u>Beginning</u>	<u>Ending</u>
Payroll Tax Payable.....	\$ 2,225.	\$ 1,110.
<b>Total</b>	<b>\$ 2,225.</b>	<b>\$ 1,110.</b>

**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.

Name of the organization

Employer identification number

Volunteer McKinney Center

75-2775219

**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





## 2016 SANTA ON THE SQUARE

A partnership with the City of McKinney & Main Street McKinney.

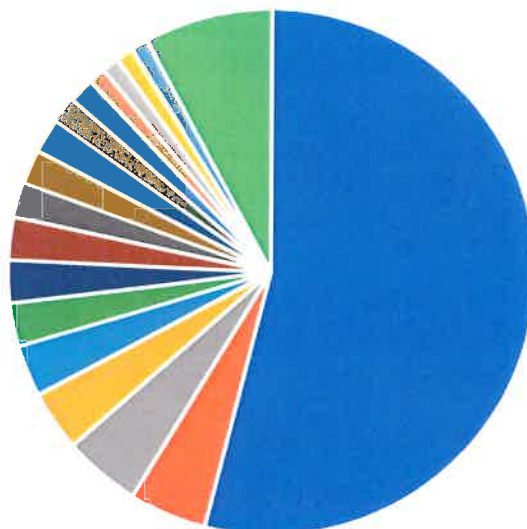
405 is the total bookings from Dec. 1 to Dec. 17<sup>th</sup> (1 Thursday & 3 Friday evenings and 3 Saturdays).

1,625 is the total number of Visitors to **Santa on the Square** (Adults and Children).

\$13,390 is the Value of Volunteer Time (500 hrs)

<http://www.pointsoflight.org/tools/volunteercalculator>

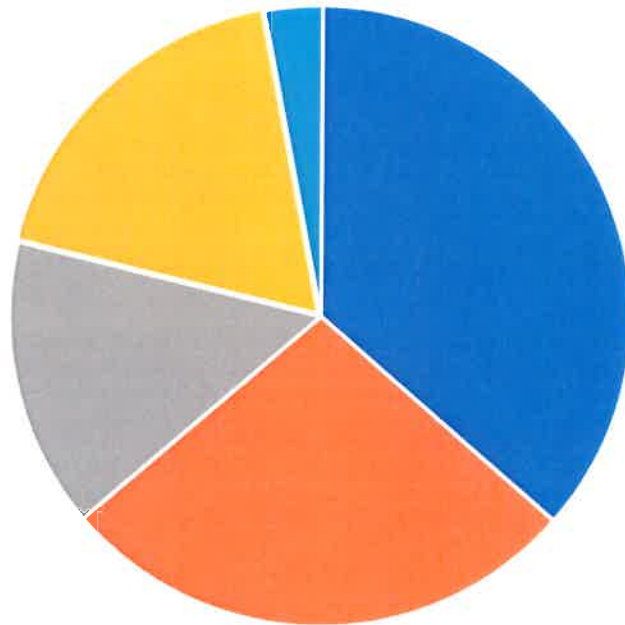
Reservations by City



- McKinney
- Allen
- Prosper
- Anna
- princeton
- Celina
- Little Elm
- Plano
- Dallas
- frisco
- Melissa
- Fairview
- Wylie
- Denton
- Emory
- farmersville
- TRENTON
- Other

The tiny house workshop was designed especially for Santa by **Studio 2547** and built by **Evergreen McKinney** with electrical provided by **Top Notch Electrician**. The vintage interior design was lovingly provided by Kaci Lyford of **Patina Green**. **Mercedes Benz of McKinney** sponsored the Santa events and **TomK Photography** provided the beautiful keepsake photos with Santa.

Walk-Ups



■ McKinney      ■ Collin County      ■ DFW Area      ■ TX Out of Area      ■ Out of State



Featured on the TODAY SHOW on Dec. 8, 2016





**Our Friday Santa greeting passers-by.**



**Our Saturday Santa**



**Our Largest Group**



**A sweet boy with special needs**

A sample of our overwhelmingly positive response...

- ❖ “We loved being able to have a private visit inside the adorable house with Santa. It really was special!”-Father of 2 from Plano
- ❖ “Every detail of the house is so special. It took me right back to my childhood seeing the bride doll.”-Great Grandmother from Oklahoma
- ❖ “We appreciated being able to book online and not having to wait with our toddler twins! We will be back!”-Family of 4 from McKinney
- ❖ “Everything was wonderful! Santa was so sweet and this trip really has made a memory for us.”-Family of 6 from Fairview
- ❖ “We are so glad to have our money go to a nonprofit. What a great idea all of this is.”-Grandfather from McKinney
- ❖ “What a great way to spend a December afternoon. Even us “big kids” got into the spirit!”-Middle-aged couple from Dallas

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

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

VOLUNTEER MCKINNEY CENTER  
800 NORTH McDONALD  
MCKINNEY, TX 75069

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.