

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning , and ending

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

Volunteer Center of Lubbock Inc.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

1706 23rd Street 101

City or town State or country ZIP + 4

Lubbock TX 79411-1214

D Employer identification number

75-2325274

E Telephone number

806-747-0551

F Accounting method: Cash Accrual

Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ N/A

G Website: ▶ www.volunteerlubbock.org

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 347,665

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b		220,479	
	c	Indirect public support (not included on line 1a)	1c		99,306	
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ 319,785 noncash \$)	1e			319,785
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			23,763
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			4,117
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c				
7	Other investment income (describe ▶)	7				
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
b	Less: cost or other basis and sales expenses	8a				
c	Gain or (loss) (attach schedule)	8b				
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c				
8d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d				
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a				
b	Less: direct expenses other than fundraising expenses	9b				
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c				
10a	Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b				
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c				
11	Other revenue (from Part VII, line 103)	11				
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			347,665	
Expenses	13	Program services (from line 44, column (B))	13		255,059	
	14	Management and general (from line 44, column (C))	14		16,640	
	15	Fundraising (from line 44, column (D))	15		19,870	
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses. Add lines 16 and 44, column (A)	17		291,569	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		56,096	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		226,031	
	20	Other changes in net assets or fund balances (attach explanation)	20			
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		282,127	

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22 b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a	53,232	51,190	2,042
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c	26	87,538	84,180	3,358
27	Pension plan contributions not included on lines 25a, b, and c	27			
28	Employee benefits not included on lines 25a – 27	28			
29	Payroll taxes	29	11,636	11,287	349
30	Professional fundraising fees	30			
31	Accounting fees	31	9,162		9,162
32	Legal fees	32			
33	Supplies	33	15,178	10,208	108
34	Telephone	34	2,285	2,259	26
35	Postage and shipping	35	4,135	2,893	1,242
36	Occupancy	36	4,800	4,656	144
37	Equipment rental and maintenance	37	615	597	18
38	Printing and publications	38	10,446	9,534	36
39	Travel	39			
40	Conferences, conventions, and meetings	40	10,215	10,215	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	6,300	6,111	189
43	Other expenses not covered above (itemize):				
a	Dues and Fees	43a	2,864	2,864	
b	Insurance	43b	3,499	3,394	105
c	Other Expenses	43c	13,369	13,319	50
d	Tournament Expenses	43d	13,453		13,453
e	Volunteer Program Awards	43e	42,842	42,352	490
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	291,569	255,059	16,640
					19,870

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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

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

What is the organization's primary exempt purpose? Promote Volunteerism, Nonprofit Management Assistance	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a Volunteer Services: to provide a comprehensive range of services related to the promotion and enhancement of volunteerism including training and linking individuals and 300 nonprofit organizations in the community; services include printed volunteer guides, online volunteer matching, recognition events, board bank, volunteer fairs, and days of service; 10,047 adult volunteer referrals documented in 2006 (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	67,820
b Management Assistance: to provide technical services and management assistance to area nonprofit organizations through seminars, training, network meetings, criminal background check and risk management, strategic planning, facilitation (105 individuals participated in 6 site-based consultations in 2006), and conducted 790 criminal background checks for organizations serving vulnerable clients (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	62,976
c Adult Education: to provide learning opportunities to acquire new information, develop needed skills, or upgrade occupational competencies for area nonprofits; issues include: working with boards, personnel management, strategic planning, grant writing, fundraising, and volunteer management (381 people attended 19 workshops in 2006) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30,681
d Youth Services: to assist young people to be involved in the community by offering them information, training and opportunities to serve including tracking of activities by students, service program development and implementation, training for board service, community wide service days, and leadership training programs; 157 youth participated in the Center's leadership programs totaling 2,719 hours and including 56 community service projects; 7,000 students in 22 area secondary schools documented 94,000 hours of service benefiting 62,500 people (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	93,582
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	255,059

Part IV Balance Sheets (See the instructions.)

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

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	37,083	45	48,146
	46 Savings and temporary cash investments	82,553	46	120,703
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts			
		377	47c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts			
			48c	
	49 Grants receivable	107,150	49	120,550
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51 a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts			
			51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	1,993	53	1,993
	54 a Investments—publicly-traded securities. <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments—other securities (attach schedule). <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55 a Investments—land, buildings, and equipment: basis	40,081		
	b Less: accumulated depreciation (attach schedule)	26,829	14,541	55c
			13,252	
56 Investments—other (attach schedule)		56		
57 a Land, buildings, and equipment: basis				
b Less: accumulated depreciation (attach schedule)				
		57c		
58 Other assets, including program-related investments (describe <input type="checkbox"/>)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	243,697	59	304,644	
Liabilities	60 Accounts payable and accrued expenses	14,791	60	16,672
	61 Grants payable		61	
	62 Deferred revenue	2,875	62	5,845
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities. Add lines 60 through 65	17,666	66	22,517	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	68,583	67	74,460
	68 Temporarily restricted	157,448	68	207,667
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	226,031	73	282,127
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	243,697	74	304,644

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	347,665
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	347,665
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12). Add lines c and d		e	347,665

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	291,569
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	291,569
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17). Add lines c and d		e	291,569

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name Sharon Bass Str 1706 23rd St City Lubbock ST TX ZIP 79411	Title Executive Director Hr/WK 40	53,232	0	0
Name Board Members Str See Statement City ST ZIP	Title Board Members Hr/WK	0	0	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 19		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ► _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a NONE		
b	Did the organization file Form 1120-POL for this year?	81b	X

