

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)

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 2007 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

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) ▶ _____

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 ▶ 351,545

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
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.)

	Description			Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		0
	b Direct public support (not included on line 1a)	1b		229,610
	c Indirect public support (not included on line 1a)	1c		93,515
	d Government contributions (grants) (not included on line 1a)	1d		0
	e Total (add lines 1a through 1d) (cash \$ 318,450 noncash \$ 4,675)	1e		323,125
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		23,053
	3 Membership dues and assessments	3		0
	4 Interest on savings and temporary cash investments	4		5,367
	5 Dividends and interest from securities	5		0
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c		0	
7 Other investment income (describe ▶)	7		0	
Revenue	8 a Gross amount from sales of assets other than inventory	(A) Securities		
		(B) Other		
	b Less: cost or other basis and sales expenses	8a		0
	c Gain or (loss) (attach schedule)	8b		0
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		0
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		0
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ 0 of contributions reported on line 1b)	9a		0
b Less: direct expenses other than fundraising expenses	9b		0	
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		0	
Revenue	10 a Gross sales of inventory, less returns and allowances	10a		0
	b Less: cost of goods sold	10b		0
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		0
11 Other revenue (from Part VII, line 103)	11		0	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		351,545	
Expenses	13 Program services (from line 44, column (B))	13		286,852
	14 Management and general (from line 44, column (C))	14		21,209
	15 Fundraising (from line 44, column (D))	15		22,769
	16 Payments to affiliates (attach schedule)	16		0
	17 Total expenses. Add lines 16 and 44, column (A)	17		330,830
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		20,715
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		282,127
	20 Other changes in net assets or fund balances (attach explanation)	20		0
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		302,842

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.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	55,345	53,680	1,665	0
25 b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0	0	0	0
25 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)	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	110,528	107,202	3,326	
27	Pension plan contributions not included on lines 25a, b, and c	0			
28	Employee benefits not included on lines 25a - 27	0			
29	Payroll taxes	13,476	13,206	270	
30	Professional fundraising fees	0			
31	Accounting fees	10,648		10,648	
32	Legal fees	0			
33	Supplies	19,761	8,937	4,742	6,082
34	Telephone	2,616	2,600	16	
35	Postage and shipping	4,062	2,834	30	1,198
36	Occupancy	5,400	5,292	108	
37	Equipment rental and maintenance	723	709	14	
38	Printing and publications	11,379	10,137	42	1,200
39	Travel	0			
40	Conferences, conventions, and meetings	13,965	13,866	99	
41	Interest	0			
42	Depreciation, depletion, etc. (attach schedule)	5,526	5,415	111	0
43	Other expenses not covered above (itemize):				
43 a	Dues and Fees	2,318	2,318	0	0
43 b	Insurance	3,455	3,386	69	0
43 c	Other Expenses	8,271	8,202	69	0
43 d	Tournament Expenses	13,665	0	0	13,665
43 e	Volunteer Program Awards	49,692	49,068	0	624
43 f		0	0	0	0
43 g		0	0	0	0
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	330,830	286,852	21,209	22,769

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 \$ 0; (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 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.)	Program Service Expenses (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; 14,331 adult volunteer referrals documented in 2007 (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	84,905
b Management Assistance: to provide technical services and management assistance to area nonprofit organizations through seminars, training, network mtgs, criminal background check and risk management, strategic planning, facilitation (139 people in 15 organizations participated in site-based consultations in 2007) and conducted 904 criminal background checks during 2007 for organizations serving vulnerable populations (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	36,388
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 (221 people attended 12 workshops in 2007) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	24,258
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; 170 youth participated in the Center's leadership programs totaling 1,923 hours and including 59 community service projects; 13,521 students in 30 area secondary schools documented 168,440 hours of service and raised over \$154,946 in funding for organizations and service projects (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	141,301
e Other program services (attach schedule) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	286,852

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		48,146	45	27,538
	46 Savings and temporary cash investments		120,703	46	158,437
	47 a Accounts receivable	47a	466		
	b Less: allowance for doubtful accounts	47b	0	47c	466
	48 a Pledges receivable	48a	0		
	b Less: allowance for doubtful accounts	48b	0	48c	0
	49 Grants receivable		120,550	49	127,022
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a	0
	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)	51a	0		
	b Less: allowance for doubtful accounts	51b	0	51c	0
	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	0	54a	0
	b Investments—other securities (attach schedule).	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0
	55 a Investments—land, buildings, and equipment: basis	55a	43,282		
	b Less: accumulated depreciation (attach schedule)	55b	30,429	55c	12,853
	56 Investments—other (attach schedule)		0	56	0
	57 a Land, buildings, and equipment: basis	57a	0		
	b Less: accumulated depreciation (attach schedule)	57b	0	57c	0
58 Other assets, including program-related investments (describe)		0	58	0	
59 Total assets (must equal line 74). Add lines 45 through 58		304,644	59	328,309	
Liabilities	60 Accounts payable and accrued expenses		16,672	60	23,760
	61 Grants payable			61	
	62 Deferred revenue		5,845	62	1,707
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b Mortgages and other notes payable (attach schedule)		0	64b	0
	65 Other liabilities (describe)		0	65	0
	66 Total liabilities. Add lines 60 through 65		22,517	66	25,467
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		74,460	67	76,858
	68 Temporarily restricted		207,667	68	225,984
	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)		282,127	73	302,842	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.		304,644	74	328,309	

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	351,545
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	351,545
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	351,545

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

a	Total expenses and losses per audited financial statements		a	330,830
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	330,830
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	330,830

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 Exec Director Hr/WK 40	55,345	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 _____				

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	81a	NONE
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.)	81b	X
b	Did the organization file Form 1120-POL for this year?		X

