

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)

2012

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 2012 calendar year, or tax year beginning 10/01, 2012, and ending 09/30, 2013

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

C Name of organization **ROGERS COUNTY VOLUNTEERS FOR YOUTH**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1700 S Lynn Riggs Blvd Suite A
 City, town or post office, state, and ZIP code
Claremore, OK 74017

D Employer identification number
73-1563581

E Telephone number
918-343-2530

G Gross receipts \$ **400,556**

F Name and address of principal officer: **Melynda Stone**
1700 S Lynn Riggs Blvd, Suite A, Claremore, OK 74017

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **www.volunteersforyouth.com**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1998**

M State of legal domicile: **OK**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Positively impact the lives of youth in our communities with the vision that all Rogers County youth succeed		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	8
	6	Total number of volunteers (estimate if necessary)	6	100
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 32,675	Current Year 383,840
	9	Program service revenue (Part VIII, line 2g)	4,253	14,165
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,389	2,551
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,650	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	65,967	400,556
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	32,641	207,968
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,626		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	21,131	137,579
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	53,772	345,547
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	12,195	55,009
	20	Total assets (Part X, line 16)	Beginning of Current Year 109,072	End of Year 170,942
	21	Total liabilities (Part X, line 26)	1,054	7,915
	22	Net assets or fund balances. Subtract line 21 from line 20	108,018	163,027

Part II Signature Block

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

Sign Here

Signature of officer: **Melynda Stone, Executive Director**
 Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name ▶: _____ Firm's EIN ▶: _____
 Firm's address ▶: _____ Phone no.: _____

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