Form 990-EZ

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

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

▶ 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.

A	For the	2015 calend	ar year, or tax year beginning OCTOBER 1 , 2015, and ending	SEPT	EMBE	R 30 , 20 16
_	Check if ap		C Name of organization			entification number
_	Address c		VOLUNTEER CONNECTIONS OF CENTRAL ALABAMA, INC. aka VCCA	- шр.	-	
=	Name cha	-		E Telep		2-1368780 umber
	initial retu	ım				
=		m/termmated	PO BOX 1111 City or town, state or province, country, and ZIP or foreign postal code	F Grou		6-234-0347
=	Amended				ıber.≱	
_		on pending ting Method:	ALEXANDER CITY, AL, USA, 35011-1111 ✓ Cash Accrual Other (specify) ► H C			IVA
	Nebsite	-				f the organization is not ach Schedule B
				•)-EZ, or 990-PF).
_		organization	Corporation Trust Association Other			, LL, 0, 000-1 1 j.
		•	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	accete		
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		•	50744
_	art I		e, Expenses, and Changes in Net Assets or Eund Balances (see the i		tions	56741
-	ar t		the organization used Schedue O to any question in this Part I			
_	1		ons, gifts, grants, and similar amounts received:	· · · i	41	
	2		ervice revenue including government fees and contracts		2	55726
	3		ip dues and assessments . FEB. 0.8.2017.	٠ . ا	3	
	4	Investmen	· 1971		4	
	5a	Gross amo	unt from sale of assets other vaning tory		-	905
	b	Less cost	or other basis and sales expenses 5b			
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6		d fundraising events		-50	
	а	•	ome from gaming (attach Schedule G if greater than		1	
9	"	\$15,000)				
Revenue	Ь		me from fundraising events (not including \$ of contributions			
è	-		aising events reported on line 1) (attach Schedule G if the		- 1	
4	1		h gross income and contributions exceeds \$15,000) 6b			
	c	Less: direc	t expenses from gaming and fundraising events 6c		}	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract		
	Ì	line 6c) .			6d	
	7a	Gross sale	s of inventory, less returns and allowances 7a			
	Ь		of goods sold			
	C		t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8		nue (describe in Schedule O)		8	110
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	56741
	10		similar amounts paid (list in Schedule O)		10	6365
	11	Benefits pa	aid to or for members		11	
8	12	Salaries, o	ther compensation, and employee benefits	[12	19920
Expenses	13		al fees and other payments to independent contractors		13	
ĝ	14	Occupanc	y, rent, utilities, and maintenance	[14	9355
Ω	15	Printing, p	ublications, postage, and shipping	[15	7593
	16	Other expe	enses (describe in Schedule O)	[16	12446
	17	Total expe	nses. Add lines 10 through 16	. ▶	17	55679
9	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	1062
Bet	19		or fund balances at beginning of year (from line 27, column (A)) (must agree			
AB]	end-of-yea	r figure reported on prior year's return)		19	62451
Net Assets	20	Other char	ges in net assets or fund balances (explain in Schedule O)	[20	-0-
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	<u>.</u> ▶]	21	63513
For	Papen	work Reduct	ion Act Notice, see the separate instructions. Cat. No. 10642			Form 990-EZ (2015)

Cat. No. 106421

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990-EZ (2015)					Page 2
Pa	irt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this l	Partill		🗹
		<u> </u>		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[51600	22	52695
23	Land and buildings			-0-		-0-
24	Other assets (describe in Schedule O)			11665	_	11740
25	Total assets		[63265	_	64435
26	Total liabilities (describe in Schedule O)			(814)		(922)
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	62451		63513
Par	t III Statement of Program Service Accom					
	Check if the organization used Schedule					Expenses
Wha		HEALTH & HUMAN S				jurred for section
	cribe the organization's program service accomplis			rogram centices		c)(3) and 501(c)(4) mzations; optional for
	neasured by expenses. In a clear and concise m				othe	
	ions benefited, and other relevant information for ea		odividos providos	, and named of		
	SERVED 1300 CLIENTS: PROVIDED FREE TAX ASSI		OD SENIODS AND LO	WINCOME		T
	TAXPAYERS	START & L-TICING T	JR JEHORS AND CO	THE COURT		
	IAAFAILRS					į
	(Grants \$ 40,763) If this amount	includes foreign gra	ints check here	▶ □	28a	46647
20	RECYCLING: VOLUNTEERS PROVIDE ALTERNATIVE					40047
2.5	ALUMINUM: PAPER RECYCLED: 163.85 tons; ALUM			113.8		
	ALUMINUM: PAPER RECTCLED: 163.85 tons; ALUM	INUN CANS RECTCE	ED: 1301 LD3.			
	(Grants \$ -0-) If this amount	includes foreign gra	inte chack hara	N [1]	29a	167
20				····	230	167
30	OTHER AGENCIES PROGRAMS: COMMUNITY ASSIS	IANI: SERVED : 300	<u></u>			
	/Conta \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ıncludes foreign gra	ento shook horo		30a	2500
24	(Grants \$) If this amount Other program services (describe in Schedule O)			• • • •	304	2500
31		includes foreign gra			31a	
			illo, check here .	· · · · - • • • • • • • • • • • • • • •	310	<u> </u>
22	Total program service expenses (add lines 28a t	brough 31a)	<u> </u>		22	40274
	Total program service expenses (add lines 28a t			>	32 stn/	49314
	t IV List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not comp	▶ pensated—see the in	struc	ctions for Part IV)
		Employees (list each O to respond to an	n one even if not comp ny question in this l	▶ pensated – see the in Part IV	struc	ctions for Part IV)
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees (list each O to respond to an (b) Average	n one even if not comp ny question in this (c) Reportable compensation	pensated—see the in Part IV	nstruc ee (e)	ctions for Part IV)
	t IV List of Officers, Directors, Trustees, and Key	Employees (list each O to respond to an	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	ee (e)	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Comployees (list each of to respond to an (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation	pensated—see the in Part IV	ee (e)	ctions for Part IV)
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om 99 Part	OEZ (2015) VO (UN TEEY COMMETTIME OF LENTING TO LENT 2- V Other Information (Note the Schedule A and personal benefit contract statement requirements	<u> 13(</u>		age 3
i art	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
35a	change on Schedule O (see instructions)	34		√
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35a 35b		✓
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓_
	during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions N/A Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		J
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities			
b	section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A 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	40b		
С	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,	400		,
d	4955, and 4958			j
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	- 40e		~ ,
41	List the states with which a copy of this return is filed ▶ ALABAMA			
42a	The organization's books are in care of ► VOLUNTEER CONNECTIONS OF CEN AL Telephone no. ► 2 Located at ► 5030 HWY 280 STE C, ALEXANDER CITY, AL ZIP + 4 ►		4-0347 -7217	<i></i>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶	42b		✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			!
C	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	- 🗆
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		√. √
C	Did the organization receive any payments for indoor tanning services during the year?	44c		√
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u> </u>
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-F7 (see instructions)	45.		,
	Form 990-EZ (see instructions)	45b	لـــــا	_₹_

rom 990	-62 (2)	19)							rage -
		ne organization engage, directly or in							No
Part V	4	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Scl	s only s must answer que	stions 47–49b and	52, and	complete th		<u> </u>	es
		Check if the organization used Sci	ledule O to respond	to any question in	IIIS Fart	VI		Yes	No
		he organization engage in lobbying If "Yes," complete Schedule C, Par			on in effe	ect during the	tax 47		1
48	Is the	organization a school as described ii	section 170(b)(1)(A)(i	i)? If "Yes." complete	Schedul	e E			1
		ne organization make any transfers to						—	17
		s," was the related organization a se	•						 `
50	Comp	olete this table for the organization's oyees) who each received more than	five highest compen	sated employees (of	her than	officers, direct	tors, trus	ees ar	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contribut benefit p	ealth benefits, tions to employee lans, and deferred mpensation	(e) Estima other co	ted amo	
NONE									
						i			
							<u> </u>		
51	Comp	number of other employees paid ovolete this table for the organization 000 of compensation from the orga	s five highest compe	ensated independen	t contrac	tors who each	receive	d more	than
	(a)	Name and business address of each independ	lent contractor	(b) Type of sea	rvice	(c) Compens	tion	
NONE									
							·		
52	Did t	number of other independent contra the organization complete Schedu			. ► anızation	s must attacl	n a .▶ [7] Y €		
Under pe	nalties	of perjury, I declare that I have examined this in declare that I have examined this in decomplete. Declaration of preparer (other that	return, including accompan	ying schedules and staten	nents, and the	o the best of my ki lowledge.			
Sign		Signature of officer	الله الله			12-28- Date	-16		
Here		BARBARA Y WILLIS, TREASURER	<u> </u>						
		Type or print name and title Print/Type preparer's name	Preparer's signature] [ate	Check [of PTIN		
Paid Prepa	ırer		1			setf-emplo			
Use C	nly	Firm's name ▶		_,		Firm's EIN ▶			
Mayth	o IDC	Firm's address ▶ discuss this return with the prepare	r shown above? See	instructions		Phone no.	► □ Ye	<u> </u>	No
way us	- 1113	disouse the letter with the brebate	Showil above: Occ		· · ·	· · · · · · ·		90-E2	

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.

OMB No. 1545-0047

2015

Open to Public Inspection

Name	Name of the organization Employer identification number						
	NTEER CONNECTIONS OF CENTRA						68780
Par							ons.
1/16 (organization is not a private foundar A church, convention of churc		· -	-	-	•	
2	A school described in section						
3	A hospital or a cooperative hospital		•			• •	
4	A medical research organization		onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)	(iii). Enter the
5	hospital's name, city, and state An organization operated for	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
_	section 170(b)(1)(A)(iv). (Com	· ·					
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	to its exempt int income and	functions—subject to unrelated business	certain taxable i	exception ncome (l	ns, and (2) no more	than 331/3% of its
10	An organization organized and	operated exclus	sively to test for public	safety.	See sect i	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11a	d organizations d	escribed in section 5	09(a)(1) o	r section	509(a)(2). See secti	i on 509(a)(3). Check
а	☐ Type I. A supporting organiz the supported organization(s organization. You must com	ation operated, :) the power to re	supervised, or control	led by its	supporte	ed organization(s), ty	pically by giving
b	☐ Type II. A supporting organize control or management of the organization(s). You must co	e supporting org	panization vested in th				
С	Type III functionally integra its supported organization(s)						y integrated with,
d	☐ Type III non-functionally intended that is not functionally integrated requirement (see instructions)	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
0	Check this box if the organiz functionally integrated, or Ty						l, Type III
f	Enter the number of supported of	•	onany intogratou oupp	orang or	gai nzacio	•	[<u>-</u>
g	Provide the following information	•	orted organization(s).				· · L
	(i) Name of supported organization	(ā) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	listed in you		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
				1	}		

Pane	2
,raye	-

Schedu	le A (Form 990 or 990-EZ) 2015						.Page 2
Part							
	(Complete only if you checked th						ality under
Casti	Part III. If the organization fails to	quality unde	er the tests its	ited below, p	lease comple	te Part III.)	
	on A. Public Support dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and	(a) 2011	(0) 2012	(6) 2013	(4) 2014	(e) 2013	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
Ū	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support						
	idar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.			: .:. : .: :		12	
13	First five years. If the Form 990 is for the	-					.
Cooti	organization, check this box and stop her ion C. Computation of Public Suppor					<u> </u>	لاستننسا
14	Public support percentage for 2015 (line 6			1 column (f))		14	%
15	Public support percentage from 2014 Sch					15	<u>%</u>
16a	331/2% support test—2015. If the organization qual	zation did not	check the box	on line 13, and	d line 14 is 33¹	3% or more, c	heck this
b	331/2% support test-2014. If the organicheck this box and stop here. The organi	nization did no	t check a box	on line 13 or	16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "forganization".	ets the "facts- acts-and-circu	and-circumsta ımstances" tes 	nces" test, che st. The organiz	eck this box ar ation qualifies	nd stop here. I as a publicly s	line 14 is Explain in upported . ►
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part VI how the organization m	tion meets the leets the "facts	facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th he organizatio	nis box and st In qualifies as a	op here. a publicly
	supported organization						
18	Private foundation. If the organization distructions						-

		(
	e A (Form 990 or 990-EZ) 2019 0 \ (\tag{V}	Jonnes	and led	I KELL	N 72-	13687	180 Page 3
Part							
	(Complete only if you checked th						er Part II.
	If the organization fails to qualify	under the tes	its listed belo	w, please co	mplete Part I	1.)	····
	on A. Public Support	·		·	·		
	dar 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	57687	54660	53682	43560	55726	265315
_	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						
	Amounts included on lines 1, 2, and 3 received from disqualified persons	57687	54660	53682	43560	55726	265315
b	Amounts included on lines 2 and 3						
	received from other than disqualified	i		1		1	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b	<u> </u>					
8	Public support. (Subtract line 7c from line 6.)						265315
	on B. Total Support						
	dar 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,					Ì	
	payments received on securities loans, rents, royalties and income from similar sources.						****
h	Unrelated business taxable income (less	553	832	1160	1152	905	4602
b	section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	553	832	1160	1152	905	4602
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	i				1	
	(Explain in Part VI.)	580	220	-0-	45	110	955
13	Total support. (Add lines 9, 10c, 11, and 12.)	58820	55712	54842	44757	56741	270872
14	First five years. If the Form 990 is for the organization, check this box and stop her	re	. ,		•	ear as a section	
	on C. Computation of Public Suppor						
15	Public support percentage for 2015 (line 8		-	• • • • • • • • • • • • • • • • • • • •		15	97.94 %
16	Public support percentage from 2014 Sch					16	96.28 %
	on D. Computation of Investment Inc			ulino 12 polici	(f)	1471	1 550 9/
17 18	Investment income percentage for 2015 (Investment income percentage from 2014)					17	1.698 %
16 19a	331/s% support tests—2015. If the organi						1.652 % 6. and line
130	17 is not more than 331/3%, check this box						
b	331/3% support tests—2014. If the organiz			-		_	
20	line 18 is not more than 331/3%, check this I	-	_	=		• •	

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.)

Secti	on A. All Supporting Organizations		·/	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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 Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4 a	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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		,
C	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 Part VI 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.	4c		
5a	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 Part VI , 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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 Part VI .	6		-
7	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).	7		
8	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).	8		
9a	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 Part VI .	9a		
þ	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 Part VI .	9b	r	
c	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 Part VI.	9c		
10a	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.	10a		
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.)	10b		

Schedu	10 A (Form 990 or 990-EZ) 2015 Unter Connectoms of Central ACEIN 72-136	કુન્મક	10	Page 5
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		•	ŀ
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations	1		
			Yes	No
1	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? 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,	}	į	}
	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.	1		
2	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? 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.	2		
Secti	on C. Type II Supporting Organizations		ــــــ	L
			Yes	No
1	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)? 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).	1	<u> </u>	<u> </u>
Secti	on D. All Type III Supporting Organizations		130	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	[Yes	No
•	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?	1	-	
2	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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations	1	L	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s):
а	☐ 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 (s	see ins	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? 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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		 	
J	of the organization's supported organization(s) would have been engaged in? 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.	24		-
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
a	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> .	3a		-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3)	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the content of the cont	g tru impl	st on Nov. 20, 1970. See ete Sections A through E	instructions. All
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	Т		
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 Adjusted Net Income (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):	<u> </u>		
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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount 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,	4		
see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6		
6 Multiply line 5 by .035 7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	10		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (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 Distributable Amount. Subtract line 5 from line 4, unless subject to			1
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly-in	tegrated Type III support	ing organization (see

Schedule A (Form 990 or 990-EZ) 2015

Part V. Torollinia

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Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	() 60 (00 Fage 1
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	T		#:n
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:		· · · · · · · · · · · · · · · · · · ·	
a				
<u>b</u>		ļ		
	F 0040			<u></u>
<u>d</u> _	From 2013			
<u>e</u>	From 2014		·	
	Total of lines 3a through e Applied to underdistributions of prior years			
<u>g</u>	Applied to differ distributions of prior years Applied to 2015 distributable amount			
— <u>''</u>	Carryover from 2010 not applied (see instructions)	 		
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			-
а				
b				
	Excess from 2013			
	Excess from 2014			
e_	Excess from 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.)				
2015 FORM 990EZ SCHEDULE A PART III SECTION B TOTAL SUPPORT: LINE 12 (f) OTHER INCOME \$955					
LINE 12 (f)	COMPUTER CLASS FEES FOR SENIORS (55 & OLDER): TOTAL FOR 5 YEARS= \$905				
	= \$580 YEAR ENDING 2012				
	= 220 YEAR ENDING 2013				
YEAR 2013	= -0- YEAR ENDING 2014				
YEAR 2014	= 45 YEAR ENDING 2015				
YEAR 2015	≃ 60 YEAR ENDING 2016				
LINE 12 (f):	MEMORIAL FOR BOB MORGAN= \$50 FOR YEAR ENDING 2016				
4					
*************	***************************************				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2015

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

OMB No. 1545-0047

VOLUNTEER CONNECTIONS OF CENTRAL	ALABAMA, INC	72-1368780
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1/3 OF 2015 FORM 990EZ SCHEDULE O	
2015 FORM 990EZ PART I LINE 8 OTHER	REVENUE: \$110	
COMPUTER FEES FOR COMPUTER CLASS	FOR SENIORS=\$60	
MEMORIAL FROM MEMBERS	50	
		***************************************
2015 FORM 990EZ PART I LINE 10: GRAN	TS AND SIMILAR AMOUNTS PAID: \$6365	
NOTE: THE ALEXANDER CITY RECYCLING	CENTER IS A NON-PROFIT VOLUNTEER STATION C	OF VOLUNTEER CONNECTIONS OF CENTRAL
ALABAMA, INC. THE CENTER RECYCLES	NEWSPRINT AND ALUMINUM. MONIES GENERATED	FROM THE RESALE OF THESE
RECYCLABLES ARE DONATED BACK TO	THE COMMUNITY TO THE FOLLOWING NON-PROFIT	S WHICH ARE A 501 (C)3's :
NON-PROFITS	AMOUNT OF DONATIONS RECEIVE	D AS FOLLOWS:
1. VOLUNTEER CONNECTIONS	\$1200	
2. ALEX CITY BOARD OF EDUCATION	250	
3. CITY OF ALEXANDER CITY	400	
4. GATEWAY TO EDUCATION	400	***************************************
5. ALEX CITY EDUCATION FOUNDATION	400	
6. TALLAPOOSA CHRISTIAN CRISIS CENT	ER 400	
7. ALEX CITY CAMPFIRE	500	
8. ALEX CITY RESCUE	400	
9. MEALS ON WHEELS	500	
10. CHILDREN'S HARBOR	200	
11. SALVATION ARMY	300	
12. CAMP ASCCA	300	
13. ALEX CITY BOYS & GIRLS CLUB	200	
14. DADEVILLE HIGH SCHOOL 4-H PROGR	AM 25	
15. SAV-A-LIFE	200	

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

90-EZ or to provide any additional information.

✓ Attach to Form 990 or 990-EZ.

Open to

2015

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

<b>VOLUNTEER CONNECTIONS OF CENT</b>	72-1368780		
3/3 OF 2	2015 FORM 990EZ SCHEDULE O		
2015 FORM 990EZ SCHEDULE O	PART IV LIST OF OFFICERS, DIRECTORS, TRUS	TEES AND KE	Y EMPLOYEES:
OFFICERS/BOARD MEMBERS:	TITLE/HRS (C) COMPENSATION (D	) BENEFITS (I	E) OTHERS
1. JUDY SMITH	CHAIR/2 HR PER WEEK -0-	-0-	-0-
2. ROGER EUBANKS	VICE-CHAIR/1 HR PER WEEK -0-	-0-	-0-
3. SANDRA PATTEN	SECRETARY/2 HR PER WEEK -0-	-0-	<u></u>
4. BARBARA Y WILLIS	TREASURER/5 HR PER WEEK -0-	-0-	-0-
5. LAURIE CARTER	BOARD MEMBER/1 HR PER WEEK -0-	-0-	<u></u>
6. RITA CREAM	BOARD MEMBER/1 HR PER WEEK -0-	-0-	-0-
7. YVONNE CRISPIN	BOARD MEMBER/1 HR PER WEEK -0-	-0-	-0-
8. JOE CROLEY	BOARD MEMBER/1 HR PER WEEK -0-	-0-	<b>-0</b> -
9. RANDY DAWKINS	BOARD MEMBER/1 HR PER WEEK -0-	-0-	-0-
10. JANICE GLAZE	BOARD MEMBER/1 HR PER WEEK -0-	-0-	-0-
11. SHARON HAYNES	BOARD MEMBER/1 HR PER WEEK -0-	-0-	-0-
12. MARGARET JONES	BOARD MEMBER/1 HR PER WEEK -0-	-0-	-0-
13. SUSAN T OAKES	BOARD MEMBER/1 HR PER WEEK -0-	-0-	-0-
14. MARTY RITTMANN	BOARD MEMBER/1 HR PER WEEK -0-	-0-	<u>-0-</u>
15. FLETCHER SCOTT	BOARD MEMBER/1 HR PER WEEK -0-	-0-	<u>-0-</u>
KEY EMPLOYEE:			
SUSAN CARLEY CUMMINS	PROJECT DIRECTOR/ 20 HOURS PER WEEK \$1850	)4 -0-	-0-
		**************************************	
***************************************			