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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009**Open to Public
Inspection****A** For the 2009 calendar year, or tax year beginning **September 1**, 2009, and ending **August 31**, 20 **10****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

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

C Name of organization**Volunteer Services Council for the Waco Center for Youth**

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

3501 N 19th Street

City or town, state or country, and ZIP + 4

Waco, Texas 76708-2097**D** Employer identification number**74-2217040****E** Telephone number**254-754-5172****F** Group Exemption

Number ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).****G** Accounting Method ☒ Cash ☐ Accrual
Other (specify) ▶**I** Website: ▶**J** Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	95901.31
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	417.74
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
	a	Gross revenue (not including \$ 34131.70 of contributions reported on line 1)	6a	34131.70
Expenses	b	Less: direct expenses other than fundraising expenses	6b	5815.77
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	28315.93
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	124634.98
	10	Grants and similar amounts paid (attach schedule)	10	109334.97
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	3389.32
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶)	16	
	17	Total expenses. Add lines 10 through 16	17	112724.29
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11910.69
Net Assets	19	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)	19	41889.00
	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 through 20	21	53799.69

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	41899.00	53799.69
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	41899.00	53799.69
26 Total liabilities (describe ▶)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	41899.00	53799.69

Expenses

Help disturbed children

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	We provide services and benefits to approximately 100 residents of the Waco Center for Youth a residential facility for emotionally disturbed children		
	(Grants \$ 109334.97) If this amount includes foreign grants, check here . . . ▶ ☐	28a	109334.97
29			
	(Grants \$) If this amount includes foreign grants, check here . . . ▶ ☐	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here . . . ▶ ☐	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here . . . ▶ ☐	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	109334.97

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 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		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		✓
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 period covered by this return?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a 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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e 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.		✓
41 List the states with which a copy of this return is filed. ▶ Texas		
42a The organization's books are in care of ▶ Evelyn Outland Telephone no. ▶ 254-754-6172 756217 Located at ▶ 3501 N 19th Street, Waco, Texas ZIP + 4 ▶ 76708-2097		
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)?	Yes	No
If "Yes," enter the name of the foreign country: ▶	42b	✓
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	Yes	No
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 ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
	45	✓

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|------------|-------------------------------------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | ☒ |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | ☒ |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | ☒ |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | ☒ |
| b If "Yes," was the related organization a section 527 organization? | 49b | ☐ |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

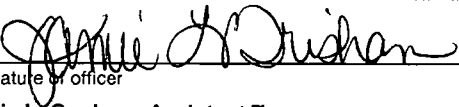
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Sign Here	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.			
	 Signature of officer		7-11-11 Date	
Paid Preparer's Use Only	Jamie L. Grisham, Assistant Treasurer Type or print name and title			
	Preparer's signature	Date	Check if self-employed ☐	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No



Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

Volunteer Services Council for the Waco Center for Youth

74

2217040

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions
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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.)

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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____ ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and 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 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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33⅓% support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
b 33⅓% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
17a 10%-facts-and-circumstances test—2009. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
b 10%-facts-and-circumstances test—2008. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	97939	130972	149360	92410	95901	566582
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	15385	18644	17702	0	34132	85863
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	113324	149616	167062	92410	130033	652445
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.)						652445

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	113324	149616	167062	92410	130033	652445
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	225	411	137	82	418	1273
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	225	411	137	82	418	1273
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 IV)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	113549	150027	167199	92492	130451	653718
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 2009 (line 8, column (f) divided by line 13, column (f))	15	99.8053 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.8431 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.1947 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.1569 %

19a 33⅓ % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33⅓ % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

VOLUNTEER SERVICES COUNCIL ROSTER

2009-2010 Membership

March 14, 2011

Waco Center for Youth

Charles "Doc" Anderson - 7/6/05

State Representative
737 N. Valley Mills Drive
Waco, Texas 76710
Hm: 754-3131
Wk: 772-7900
Wk: 754-3892
Alternate: District Aide, District 56
Email: charles.anderson@house.state.tx.us
900 Austin Ave., Suite 804
Waco, Texas 76701
Nancy.bradley@house.state.tx.us

Cherry Boggess - 1/21/2009

Shilling Drive
Elm Mott, TX 76640
254/829-2154

Russell Devorsky - 8/28/09

State Representative
Jim Dunnam's Office
District Aide
713 Elm Street
Suite 101
Waco, TX 76704
WK 254/753-8546
russell.devorsky@house.state.tx.us

Natalie Dixon - 5/1/01

President: 2010-2011
9004 Darby Lane
Waco, Texas 76712
L-3 Comm. Integrated System
7500 Maehr Road – MS 1023
Waco, Texas 76705
Hm: 420-2917
Wk: 867-7481
Email: Natalie.l.Dixon@L-3Com.com

Steven Dow - 7/12/08

Asst Secretary: 2010-2011
Community Bank & Trust
Trust Officer
P.O. Box 2303
Waco, TX 76703-2303
WK 254/399-6174
FAX 254/399-6100
Email: sdow@cbtwaco.com

Sandy Dworkin – 1/2011

380 Chenot Trail
China Spring, Texas 76633
Hm: 836-1427
Cell: 744-7087
Email: sandy.dworkin@gmail.com

Diane Ferguson - 9/1/09

4601 Village Oak
Waco, Texas 76710
(254) 855-2313
Ferg61066@aol.com

Bill Flores, TSgt, USAF - 7/18/08

1220 Heatherwood
Hewitt, Texas 76643
661st Aeronautical System Sq.
Waco, Texas 76705
HM: 254/235-8637
CELL: 520/975-4058
WK: 254/412-7606
CELL: 254/723-7348
Bill.Flores@randolph.af.mil
Bfl013@grande.net

Dwayne Ford, MSGT, USAF - 09/2010

Mission Support, Flight Chief
661st Aeronautical Systems Squadron
1307 Chapel Creek
Waco, Texas 76708
(254) 867-4728 (Work)
(254) 723-7338 (Cell)
dwayne.ford@us.af.mil

Jamie Grisham - 7/6/06

Treasurer: 2010-2011

Co-Owner Denison & Grisham Services, Inc.
407 Lake Air Drive
Waco, Texas 76710
Wk: 754-5475
Cell: 722-8337
Fax: 299-1384
Email: jgrisham002@hotmail.com
Email: Jamie.grisham@yahoo.com

Holly Harris - 8/23/07

2424 Starr
Waco, Texas 76710
254/733-5044 CELL
254/754-7467 WK
Email: hhsironia@gmail.com

Andy Harwell - 09/2010

PO Box 1727
Waco, Texas 76703
(254) 757-5078 (Work)
(254) 447-0997 (Cell)
Email: andy.harwell@co.mclennan.tx.us

Fred Johnson - 7/10/09

Pakis Giotes Page and Burleson Law Firm
P. O. Box 58
Waco, Texas 76703
(254) 297-7300
Email: johnson@pakislaw.com

Sandra Krumnow - 5/20/09

Asst. Treasurer: 2010-2011

165 Parker Lane
Waco, Texas 76705
(254) 799-9406
TSTC and Waco Center for Youth Retiree
sandra.krumnow@yahoo.com

Richard McCall - 09/01/2008

Past President: 2008-09

210 N. 6th
Waco, Texas 76701
Wk: 756-5363
Fax: 756-2193
Email: richardvm@aol.com

Fay Miller - 1/2011

616 Fitzpatrick
Waco, Texas 76708
Hm: 753-0503
Cell: 855-1624
Email: faymiller@clearchannel.com

Polly Nagle - 7/6/09

4006 Paradise Island Road
Waco, Texas 76705
L-3 Communication
7500 Maehr Road
Waco, Texas 76705
(254) 799-7809 (Home)
(254) 867-4596 (Work)
Email: Polly.Nagle@L-3Com.com
Email: pmnagle@hotmail.com

Lisa Neckar - 9/1/09

10121 A Valencia Drive
Waco, Texas 76708
(254) 751-1104 (Work)
(254) 836-0160 (Home)
(254) 716-7654 (Cell)
Email: lisawaco@peoplepc.com

Kiki Lopez Negrete - 1/16/06

4924 Cobbs Drive, Apt. 5A
Waco, Texas 76710
Hm: 776-0450
Cellular: 512-853-0037
Email: KikiLopezNegrete@yahoo.com

Sgt. Greg Perkins - 10/17/05

108 N. Walnut
Waco, Texas 76705
Baylor Police Officer
Hm: 867-1948
Wk: 710-2222
Cell: 254/717-6086
Greg_Perkins@Baylor.edu

Phillip Perkins - 6/1/09

American Bank
Hm: (254)799-4921
Wk: (254) 867-7600
P. O. Box 154068
Waco, Texas 76715
pperkins@ambankwaco.com

Penny Riley - 1/21/2009

4500 Lakeshore Dr. Apt # 6
Waco, TX 76710
254/495-4963
Courtantiques@aol.com

**Jack Smith, District Director,
Vice-President: 2010-2011 -7/6/05**

P. O. Box 1400
Waco, Texas 76703
Wk: 754-1999
WK: 772-6225
E-mail: jwsmith2@flash.net

Jon Stigliano - 8/23/07

Strategic Solutions Group
100 N. 6th Street
Suite 201
Waco, TX 76701
254/751-0096
1-800-565-2089 WK
254/751-0119 FAX
jon@strategicsolutionsgrp.com

Steve Swope - 7/9/08

Sam's Club Manager
Sam's Club
2301 East Waco Drive
Waco, TX 76705
WK: 254/799-2400
WK: 254/867-6779
FAX 254/867-0745
Sdswope32@hotmail.com

Cyndi Wheeler - 4/2/08

Secretary: 2010-2011
McLennan Community College Student
4205 Morrow Ave.
Waco, TX 76710
Hm: 254/224-6700
Wk: 756-7278
cndiwheeler@gmail.com

VSC TOTAL - 26

Website VSC.WacoTx.com
Located on www.WacoTx.com