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Department of the Treasury Internal Revenue Service

#### 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)

OMB No 1545-0047 2009 Open to Public

► The organization may have to use a copy of this return to satisfy state reporting requirements Inspection 07/01/09 06/30/10 For the 2009 calendar year, or tax year beginning Please Check if applicable C Name of organization **Employer identification number** use IRS Prevent Child Abuse Virginia Address change label or 54-1149882 Name change print o Number and street (or P O box if mail is not delivered to street address) type. Room/suite Telephone number Initial return 200 804-359-6166 4901 Fitzhugh Ave Specific Termination 879,301 City or town, state or country, and ZIP + 4 G Gross receipts \$ Instruc tions Richmond VA 23220-3531 Amended return F Name and address of principal officer H(a) is this a group return for Application pending Johanna Schuchert X No affiliates? Are all affiliates included? 4901 Fitzhugh Ave Ste 200 If "No," attach a list (see instructions) X 501(c) ◀ (insert no ) 4947(a)(1) or 527 Website: www.preventchildabuseva.org **H(c)** Group exemption number ▶ Type of organization X Corporation Trust 1990 VA M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: To teach and foster the prevention of maltreatment to children. Activities & Governance To create a statewide coalition of diverse child abuse/neglect services. 2 Check this box ▶ │ │ if the organization discontinued its operations or disposed of more than 25% of its net assets 21 Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 13 Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) 218 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 555,876 578,741 Contributions and grants (Part VIII, line 1h) SCANNED JAN 28 2017 344,851 287,494 Program service revenue (Part VIII, line 2g) 2,060 247 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11,927 6,935 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 914,714 873,417 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 20,000 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 422,662 418,967 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 24,327 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A) trues tra-1/16 (1) f-24f) 477,340 440,271 18 Total expenses Add lines 3-17 (must equal Part IX, column, 896,307 882,933 18,407 -9,516 Revenue less expenses Subtract line, 18 from line **Beginning of Current Year** End of Year 338,846 234,130 20 Total assets (Part X, line 16) 69,917 21 Total liabilities (Part X, line 26) 165,116 164,213 730 173, 22 Net assets or fund balances Subtract line 2 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 SCHUCHERT , EXECUTIVE DIRECTOR Type or print name and title Preparer's identifying number Preparer's (see instructions) Paid selfsignature 01/12/11 employed > Preparer's Company L.L.P. Coleman 2 FIN Firm's name (or yours Use Only 3800 Patterson if self-employed). 23221-2034 ▶ 804-358-1150 Richmond VA May the IRS discuss this return with the preparer shown above? (see instructions) Yes

Form 990 (2009)

## Part IV, Checklist of Required Schedules

	·			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
_	complete Schedule A		1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2	х	
3	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		3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			٦,	
_	Schedule C, Part II		_4	Х	_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
6	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		
0	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have				
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I				v
7			6		<u> </u>
•	Did the organization receive or hold a conservation easement, including easements to preserve open space,		_		x
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		7		
•	complete Schedule D, Part III				x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		8		
Ĭ	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		. 9		
-	quasi-endowments? If "Yes," complete Schedule D, Part V		10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		-		<u> </u>
	VII, VIII, IX, or X as applicable		11	x	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete		•••		<b></b> 1
_	Schedule D, Part VI				
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				
	of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VII				
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets		!		1
	reported in Part X, line 169 if "Yes," complete Schedule D, Part IX				
•	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X				
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI, XII, and XIII.		12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				<u></u>
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17	<b> </b>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18	<u> </u>	X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
	If "Yes," complete Schedule G, Part III		19	<u> </u>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		X
			C	007	(0000)

Part IV. Checklist of Required Schedules (continued)

		ļ	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	_23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			3.5
	24b through 24d and complete Schedule K If "No," go to line 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
d	to defease any tax-exempt bonds?	24c		
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2Ja	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	05-		x
ь	with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		
	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	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	-20		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			1
	Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		}	<b>.</b>
25	III, IV, and V, line 1	34	<b>-</b>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			<b>.</b>
36	Schedule R, Part V, line 2	35	<b></b>	X
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	-		v
37	organization? If "Yes," complete Schedule R, Part V, line 2	36	-	X
J,	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37	<del>                                     </del>	<del>  **</del>
-	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
		_ 56		

<u>Pa</u>	rt V. Statements Regarding Other IRS Filings and Tax Compliance				-	
1.	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				Yes	No
1a	U.S. Information Returns Enter -0- if not applicable	10	6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b	0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reporta			1		
-	gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)			l		
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	,				
	this return?			3a	_	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	-				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financiaccount)?	aı		140		x
b	If "Yes," enter the name of the foreign country.			4a		
•	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bani	k				
	and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	2		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng				
	Prohibited Tax Shelter Transaction?			5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				ł	
	organization solicit any contributions that were not tax deductible?			<u>6a</u>	├	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or				
_	gifts were not tax deductible?			6b	┢	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good and services provided to the payor?	ıs		7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b	_	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1.0		
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	nal	<u> </u>			
	benefit contract?			7e	$oxed{igspace}$	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	igspace	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			<u>7g</u>	ļ	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					
_	required?			7h	$\vdash$	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			1	+	t
а	Did the organization make any taxable distributions under section 4966?			9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	1	1
10	Section 501(c)(7) organizations. Enter				1	1
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter.					
а	Gross income from members or shareholders	11a		_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				1	
	amounts due or received from them )	11b	<u> </u>	_		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1	ı	12a	+-	+-
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L			

Form 990 (2009) Prevent Child Abuse Virginia 54-1149882 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part Vl for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 X Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give X 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 14 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Another's website X Upon request Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the

4901 Fitzhugh Avenue

VA 23230

organization >

Richmond

Organization

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization	•	sate a	any c	urrer	nt of	ficer,	dired	ctor, or trustee		
(A) Name and Title	(B) (C) Average Position (check all that apply)						ply)	(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Brad Neff										
President	1.00	X		X		1 1		0	0	0
Robert Wake								_		
Past President	1.00	X		X				0	0	0
Suzanne Spivey										
Secretary	1.00	X		X				0	0	0
Babs Jackson										
Treasurer	1.00	X	1	X				0	0	0
Virginia Darnell										
Director	1.00	x						0	0	0
Scott Dukes	<u>-</u>									
Director	1.00	x			l			0	0	0
Jazmin Gatto de T	orres									
Director	1.00	x				] 1		0	0	0
Denese Gomes										
Director	1.00	x						0	0	0
Glenda Hall										
Director	1.00	X			ļ			0	0	0
Sandra Henderson,	PhD	Τ								
Director	1.00	X		_				0	0	0
James Hatcher										
Director	1.00	X						0	0	0
Winifred Maddiral	a									
Director	1.00	X		<u> </u>				0	0	0
Brian Meyer, PhD								,	-	
Director	1.00	X		<u> </u>				0	0	0
Karen Peterson										
Director	1.00	X		l	1			0	0	0
Dan Riddle, PhD										
Director	1.00	X		L				0		0
Ariadne Reiman										
Director	1.00	X	L	L	L		L	0	0	<u> </u>
Deanis Simmons										
Director	1.00	X	L		L			0	0	
DAA										Form <b>990</b> (2009)

Part VII Section A. Officers,	Directors, Trus	tees,	Key	Em	ploy	ees,	an	d Highest Compensated En	nployees (continued)						
(A) Name and Title	Name and Title Average		$\overline{}$		all t	hat ap		- componention	(E) Reportable compensation		(F) Estimate amount				
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rormer	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	co oi a	other mpensa from the ganizate and relate ganizate	ition e ion ed			
Lisa Stiles	1.00	x						0	0				0		
Director Crystal Twitty	1.00	^							<u> </u>						
Director	1.00	X					L	0	0	0			0		
Richard Wethingto									•				0		
Roy Woolwine	1.00	X					┝	0		0					
Director	1.00	x						0	0						
Johanna Schuchert									_						
Exec. Dir.	40.00			X			-	56,571	56,571 0 13						
1b Total 2 Total number of individuals (increportable compensation from	-			ose	listed	d abo	<b>▶</b>	56,571 ) who received more than \$10	00,000 in			.3 , : Yes	211 No		
3 Did the organization list any fo	rmer officer, dire	ctor o	or tru	stee,	key	emp	oloy	ree, or highest compensated		[			х		
employee on line 1a? If "Yes,"  For any individual listed on line the organization and related or	1a, is the sum o	f rep	ortab	le co	mpe	ensat	ion				3				
ındıvıdual	-							•	•		4		<u>X</u>		
5 Did any person listed on line 1a services rendered to the organ								-			5		x		
Section B. Independent Contracto				4					4400 000 -4						
Complete this table for your fiv compensation from the organization.	ation	nsate	ea inc	тере	naei	nt cor	ntre			_					
	(A) business address		_				$\perp$		(B) otion of services		Co	(C) npensa	tion		
College of Wm. & Mar Williamsburg			231			٥.		ox 8795 Evaluations				1.0			
WIIIIAMISDUIG		<u> </u>	<u>. J                                   </u>		<del></del>		t	Evaluacions				16	7,528		
							$\dagger$								
	<del></del>						+								
	<del>-</del>					_	$\perp$								
										:					
2 Total number of independent of		-				l to th	nos	e listed above) who received		-	_				

t VIII			use Virgin	(A)	54-1149882	(C)	Pag
				Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a F	Federated campaigns	1a					
Ь	Membership dues	1b					
c F	Fundraising events	1c	4,255				1
d F	Related organizations	1d					
e (	Government grants (contributions)	1e	420,678				
	All other contributions, gifts, grants, and similar amounts not included above	11	153,808				
•	Noncash contributions included in lines 1a	-1f \$		E70 741			
h 1	Total. Add lines 1a-1f		<u> </u>	578,741	<del></del>	<del></del>	
0-	D======		Busn. Code	287,494	287,494		<del></del>
2a b	Program services fe	es	<del></del>	267,494	207,494		
C					···		
d					<del></del>	· · · -	
e			<del>                                     </del>				
f	All other program service reve	nue	<del>                                     </del>				<del></del>
	Total. Add lines 2a-2f		<b></b>	287,494			
	Investment income (including	dıvıdends, ınt	erest, and				
	other similar amounts)		<b>&gt;</b>	247			2
	Income from investment of tax	-exempt bon	d proceeds 🕨				
5 I	Royalties		<b>&gt;</b>				
	(i) Real		(II) Personal			<u> </u>	
6a (	Gross Rents						
<b>b</b> l	Less rental exps						
c F	Rental inc or (loss)						
	Net rental income or (loss)		<b>•</b>				
	Gross amount from sales of assets (i) Securities	es	(II) Other				
(	other than inventory						
<b>b</b> (	Less cost or other						
	basis & sales exps						
	Gain or (loss)						
	Net gain or (loss)		<b>&gt;</b>				
	Gross income from fundraising ever						
	•	,255					
	of contributions reported on line 10	·	1 615				
	See Part IV, line 18 Less: direct expenses	a b	1,615				1
	Net income or (loss) from fund			112			:
	Gross income from gaming activiti		P				<del></del>
	See Part IV, line 19	a a					
	Less direct expenses	°					
	Net income or (loss) from gam		•		-		
	Gross sales of inventory, less						
	returns and allowances	a	10,210				
b	Less cost of goods sold	b	4,381				
	Net income or (loss) from sale	s of inventor		5,829			5,8
	Miscellaneous Reveni		Busn. Code				
11a	Miscellaneous Income			994	994		
b							
c							
d .	All other revenue						
e '	Total. Add lines 11a-11d		<b>&gt;</b>	994			
	Total Revenue. See instruction			873,417	288,488		0 6,

#### Part IX. Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must co				<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				•
	organizations in the U.S. See Part IV, line 21	20,000	20,000		
2	Grants and other assistance to individuals in				
	the U S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<u></u>
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	345,959	317,677	21,019	7,263
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	11,495	11,237	77	181
9	Other employee benefits	39,837	37,225	1,562	1,050
10	Payroll taxes	25,371	22,754	2,078	539
11	Fees for services (non-employees).				
а	Management				
b	Legal	100		100	
C	Accounting	11,250		11,250	
d	Lobbying	27,000	27,000		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	22,965	17,653	1,748	3,564
14	Information technology				
15	Royalties				
16	Occupancy	57,704	36,673	11,164	9,867
17	Travel	11,631	11,240	342	49
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,702		1,702	
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
а	Evaluations	238,394	237,220	1,174	
b	PIMS licensing fees	11,250	11,195	55	
С	Contract labor	10,599	10,547	52	
d	Telephone	10,184	8,810	782	592
е	Meals & entertainment	7,945	7,395	550	
f	All other expenses	29,547	20,001	8,324	1,222
_25	Total functional expenses. Add lines 1 through 24f	882,933	796,627	61,979	24,327
26					
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
DAA	fundraising solicitation				
DAA					Form <b>990</b> (2009)

	art X	K. Balance Sheet	iginia 5	4-1149002		Page 11				
		Dalatios officer		(A) Beginning of year		(B) End of year				
	1	Cash—non-interest bearing		1,663	1	3,295				
ı	2	Savings and temporary cash investments		237,899		142,043				
	3	Pledges and grants receivable, net		65,738		46,224				
	4	Accounts receivable, net	16,934	4	28,464					
	5	Receivables from current and former officers, directors, tru	stees. kev							
		employees, and highest compensated employees Comple								
		Schedule L			5					
	6	Receivables from other disqualified persons (as defined un	nder section							
		4958(f)(1)) and persons described in section 4958(c)(3)(B)								
		Part II of Schedule L			6	•				
Assets	7	Notes and loans receivable, net			7					
SS	8	inventories for sale or use		· · · · · · · · · · · · · · · · · · ·	8	2,792				
ď	9	Prepaid expenses and deferred charges		10,740	9	7,142				
	10a	Land, buildings, and equipment cost or				.,,				
		other basis Complete Part VI of Schedule D	10a 94,98	8						
	ь	Less accumulated depreciation	10b 90,81		10c	4,170				
	11	Investments—publicly traded securities	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,012	11	<u> </u>				
	12	Investments—other securities See Part IV, line 11		-	12					
	13	Investments—program-related. See Part IV, line 11			13					
	14	Intangible assets			14					
	15	Other assets See Part IV, line 11								
	16	Total assets. Add lines 1 through 15 (must equal line 34)		338,846	15 16	234,130				
	17	Accounts payable and accrued expenses		99,706		65,938				
	18	Grants payable			18					
	19	Deferred revenue		65,410	19	3,979				
	20	Tax-exempt bond liabilities		50,125	20					
Ś	21	Escrow or custodial account liability Complete Part IV of S	Schedule D		21					
Liabilities	22	Payables to current and former officers, directors, trustees								
bil		employees, highest compensated employees, and disqua								
ä		persons Complete Part II of Schedule L	mod		22					
	23	Secured mortgages and notes payable to unrelated third	narties		23					
	24	Unsecured notes and loans payable to unrelated third par			24					
	25	Other liabilities Complete Part X of Schedule D			25					
	26	Total liabilities. Add lines 17 through 25		165,116		69,917				
s		Organizations that follow SFAS 117, check here ▶	and	100/220		00/02:				
Se		complete lines 27 through 29, and lines 33 and 34.	-j unu		]					
au	27	Unrestricted net assets		124,119	27	133,869				
Ba	28	Temporarily restricted net assets		49,611	28	30,344				
ַ ק	29	Permanently restricted net assets		15/022	29					
5		Organizations that do not follow SFAS 117, check here	<b>.</b>							
Ļ		and complete lines 30 through 34.								
0	30	Capital stock or trust principal, or current funds			30					
et	31	Paid-in or capital surplus, or land, building, or equipment f	und		31					
\S	32	Retained earnings, endowment, accumulated income, or or			32	· · · · · · · · · · · · · · · · · · ·				
Net Assets or Fund Balances	33	Total net assets or fund balances	Actor fullus	173,730		164,213				
Ne	34	Total liabilities and net assets/fund balances		338,846		234,130				
	U-T	Total habilities and het assets/fullu balances		330,040	<u> </u>	234,130				

Form **990** (2009)

orm	1990 (2009) Prevent Child Abuse Virginia 54-1149882		Pa	ge <b>12</b>
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
þ	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A (Form 990.or 990-EZ) **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. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Prevent Child Abuse Virginia

Employer identification number 5.4.-1.1.4.0.0.2.2

				a muse virginie							<del>3</del> 002		
Pi	art I	Rease	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	tructio	ns.		
The	orgar	nization is not a	a private foundation because	it is (For lines 1 through 11, che-	ck only on	e box)							
1		A church, con	evention of churches, or asso	ciation of churches described in s	ection 17	'0(b)(1)(A)	(i).						
2	П		cribed in section 170(b)(1)(A										
3				e organization described in section	on 170(b)	1)(A)(iii).							
4	$\sqcap$			in conjunction with a hospital des			70(b)(1)(	Ά\(iii). F	nter the	hospita	al's name		
		city, and state					- (-)(-)(	,(,		· · · · · · · · · · · · · · · · · · ·	aro marrio,		
5		-		a college or university owned or	onerated	hv a nove	rnmenta	Lunit des	ecubed	ın			
_	ш		b)(1)(A)(iv). (Complete Part		ороганов	oy a gove	minema	i dilit de.	SCHOOL	11-1			
6		•		vernmental unit described in <b>sec</b> t	ion 170/h	\/4\/A\/.\							
7	X									l.a			
•				ubstantial part of its support from	a governi	nentai uni	t or morn	tne gen	erai put	DIIC			
8	$\Box$		section 170(b)(1)(A)(vi). (Co										
	H	_		O(b)(1)(A)(vi). (Complete Part II)									
9	Ш	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											
		_								ıts			
				l unrelated business taxable inco	•		1 tax) fro	m busin	esses				
				, 1975 See section 509(a)(2). (C									
10	$\vdash$			xclusively to test for public safety		-							
11	Ш			xclusively for the benefit of, to pe				-					
				d organizations described in sect						ion			
			[ <u>-</u>	e type of supporting organization			11e thro	ugh 11h	l				
		a Type	··	c Type III–Functiona			d		e III–Oth	ner			
e				nization is not controlled directly									
				ind other than one or more public	ly support	ed organi	zations c	described	d in sect	tion			
		509(a)(1) or s	ection 509(a)(2)										
f		If the organiza	ation received a written deter	mination from the IRS that it is a ${}^{\circ}$	Туре І, Ту	pe II, or T	ype III su	pporting	)				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contribution	on from ar	ny of the							
		following pers	sons?										
		(i) A person	who directly or indirectly cor	ntrols, either alone or together wit	h persons	described	d in (ii)					Yes	No
		and (iii) b	elow, the governing body of	the supported organization?							11g(i)	1	
			member of a person describe	• • •							11g(ii)		
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(iii	,	
h			ollowing information about th								<u> </u>		
(i)	Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did v	ou notify	(vi)	s the	(vii) Am	ount of	
• • •		anization	(-7	(described on lines 1–9	1 . ,	sted in your	the organ	nization in	organizat	ion in col	supp		
				above or IRC section	governing	document?		of your port?		zed in the S ?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
							103		103				
					<del>                                       </del>	-							
								İ					
					<del> </del>			<b></b>	<del> </del>				
					<del> </del>	<del> </del>							
						<del>                                     </del>			<u> </u>				
									<u> </u>				
F													
<b>Tota</b>			1	Ī	1	1	1	ı	1				

Schedule A (Form 990 or 990-EZ) 2009 Prevent Child Abuse Virginia 54-1149882 Page 2 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 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 810,644 668,462 662,786 555,876 578,741 3,276,509 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 810,644 <u>3,276,</u>509 662,786 668,462 555,876 578,741 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) 205,680 Public support. Subtract line 5 from line 4 3,070,829 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 810,644 662,786 668,462 555,876 578,741 3,276,509 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 8,475 10,050 8,954 2,060 247 29,786 sources Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 432 1,522 2,115 6,808 11,825 22,702 11 Total support. Add lines 7 through 10 3,328,997 12 Gross receipts from related activities, etc. (see instructions) 12 1,562,851 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 92.24% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 87.52% 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 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 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</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	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						
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						
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				_	\\	
С	Add lines 7a and 7b				ļ		
8 —	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		-				
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned 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.)			<u> </u>	<u> </u>		
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	<b>&gt;</b> [
Sec	ction C. Computation of Public Su	pport Percen	tage			· · ·	<u></u>
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	(f))		15	%
16	Public support percentage from 2008 Sche	dule A, Part III, line	9 15			16	%
Sec	ction D. Computation of Investme						
17	Investment income percentage for 2009 (lin		<del>-</del>	olumn (f))		17	%
18	Investment income percentage from 2008		-	,,,		18	%
19a	33 1/3 % support tests—2009. If the orga	•	-	14, and line 15 is n	nore than 33 1/3 %	, and line	
	17 is not more than 33 1/3 %, check this bo						▶ [
b	33 1/3 % support tests—2008. If the orga						
	line 18 is not more than 33 1/3 %, check th						▶ [
20	Private foundation. If the organization did						▶ [

Schedule A (Form 990 or 990-EZ) 2009 Prevent Child Abuse Virginia

54-1149882

Page 4

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.

Part II, Line 10 - Other Income Detail

Miscellaneous

\$

10,877

**SCHEDULE C** (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

OMB No 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

## If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A.

## If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Na	ne of organization		Employer identific								
<u> </u>	Prevent Child Abuse			54-11498							
	t I-A Complete if the organization is exe			n 527 organization	•						
1	Provide a description of the organization's direct and indire	ect political campaign activities in	Part IV								
2	Political expenditures			▶ \$							
3	Volunteer hours			_							
-	ALD Complete if the assessment of										
	t I-B Complete if the organization is exe		(3).								
1	Enter the amount of any excise tax incurred by the organiz			<b>&gt;</b> \$ _							
2	Enter the amount of any excise tax incurred by organization			▶ \$							
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?			Yes No						
4a	Was a correction made?				Yes No						
	If "Yes," describe in Part IV										
	t I-C Complete if the organization is exe			on 501(c)(3).							
1	Enter the amount directly expended by the filing organizat	ion for section 527 exempt function	on								
_	activities			▶ \$ _							
2	Enter the amount of the filing organization's funds contribu	ited to other organizations for sec	tion								
	527 exempt function activities			▶ \$ _							
3	Total exempt function expenditures Add lines 1 and 2 En	ter here and on Form 1120-POL,									
	line 17b			<b>▶</b> \$ _							
4	Did the filing organization file Form 1120-POL for this year				Yes No						
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments										
	were made. For each organization listed, enter the amoun										
	contributions received that were promptly and directly deliv	vered to a separate political orgar	nization, such as a s	eparate segregated							
	fund or a political action committee (PAC) If additional spa	ace is needed, provide informatio	n in Part IV								
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political						
				filing organization's	contributions received and						
				funds If none, enter -0-	promptly and directly delivered to a separate						
					political organization If						
					none, enter -0-						
	<del></del>										
For I	rivacy Act and Danamurk Daduction Act Nation and Al	- In-American Con Ferris 200	200 53								

Schedule C (Form 990 or 990-EZ) 2009 <b>P1</b>	event Child	d Abuse Vir	ginia	54-11498	382 Page 2
Part II-A Complete if the organ under section 501(h))	ization is exemp	t under section 5	01(c)(3) and f	iled Form 5768 (elec	
A Check ▶ ☐ if the filing organization	ation belongs to a				
B Check ▶ ☐ if the filing organize	ation checked box	A and "limited co	ontrol" provisio	ons apply.	
Limits on L	obbying Expendi	tures		(a) Filing	(b) Affiliated
(The term "expenditures				organization's totals	group totals
1a Total lobbying expenditures to influence p			<u> </u>		<del></del>
b Total lobbying expenditures to influence a	•	t lobbying)	<u> </u>		
c Total lobbying expenditures (add lines 1a	and 1b)		<u> </u>		
d Other exempt purpose expenditures			-		
e Total exempt purpose expenditures (add			F		
f Lobbying nontaxable amount. Enter the a	mount from the following	ng table in both			
columns:	1		———— <del> </del>		
If the amount on line 1e, column (a) or (b) is:	The lobbying nonta				
Not over \$500,000  Over \$500,000 but not over \$1,000,000	20% of the amount o				
Over \$1,000,000 but not over \$1,000,000		of the excess over \$500,00			
Over \$1,500,000 but not over \$17,000,000		of the excess over \$1,000,0	11		
Over \$17,000,000	\$1,000,000	the excess over \$1,500,0			
g Grassroots nontaxable amount (enter 259					
h Subtract line 1g from line 1a. If zero or les	•		-		
i Subtract line 1f from line 1c If zero or les			-		
j If there is an amount other than zero on e	•	did the organization file	∟ Form 4720 report	tina	
section 4911 tax for this year?		and the organization me	25	9	Yes No
	4 V	D	0		
(Como organizatione ti		ng Period Under			
(Some organizations t		• •		•	ie tive
columns b	elow. See the ins	structions for line	s 2a through	21 on page 4.)	
Lo	bbying Expenditu	ures During 4-Yea	ar Averaging	Period	
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))			]		
c Total lobbying expenditures			"		
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
	1	1	1	ı	1

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local	<b></b>		
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of			
а	Volunteers?	-	X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
	Media advertisements?		Х	
d	Mailings to members, legislators, or the public?		X	<u> </u>
е	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?	X		27,000
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2,146
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Х	
i	Other activities? If "Yes," describe in Part IV		X	
j	Total Add lines 1c through 1i			29,146
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	•
	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Yes	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political		-
	expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	-	

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

#### Schedule C, Part II-B, Line 1i

With the assistance of outside consultants, the organization researches issues relating to their legislative agenda and strategy, develops a statement of legislative priorities and critical decision points, and contacts relevant legislators, staff, state agencies and administration officials to present the identified priorities. The organization monitors

legislation introduced in the Virginia General Assembly to identify those bills of interest, and also follows budget activities, and committee, floor and administration actions during the legislative session. PCAV establishes opportunities for members to participate in the legislative process, both in public meetings and in face-to-face meetings with legislators and administrators, and, when appropriate, provides direct testimony on legislation.

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

lame	of the organization		Employe	r identification number
_	event Child Abuse Virginia			149882
Pa	tl   Organizations Maintaining Donor Advised Fun the organization answered "Yes" to Form 990, F	ids or Other Similar Funds or Acc Part IV, line 6.	counts	. Complete if
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that th	ne assets held in donor advised		
	funds are the organization's property, subject to the organization's exclus	ive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi	riting that grant funds can be		
	used only for charitable purposes and not for the benefit of the donor or d	lonor advisor, or for any other		
	purpose conferring impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the orga	nization answered "Yes" to Form	<u>990, Pa</u>	art IV, l <u>ine 7.                                    </u>
1	Purpose(s) of conservation easements held by the organization (check al	I that apply).		
	Preservation of land for public use (e g , recreation or pleasure)	Preservation of an historically impo	rtant land	area
	Protection of natural habitat	Preservation of certified historic stri	ucture	,
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservation	n	
	easement on the last day of the tax year			
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	
þ	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic structure include	led ın (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	<b>;</b>	2d	
3	Number of conservation easements modified, transferred, released, extin	iguished, or terminated by the organization d	uring	
	the taxable year ▶			
4	Number of states where property subject to conservation easement is loc	cated >		
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year		
	<b>-</b>			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing col  \$	nservation easements during the year		
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section		
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			Yes No
9	In Part XIV, describe how the organization reports conservation easemer	nts in its revenue and expense statement, an	d	
	balance sheet, and include, if applicable, the text of the footnote to the or	rganization's financial statements that descri	bes	
	the organization's accounting for conservation easements			
Pa	rt III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to		milar A	ssets.
1a	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet w	orks of	
	art, historical treasures, or other similar assets held for public exhibition,			,
	provide, in Part XIV, the text of the footnote to its financial statements that	•		
ь	If the organization elected, as permitted under SFAS 116, to report in its		of art,	
	historical treasures, or other similar assets held for public exhibition, educ			
	provide the following amounts relating to these items		<b></b>	
	(i) Revenues included in Form 990, Part VIII, line 1		•	· \$
	(ii) Assets included in Form 990, Part X		•	• <b>\$</b>
2	If the organization received or held works of art, historical treasures, or o	ther similar assets for financial dain, provide	the	·
•	following amounts required to be reported under SFAS 116 relating to th	•		
а	Revenues included in Form 990, Part VIII, line 1		•	· \$
b	Assets included in Form 990, Part X		•	·
or E	rivacy Act and Panerwork Reduction Act Notice, see the Instructions	for Form 000		Schedule D (Form 990) 200

Sched	dule D (Form 990) 2009 Prevent Ch	<u> iild</u>	Abuse V	<u> </u>		54-11	49882			Pa	1ge <b>2</b>
Pa	rt III Organizations Maintaining (	Collec	tions of Art	, Historical Trea	sures, o	r Other S	imilar Ass	sets (c	continu	ed)	
3	Using the organization's acquisition, accession, collection items (check all that apply)	and oth	er records, ched	ck any of the following	g that are a	significant u	se of its				
а	Public exhibition		d Loa	n or exchange progra	ams						
b	Scholarly research		e Oth	er							
С	Preservation for future generations							_			
4	Provide a description of the organization's collect Part XIV	ctions ar	nd explain how t	hey further the organ	nızatıon's ex	empt purpos	e in				
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be	ceive do	onations of art, I	nistorical treasures, c	or other simil	ar			Ye	s	No
Pa	rt IV Escrow and Custodial Arran IV, line 9, or reported an amo	ngeme	ents. Comple	ete if the organi	zation an	swered "\	es" to Fo	rm 990		· .	
1a	Is the organization an agent, trustee, custodian					nt	<u>-</u>				
	included on Form 990, Part X?	or outer	intermediary to	i contributions or our	CI GOOGIO IIC	••			Ye	9 F	No
ь	If "Yes," explain the arrangement in Part XIV and	d comple	ete the following	n table						• <sub>_</sub>	,
_	in 1997 oxplain the diffangement in 1 dif XIV diff	a compi		, table					Amount		
_	Beginning balance						1c				_
	Additions during the year						1d			_	
	Distributions during the year						1e				
_	Ending balance						1f				
f 20	Did the organization include an amount on Form	. 000 D	art V lina 212					L			<u> </u>
	If "Yes," explain the arrangement in Part XIV	1990, P	art A, iiile 217						Ye	S	No
	rt V Endowment Funds. Comple	to if o	rganization	aneworod "Voe"	to Form	000 Part	· IV line 1			_	
· · a	Lindownient i dads. Comple	1	Current year	(b) Prior year		years back	(d) Three yes		(e) Foul	vears	hack
10	Paginning of year balance	(4)	Carrent year	(b) i noi year	(0) 146	years back	(d) Thice yes	ars back	(0) 1 001	youro	DUGIN
	Beginning of year balance			· · · · · · · · · · · · · · · · · · ·	<del></del>						
b	Contributions	-			+						
С	Net investment earnings, gains,			ļ	ļ				ļ		
	and losses			-			<del>                                     </del>				
	Grants or scholarships				·	<del></del> ,					
е	Other expenditures for facilities	1									
	and programs	<b></b>				<del></del>	<del></del>	<del></del>	ļ		
T	Administrative expenses	<u> </u>		<del>-</del>			<u> </u>		<del> </del>		
g	End of year balance	<u> </u>		<u> </u>					l		
2	Provide the estimated percentage of the year er	nd balan	ce held as								
	Board designated or quasi-endowment		_%								
	Permanent endowment ► %										
С	Term endowment ►%										
За	Are there endowment funds not in the possession	on of the	organization th	nat are held and adm	inistered for	the			1		
	organization by									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organizations lis	sted as r	equired on Sch	edule R?					3b	Ĺ	
_4_	Describe in Part XIV the intended uses of the or	ganızatı	on's endowmer	nt funds		_					
<u>Pa</u>	rt VI Investments—Land, Buildir	igs, ai	nd Equipme	nt. See Form 9	90, Part 2	K, line 10.					
	Description of investment	(a)	Cost or other basi	s (b) Cost or	other	(c) Ac	cumulated		(d) Book	value	
			(investment)	basis (ot	her)	depr	eciation			_	
1a	Land										
b	Buildings										
	Leasehold improvements										
d	Equipment			9	94,988		90,81	8		4,	170
	Other_										
Total	. Add lines 1a through 1e. (Column (d) must equa	al Form	990, Part X. col	lumn (B), line 10(c) )				lacktriangle		4.	170

Schedule D (Form 990) 2009 Prevent Child Abuse V	irginia	54-1149882	Page 3
Part VII Investments—Other Securities. See Form 990			
(a) Description of security or category	(b) Book value	(c) Method of	valuation
(including name of security)		Cost or end-of-yea	
Financial derivatives			
Closely-held equity interests			
Other			
			<del></del>
		<del> </del>	
	<del></del>	<del></del>	
		-	
			<u>.</u>
			<del></del>
	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 99			
(a) Description of investment type	(b) Book value	(c) Method of	
		Cost or end-of-year	ar market value
			<u> </u>
<del></del>			
		-	
			,
<del></del>		-	
		<del>                                     </del>	
Table (Octors (b) and a self-control (D) to 40)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.	<del></del>	<del></del>	(b) Deelerelee
(a) Description	····		(b) Book value
<del></del>		·	
	, - , - , - , - , - , - , - , -		· · · · · · · · · · · · · · · · · · ·
	·		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<b>•</b>	
Part X Other Liabilities. See Form 990, Part X, line 2	5.		
1 (a) Description of liability	(b) Amount		
Federal income taxes	·   · · · · · · · · · · · · · · · · · ·	7	
T COCTAI INCOMO LOCCO		┥	
<del></del>	<del></del>	┥	
		-	
		-	
		4	
	<del>-</del>	4	
		_	
		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organi	zation's financial statement	s that reports the	
organization's liability for uncertain tax positions under FIN 48		•	

	dule D (Form 990) 2009 Prevent Child Abuse Virginia	54-1149882		Page 4
_Pa	rt XI, Reconciliation of Change in Net Assets from Form 990 to Audited Fi	nancial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	873,417
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	882,933
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	-9,516
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)	ļ.	8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	-9,516
	rt XII Reconciliation of Revenue per Audited Financial Statements With Re	evenue per Retu		070 201
1	Total revenue, gains, and other support per audited financial statements	-	1	879,301
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1	
а	Net unrealized gains on investments 2a			
b	Donated services and use of facilities 2b			
C	Recovenes of pnor year grants 2c	- F 004		
d	Other (Describe in Part XIV )	5,884		F 004
е	Add lines 2a through 2d	-		5,88 <u>4</u> 873,417
3	Subtract line 2e from line 1	-	3	8/3,41/
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
р	Other (Describe in Part XIV)		.	
_C	Add lines 4a and 4b	-	4c	873,417
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	·
	art XIII Reconciliation of Expenses per Audited Financial Statements With E	zypenses per Ke		888,817
1	Total expenses and losses per audited financial statements		-1	000,017
2	Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities 2a 2a			
a		<del></del>		
b	Prior year adjustments 2b Other losses 2c	<del></del>		
C	Other (Describe in Part XIV )	5,884		
d	Add lines 2a through 2d	3,004	2е	5,884
е 3	Subtract line 2e from line 1	ŀ	3	882,933
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ŀ	<del>-                                    </del>	
a	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV )		]	
	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	ł	5	882,933
	art XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Par	t IV lines 1h		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Al			
	part to provide any additional information			
•	art XI, Line 8 - Reconciliation of Changes - Other	•		
_S	pecial_events direct_expenses	<del>\$</del>		$-\frac{1}{5}03$
C	ost of_goods_sold	\$		4,381
	pecial_events direct_expenses			1,503
	ost of goods sold	<del>\$</del>		4,381
_				
 D	art XII, Line 2d - Revenue Amounts Included in Fin	= = = = = :		
_==	22		<u> </u>	<u> </u>

Schedule D (Form 990) 2009 Prevent Child Abuse Virginia	54-1149882	Page <b>5</b>
Part XIV Supplemental Information (continued)		
_Special_events_direct_expenses	<u> </u>	<u>1,503</u>
_Cost_of_goods_sold		<u>4,381</u>
Part XIII, Line 2d - Expense Amounts Included in	n FinancialsOther	r
_Special_events_direct_expenses	<u> </u>	1,503
_Cost_of_goods_sold	<u> </u>	<u>4,381</u>
	<b></b>	
	<del> </del>	
	- <b></b>	

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**SCHEDULE 1** (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

tame of the organization  Drovent Child Abuse Virginia	Virdini,	a			Employer 5.4 - 1.1	Employer Identification number 5ムー1149882	ıber	•
Part I General Information on Grants and Assistance	d Assistance							
<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States</li> </ul>	he amount of the grance?	ants or ass	istance, the grantees' e in the United States	ligibility for the grants of	or assistance, and		X Yes	<b>№</b>
<u>a</u> :	overnments an ecipient that re ) if additional s	d Organ ceived n pace is	<b>izations in the Ur</b> nore than \$5,000. needed	ited States. Corr Check this box if	nplete if the org no one recipie	janization ans nt received m	wered "Yes" to ore than \$5,000. Use	
(a) Name and address of organization     or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
dealthy Families of Danville 30 Piney Forest Road Danville	54-0937279	m	20,000		FMV		Program Funding	
		į						
:								
<ul> <li>Enter total number of section 501(c)(3) and government organizations</li> <li>Enter total number of other organizations</li> </ul>	organizations							

Schedule I (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule   (F	Schedule   (Form 990) 2009 Prevent Child Abuse Virginia	ld Abuse Virg		54-1149882		Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Cort Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	to Individuals in the (Form 990) if addition	e United States. Cornal space is needed	nplete if the organiza	United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. al space is needed.	ا ، ا
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, FMV, appraisal, other)
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the information	on required in Part I,	line 2, and any other addition	onal information.

SCHEDULE O

(Form 990) Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Supplemental Information to Form 990

► Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Prevent Child Abuse Virginia

**Employer identification number** 

54-1149882

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990 Form 990 was provided to board members who had two weeks to review prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Board members receive the conflict of interest policy annually and must sign the policy acknowledging their understanding and list any conflicts.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Salary approvals and reviews are done as part of the annual budget process.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are made available upon request.

01/12/2011 9:11 AM Page 1

Tax Asset Detail 7/01/09 - 6/30/10

64890 Prevent Child Abuse Virginia 54-1149882 FYE: 6/30/2010

		V , V
	Tax Period	7.0 7.0 7.0 7.0 7.0 7.0 7.0 7.0 7.0 7.0
	Tax Method	20000BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB
	Tax Net Book Value	
	Tax End Depr	345.00 1,600.00 2,55.00 1,600.00 2,55.00 1,600.00 1,600.00 1,600.00 1,521.9
	Tax Current Depreciation	25.000000000000000000000000000000000000
	Tax Prior Depreciation	345.00 155.00 1,600.00 205.00 376.19 376.19 116.08 376.19 1,600.00 1,600.00 1,500.00 1,1017.53 1,117.58 1,117.58 1,1194.07 1,1194.07 1,1194.07 1,1194.07 1,1194.07 1,1194.07 1,1194.07 1,1194.07 1,1194.07 1,1194.07 1,1194.07 1,1194.07 1,1194.07 1,1194.07 1,1194.07 1,1194.07 1,1194.07 1,1194.07 1,1194.07
	Tax Bonus Amt	000000000000000000000000000000000000000
	Sec 179 Exp Current = c	888888888888888888888888888888888888888
	Tax Cost	345.00 1,600.00 205.00 1,600.00 1,116.08 376.19 1,116.00 1,117.00 1,117.00 1,117.00
	Date In Service	3/10/86 10/10/86 10/10/86 4/12/90 6/12/91 6/30/91 1/29/93 5/21/93 4/01/94 9/16/94 9/16/94 11/19/97 11/19/98 10/05/99 10/05/99 10/05/99 10/05/99 10/05/99 10/05/99 10/05/99 10/05/99 10/13/02 10/13/03 1/31/03
2.53/55/	Property Description	Desk & Chair Desk File Cabinet Printer Furniture VCR Shelving Bookcase Fax Machine Furniture Tables & Chairs Furniture Tables & Chairs Furniture Network Laser Printer Overhead Projector G/L & AP Software Gateway Laptop Chairs (6) Cubicles 2 Shelf Bookcase 4 Door File Cabinet HP Laserjet Canon Fax Machine Circuit City - T.V. Cabinets Circuit City - Refrigerator DSL Choice - Hardware Epson 8000 w/ network Office Equipment Office Furniture Office Equipment Office Furniture Circuit City - Refrigerator DSL Choice - Hardware Epson 8000 w/ network Office Equipment Office Furniture Correct Computer MS Upgrade Computer Computer MS Upgrade Computer AMP Accounting Database Computer Computer AMP Color Laserjet 2500 Printers 4 Computers 7 Computers Prollant Server 4 HP Flat Panel Display Anti-virus Software Computer Phone System (installation) Phone System (In-Kind Cont.)
	d Asset t	E 4 2 0 0 11111129

01/12/2011 9:11 AM Page 2

Tax Asset Detail 7/01/09 - 6/30/10

64890 Prevent Child Abuse Virginia 54-1149882 FYE: 6/30/2010

Tax Period	77788888888888888888888888888888888888	
Tax Method	200DB 200DB Amort Amort 200DB Amort 200DB Amort 200DB S/L S/L S/L	
Tax Net Book Value	702.57 70.28 0.00 0.00 284.71 155.52 0.00 84.67 0.00 158.11 2,713.60 0.00	4,169.46 0.00 4,169.46
Tax End Depr	2,446.27 244.71 688.27 128.00 423.95 1,362.94 744.48 180.95 405.33 299.00 390.89 678.40 774.06	114,363.10 23,544.97 90,818.13
Tax Current Depreciation	281.03 28.11 38.24 10.66 47.10 103.68 103.68 25.13 56.45 58.13 105.41 678.40 0.00	1,701.82 0.00 1,701.82
Tax Prior Depreciation	2,165.24 216.60 650.03 117.34 376.85 1,173.13 640.80 145.82 348.88 240.87 285.48 0.00 774.06 2,035.06	112,661.28 23,544.97 89,116.31
Tax Bonus Amt	000000000000000000000000000000000000000	0.00
Sec 179 Exp Current = c	0.	0.000
Tax Cost	3,148.84 314.99 688.27 128.00 423.95 1,647.65 900.00 180.95 490.00 549.00 549.00 3,392.00 774.06	118,532.56 23,544.97 94,987.59
Date In Service	2/16/06 4/09/06 9/01/06 10/15/06 11/13/06 11/13/06 12/01/06 2/20/07 12/20/07 6/30/09 7/31/03	Grand Total ns and Transfers Net Grand Total
Property Description	8 Panasonic Camcorders + Tripods Canon-MiniDV Camcorder Antivirus Software Server Software Upgrade Symantec Backup Exec Dell Laptop D520, T2300E Labor to rebuild server Windows Vista Charity License (2) Server Extended Warranty Giftwork Software Dell Camputers Dell Camputers 2 Laserjet 1300 Printers 2 HP Color Laserjet 2500 Printers	Grand Total Less: Dispositions and Transfers Net Grand Total

**8868** 

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form **8868** (Rev 4-2009)

	Shar for an Automotic C Markly Endanglish and Double and Double and Automotic Committee and Committe			▶ X
_	filing for an Automatic 3-Month Extension, complete only Part I and check this box			
If you are	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)			
Do not comp	ete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8	3868		
Part I ,	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
A corporation Part I only	required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete			▶ □
	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extensio	n of		, <sub>—</sub>
time to file inc	ome tax returns			
Electronic Fil	ing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time	to file		
one of the reti	urns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868			
electronically	if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, gi	roup		
returns, or a c	omposite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II)	of Form	1	
8868 For mor	re details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits			
Type or	Name of Exempt Organization	Employe	er identification numl	ber
print				
File by the	Prevent Child Abuse Virginia	54-1	149882	
due date for	Number, street, and room or suite no. If a P.O. box, see instructions			
filing your return See	4901 Fitzhugh Avenue 200			
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions			
	Richmond			
	f return to be filed (file a separate application for each return)			
X Form 9	Form 990-T (corporation)		Form 4720	
	20 DI		Form 5227	
Form 9	90-BL Form 990-T (sec 401(a) or 408(a) trust)		L 1 01111 3227	
Form 99			Form 6069	
Form 99	90-EZ Form 990-T (trust other than above)		<del>-</del> 1	
Form 99 Form 99 The book Telephon If the orga If this is for the whole a list with the until	Form 990-T (trust other than above)  90-PF  Solve are in the care of Porganization  Porganization  FAX No. Porganization does not have an office or place of business in the United States, check this box	f this is	Form 6069	<b>&gt;</b> []
Form 99 Form 99 The book Telephon If the orga If this is for the whole a list with the I I reques until for the	Form 990-T (trust other than above) Form 1041-A  s are in the care of  Organization  e No  804-359-6166 FAX No.  anization does not have an office or place of business in the United States, check this box or a Group Return, enter the organization's four digit Group Exemption Number (GEN) group, check this box  If it is for part of the group, check this box and at an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 02/15/11, to file the exempt organization return for the organization named above The extension is organization's return for calendar year or tax year beginning 07/01/09, and ending 06/30/10  ax year is for less than 12 months, check reason Initial return Final return Change in	ttach	Form 6069 Form 8870	<b>▶</b> □
Form 99 Form 99 Form 99 The book Telephon If the orga If this is for the whole a list with the I reques until for the b X  If this ta	Form 990-T (trust other than above) Form 1041-A  s are in the care of   Organization  e No   804-359-6166	account	Form 6069 Form 8870	<b>▶</b> □
Form 99 Form 99 The book Telephon If the orga If this is for the whole a list with the I I reques until for the X  If this ta  If this ta  If this a less an	Form 990-T (trust other than above) Form 1041-A  s are in the care of	ttach	Form 6069 Form 8870	<b>▶</b> □
Form 99 Form 99 Form 99 The book Telephon If the orga If this is for the whole a list with the I I reques until ( for the whole a list	Form 990-T (trust other than above) Form 1041-A  s are in the care of  Organization  e No  804-359-6166  FAX No.  anization does not have an office or place of business in the United States, check this box or a Group Return, enter the organization's four digit Group Exemption Number (GEN) group, check this box  If it is for part of the group, check this box  and at names and EINs of all members the extension will cover  st an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 02/15/11, to file the exempt organization return for the organization named above The extension is organization's return for calendar year or tax year beginning 07/01/09, and ending 06/30/10  ax year is for less than 12 months, check reason  Initial return Final return Change in pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, young one form 990-PF or 990-T, enter any refundable credits and estimated tax	account 3a	Form 6069 Form 8870	
Form 99 Form 99 Form 99 The book  Telephon If the orga If this is for the whole a list with the  1 I reques until ( for the  X  2 If this ta  less an b If this a paymer	Form 990-T (trust other than above) Form 1041-A  s are in the care of  Organization  e No  804-359-6166 FAX No.   anization does not have an office or place of business in the United States, check this box or a Group Return, enter the organization's four digit Group Exemption Number (GEN) group, check this box  If it is for part of the group, check this box and at an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 02/15/11, to file the exempt organization return for the organization named above. The extension is organization's return for calendar year or tax year beginning 07/01/09, and ending 06/30/10  ax year is for less than 12 months, check reason Initial return Final return Change in pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, yononrefundable credits. See instructions pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax his made include any prior year overpayment allowed as a credit.	account	Form 6069 Form 8870	
Form 99 Form 99 Form 99 The book  Telephon If the orga If this is for the whole a list with the  1 I reques until for the X  2 If this ta  a less an b If this a paymer c Balance	Form 990-T (trust other than above) Form 1041-A  s are in the care of	account 3a	Form 6069 Form 8870	
Form 99 Form 99 Form 99 The book Telephon If the orga If this is for the whole a list with the I I reques until for the X  If this ta less an b If this a paymer c Balance deposit	Form 990-T (trust other than above) Form 1041-A  s are in the care of  Organization  e No  804-359-6166 FAX No.   anization does not have an office or place of business in the United States, check this box or a Group Return, enter the organization's four digit Group Exemption Number (GEN) group, check this box  If it is for part of the group, check this box and at an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 02/15/11, to file the exempt organization return for the organization named above. The extension is organization's return for calendar year or tax year beginning 07/01/09, and ending 06/30/10  ax year is for less than 12 months, check reason Initial return Final return Change in pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, yononrefundable credits. See instructions pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax his made include any prior year overpayment allowed as a credit.	account 3a	Form 6069 Form 8870	· .

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