EXTENSION GRANTED TO 5/16/2011

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

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

Open to Public Inspection

	0,	e 2009 calendar year, or tax year beginning 00L I, 2009 and er	naing U	ON 30, 2010	
В	Check if applicab	le: Please use IRS C Name of organization		D Employer identifi	cation number
Σ	Addre	ess label or VOICES FOR CHILDREN			
	Name chan			95-3	786047
	Initial return	i 1 366 Nijimhar and etraat (Of P I) DOV IT Mali is not delivered to etraet address). He	oom/suite	E Telephone numbe	
	Termi ated	n- Specific nstruc- 2851 MEADOW LARK DRIVE		(858	
Ļ	Amer	City or town, state or country, and ZIP + 4		G Gross receipts \$	3,150,074.
L	Appli tion pend		_	H(a) is this a group re	eturn
	,	F Name and address of principal officer; SHARON M. LAWKENCE		for affiliates?	Yes X No
_		SAME AS C ABOVE		H(b) Are all affiliates inc	
		empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		1	list. (see instructions)
		te: WWW.VOICES4CHILDREN.COM forganization: X Corporation Trust Association Other		H(c) Group exemptio	
	art I		L Year	of formation: 1904 N	N State of legal domicile: CA
Prosecution (Contraction Contraction Contr	1	Briefly describe the organization's mission or most significant activities: TO BE	2 T/I 2	DVOCATE FOR	CHILDREN
Activities & Governance	'	THAT ARE ABUSED AND NEGLECTED.	1114 71	57001111 1010	
Ē	2	Check this box if the organization discontinued its operations or dispose	ed of more	1	ssets.
Š	3			3	23
ಷ	4	Number of independent voting members of the governing body (Part VI, line 1b) \dots			23
ies	5	Total number of employees (Part V, line 2a)			29
Ξ	6	Total number of volunteers (estimate if necessary)			707
Ac		Total gross unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34			
	١.	Contributions and wants /Dath / III line 4 h		Prior Year 1,563,802.	Current Year 1,977,790.
Jυe	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		1,505,002.	#/3////501
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,640.	65,055.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		836,339.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,408,781.	2,386,331.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		30,695.	28,982.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
တ္ဆ	15	Orlands at the second of the Control		1,797,193.	1,581,149.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		17,671.	
Š.	b	Total fundraising expenses (Part IX, column (D), line 25) 419,89	<u>0.</u>		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		663,807.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,509,366.	2,286,046.
	19	Revenue less expenses. Subtract line 18 from line 12		-100,585.	100,285.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		1,361,857.	1,469,278.
et A	21	Total liabilities (Part X, line 26)		236,013. 1,125,844.	264,374. 1,204,904.
2	22 24 11	Net assets or fund balances. Softhact line 21 from line 20 Signature Block		1,140,044.	1,204,304.
第5 集	esake ila o	Under penalties of perjury, I declare that I have expinined this retern, including accompanying schedules and and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any	statements,	and to the best of my knowled	ge and bellef, it is true, correct,
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any	y knowledge.		10 11.
Sig	n	A OCH LL HOLD		5/	3/11
Hen		Signature of office		Date	
	_	ROCHELLE BOLD, TREASURER			
		Type or print name and title			
Pai	d	Preparer's Date	Ch sel		er's identifying number structions)
	u parer's	signature 04/28	/11 em	ployed 🕨 🔙	
	Only	vours if CONSIDINE & CONSIDINE	-	EIN ►	
500		self-employed), address, and 1501 FIFTH AVENUE, SUITE 400			40 404 40
_		ZIP+4		Phone no. 🕨 6	19-231-1977
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)		*************************	X Yes No

4d	Other program services.	(Describe in	Sc	he	dule	O.)
				_		

(Expenses \$ including grants of \$

) (Revenue \$

Total program service expenses ▶\$ 1,783,504.

Form 990 (2009)

		•			Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Γ						
	If "Yes," complete Schedule A		L	1	X				
2	Is the organization required to complete Schedule B, Schedule of Contributors?			2	X				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candid public office? If "Yes," complete Schedule C, Part I		r	3		x			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule (, Part	// [4		Х			
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	and		5					
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the rig								
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedu		Part I	6		X			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,					Х			
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II									
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III									
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or pro-	ovide				Х			
credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV									
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V									
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable									
 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 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 16? 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.								
•	212 414 27 g = 112 117 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
	Part X, line 16? 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.					60			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that address	ses			4.15				
	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	,		12	X	1990			
40.8	Schedule D, Parts XI, XII, and XIII. Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No		大学者				
IZA	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	163	X						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<u> </u>		13	20 (40 g), 9 (3-9).	X			
	Did the organization maintain an office, employees, or agents outside of the United States?			14a		X			
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, k					1			
_	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					Ĭ			
or entity located outside the United States? If "Yes," complete Schedule F, Part II									
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									
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,									
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			17	<u> </u>	X			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part	'III, line	s						
	1c and 8a? If "Yes," complete Schedule G, Part II			18	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	X	- 			
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			20	<u> </u>	X			

Part IV Checklist of Required Schedules (continued)				
Name (1971) Character at Daniel and Calabate 1 - 1 - 1				
	ort IV	l Chacklist of l	Dearrived Schedu	I oc (continued)

Ballion, A.	One of the date of		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
۲.	United States on Part IX, column (A), line 1? 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	Х	
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		X
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 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 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, 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			(A)
	instructions for applicable filing thresholds, conditions, and exceptions):	12.5	de k	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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, 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			Ţ
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Т
	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	1	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u>L.</u>	X
37	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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197			
	Note, All Form 990 filers are required to complete Schedule O.	38	X	
		Form	990	(2009

di Nas	Statements Regarding Other IRS Fillings and Tax Compliance		—-г		
			Segue a di	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		47 (4) 47 (4)		
	U.S. Information Returns. Enter -0- if not applicable	1a U			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			Service Service	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	The state of the s		9.33	Ed St
0-	(gambling) winnings to prize winners?	1	1c	2012	ot samelar Calabata
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	29 29	**		
	filed for the calendar year ending with or within the year covered by this return		0	X	夏里(四月
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	To the second se	2b		
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		8-18		X
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	· · · · · · · · · · · · · · · · · · ·	3a 3b		
	•	authority aver a	30		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		4a		х
	financial account in a foreign country (such as a bank account, securities account, or other financial	accounty?	4a	a SUNDA	(B) (9x)
	If "Yes," enter the name of the foreign country:	Dank and			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Darik ariu			
	Financial Accounts.	-	5a	NE SACEM	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regi		30		
C			5c		
60	Tax Shelter Transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did t		30		
	any contributions that were not tax deductible?		6a		х
	If "Yes," did the organization include with every solicitation an express statement that such contribu		-		
	were not tax deductible?		6b		
	Organizations that may receive deductible contributions under section 170(c).	<u> </u>	1.5	N.E.	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services	eznagazo	.0359 4360 .0359 4360	4204HE 1104
_	provided to the payor?		7a	Х	ĺ
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				
	to file Form 8282?		7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			SHARARA Tilahara
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	personal		1000	alik aliku
	benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required		7g		X
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-		7h		X
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or		giave. Nation	12:06. 74:07	
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc			美国	1000
	at any time during the year?	.,,,,,,,,,,,	8		
9	Sponsoring organizations maintaining donor advised funds.		ALC:		
	Did the organization make any taxable distributions under section 4966?		9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	.,,	9b	. 28. 200. 2 = 2	11 / 12 / 12 / 12 / 12 / 12 / 12 / 12 /
10	Section 501(c)(7) organizations. Enter:	1			1770
	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:				
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				430
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	1968 1 698	8 121 AAH
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	akura •		Market .
			Form	990	(2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			 7	
		ı	o places	Yes	No
1a	Enter the number of voting members of the governing body	1a	23		
þ	Enter the number of voting members that are independent	1b	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh			1010.76	
	officer, director, trustee, or key employee?		2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the				v
	of officers, directors or trustees, or key employees to a management company or other person?				<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Fe				X
5	Did the organization become aware during the year of a material diversion of the organization's asset	ets?			X
6	Does the organization have members or stockholders?		6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	embers of the			Х
	governing body?		7a		X
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other pe		7 b	n Sirási	A Table
8	Did the organization contemporaneously document the meetings held or written actions undertaker	n during the year			
	by the following:			X	
	The governing body?			X	
þ	Each committee with authority to act on behalf of the governing body?		<u>8b</u>		_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				х
	organization's malling address? If "Yes," provide the names and addresses in Schedule O		9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	revenue Code.)		36	- N-
			40-	Yes	No X
	Does the organization have local chapters, branches, or affiliates?		10a		-23-
þ	If "Yes," does the organization have written policies and procedures governing the activities of such		100		
	and branches to ensure their operations are consistent with those of the organization?		10b	Х	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before	filling the form?			ubili obje
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		40-	X	istrative system Son robbin
12a			12a	2	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co to conflicts?	oula give rise	12b	х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy?		12c		х
40	in Schedule O how this is done			Х	
13	Does the organization have a written whistleblower policy?			X	
14	Does the organization have a written document retention and destruction policy?		A 5.00		13.44
15	Did the process for determining compensation of the following persons include a review and appro-				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		15a	X	(Lotaria)
	The organization's CEO, Executive Director, or top management official			X	
D	Other officers or key employees of the organization	,.,			MOK6K
46.	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ament with a	100		
IOS			16a	CHIEF LAND	X
L	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to ex	aluate its participatio			
Ų	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the or	nanization's	12.00	7.00	44.7
	exempt status with respect to such arrangements?		1	3.00 SW 1995	ff (feargir) is
Sec	tion C. Disclosure			•	
17	List the states with which a copy of this Form 990 is required to be filed ▶CA	· · · · · · · · · · · · · · · · · · ·			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	PT (501(c)(3)s only) av	ailable for		
.0	public inspection. Indicate how you make these available. Check all that apply.	/ (-)(-) > /			
	X Own website Another's website X Upon request			•	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflict of interest po	olicy, and fin	ancial	
13	statements available to the public.		,,		
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the or	ganization:	•	
20	MARCIA LOOPER - (858) 569-2019		J	_	
	9370 CHESAPEAKE DRIVE SUITE 210, SAN DIEGO, CA 9	2123			
		· · · · · ·	For	~ QQC	/2009\

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.

(A)	(B)	y current officer, director						(D)	(E)	(F)
Name and Title	Average	/-1		Pos			. Is A	Reportable	Reportable compensation	Estimated amount of
	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
LORENA ARNOLD	1 00							0	0.	0.
MEMBER	1.00	X			 	_	<u> </u>	0.		
MELISSA BLACKBURN-JONIAUX	1	l								0
MEMBER	1.00	X	<u> </u>	<u> </u>	ļ	_	ļ	0.	0.	
ROCHELLE BOLD	4 00				ł		1	0.	0.	0
MEMBER	1.00	X	ļ		<u> </u>	-	<u> </u>	0.	U •	
VICKY CARLSON	1 1 00				ĺ			0.	0.	0
MEMBER	1.00	X		├	 .	╄	⊢	V •	· ·	
SUSAN MCKENNA	1 00	J.	ļ	1	1	-	1	0.	0.	0
MEMBER	1.00	X		-	1	╄	-	V •	0.	
TONY FARWELL	1 00	x			1			0.	0.	0
MEMBER	1.00	┢≏	 	╄	┼	┼	\vdash			
JILL SKREZYNA MEMBER	1.00	х						0.	0.	0
LAURA BOYER MEMBER	1.00	x						0.	0.	0
DAVE JACKSON	1.00	+	\vdash	╁	╁╌	╁	十			
MEMBER	1.00	x						0.	0.	0
HAEYOUNG TANG		1			T	T	Τ			
MEMBER	1.00	X			1			0.	0.	0
KAREN DRISCOLL				1						
MEMBER	1.00	X			<u> </u>		L	0.	0.	. 0
PAT HUGHES		Ţ								
CHAIR	1.00	X	L	_	┸			0.	0.	0
ERIC JONES										
MEMBER	1.00	X		ļ	<u> </u>	_	\perp	0.	. 0.	. 0
MARINA MARRELLI					1					
AT-LARGE	1.00	X	╄	-	+	\bot	- -	0.	0.	. 0
SUSAN MCCLELLAN	1							_	. 0.	. 0
AT-LARGE	1.00	X	-	1	1		+	0	· U ·	
THOMAS MURPHY	1						ĺ	0	. 0.	. 0
MEMBER	1.00	↓X	+	-	+	+	- -	U	•	·
JOE PANETTA	1	1	1	1	1		-	1	. 0.	.l c

932007 02-04-10

(A)	(B)	mpic	oyee		<u>nd (</u> C)	ligh	est	Compensated Employ (D)	ees (continued) (E)		(F)	-
Name and title	Average	ļ		۰، Pos	-	1		Reportable	Reportable		Estimated	
	hours per week		heck		that	app	<u> </u>	compensation from the	compensation from related organization	on d Is	amount of other compensation	ı
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	from the organization and related organizations	i
ROBIN STARK							_					
MEMBER	1.00	X	L					0.		0.	0	١.
ALAN TALBOTT	1 00									•	,	
MEMBER BRAD TECCA	1.00	Х		_		<u> </u>	_	0.		0.		
MEMBER	1.00	х						0.		0.	l	١.
KEVIN HARRIS	1.00	122	├		-	╁	-			•••		
MEMBER	1.00	х						0.		0.	0	١.
PETER ARROWSMITH	<u> </u>											
TREASURER	1.00			X			l	0.		0.	0	١.
LAUREE SAHBA	1 00									_		
VICE CHAIR	1.00	ļ	<u> </u>	X				0.		0.	0	• (
REED VICKERMAN SECRETARY	1.00			X				0.		0.	_ ا).
SHARON LAWRENCE	1.00	 	-	<u> </u>			-	0.		٠.		
PRESIDENT/CEO	40.00					х		102,326.		0.	l o	١.
,										·		
1b Total						▶		102,326.		0.	0) .
 Total number of individuals (including but r compensation from the organization 						e) wi	ho re	eceived more than \$100	1,000 in reportab	le .	150 170	1
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			, ke	y em	plo	yee,	or h	nighest compensated er	nployee on		Yes N	
 For any individual listed on line 1a, is the st and related organizations greater than \$15 	um of reportab	le c							the organization		4 2	
5 Did any person listed on line 1a receive or the organization? If "Yes," complete Scheo	accrue compe	nsat	ion 1						ices rendered to)	5 2	ζ
Section B. Independent Contractors												_
Complete this table for your five highest co the organization. NONE	mpensated in	dep	ende	ent c	onti	racte	ors t		\$100,000 of cor	npens		
(A) (B) Name and business address Description of services										-	(C) Compensation	
Total number of independent contractors (\$100,000 in compensation from the organi	•	not li	imite	d to		se li O	stec	d above) who received n	nore than			

				S FOR CH	LLDREN			<u>95-3786</u>	047 Page 9
Pa	rt y		Statement of Reven	ue	10 100 cm (0) 100 cm ((A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts		b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grant similar amounts not included above the state of th	1b 1c 1d 1d 1s, and 1f 1f	460,588. 423,800. 1093402.	Garago a da Barago			
Program Service Co	2	a b c d	Total. Add lines 1a-1f All other program service reve		Business Code	1977790.			
	3		Investment income (including other similar amounts) Income from investment of ta	dividends, intere x-exempt bond p	st, and roceeds	13,419.			13,419.
Other Revenue	6	a b c	Gross Rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal			Angelia de la companya de la company	
	7	'a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less; cost or other basis and sales expenses	(i) Securities 444809. 393173.	(ii) Other	-			
	8	d	Gain or (loss) Net gain or (loss) Gross income from fundraisir including \$ 460,5 contributions reported on line	ng events (not 588 • of e 1c). See	>	51,636			51,636.
	g	c	Part IV, line 18 Less: direct expenses Net income or (loss) from fun Gross income from gaming a Part IV, line 19	b draising events ctivities. See		322,187			322,187.
	10	c Da	Less: direct expenses Net income or (loss) from gar Gross sales of inventory, less and allowances Less: cost of goods sold	ming activities s returns	271	21,299	21,299		
	1.		Net income or (loss) from sal Miscellaneous Reven	es of inventory . ue		<u>e</u>			
932	12 009 04-10		All other revenue Total. Add lines 11a-11d Total revenue. See instructions			2386331	. 21,299	. 0	. 387,242 Form 990 (2009

Part IX Statement of Functional Expenses

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

	All other organizations must comp		not required to compl	ete columns (B), (C), an	
	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			The second of the second	7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	28,982.	28,982.		
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				
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)	1,334,999.	1,021,028.	59,617.	254,354.
7 8	Other salaries and wages	1,334,333.	I,UZI,UZO•	J9,011.	2311331
0	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	101,735.	80,970.	4,230.	16,535.
10	Payroll taxes	144,415.	110,549.	6,674.	27,192.
11	Fees for services (non-employees):	,,		-,-,-	,
	Management	516.		516.	
	Legal				······································
	Accounting	110.	110.		
	Lobbying			`	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	91,230.	25,498.	5,417.	60,315.
12	Advertising and promotion				
13	Office expenses	11,389.	11,364.	25.	
14	Information technology				
15	Royalties	225 226	240 240	2 2 2 2 2	00 611
16	Occupancy	337,296.	310,312.	3,373.	23,611.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		· · · · · · · · · · · · · · · · · · ·		
20	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization	51,018.	46,937.	510.	3,571.
23	· · · · · · · · · · · · · · · · · · ·	3,403.	3,353.	3.0.	50.
24	Other expenses, Itemize expenses not covered				
	above. (Expenses grouped together and labeled	(6)(1 * 5 (5 C. G 14) - (1			reger a confidence and
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	MILEAGE & MEALS	58,427.	53,965.	and the management of the state	4,462.
b	PRINTING	22,495.	14,601.		7,894.
С	TELEPHONE	19,685.	18,242.	449.	994.
d	FOOD & SITE RENTAL	16,203.	8,682.		7,521.
е	WORKERS' COMPENSATION	13,933.	11,368.		2,100.
f	All other expenses	50,210.	37,543.		11,291.
25	Total functional expenses. Add lines 1 through 24f	2,286,046.	1,783,504.	82,652.	419,890.
26	Joint costs. Check here if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			<u> </u>	Form 990 (2009)

Pa	rt X	Balance Sheet		:	<u> </u>		
					(A) Beginning of year		(B) End of year
	1	Cash - non-Interest-bearing			90,611.	1	71,051.
	2	Savings and temporary cash investments			592,720.	2	470,199.
	3	Pledges and grants receivable, net			29,427.	3	249,945.
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, d					
		employees, and highest compensated employe	es. Con	nplete Part II			
		of Schedule L			M. M. Pringer M. C. Stewart St. Pringer St. Market St. of St.	5	
	6	Receivables from other disqualified persons (as			e Sharesto a transfer of the	137	A Real Control of the
		4958(f)(1)) and persons described in section 49		•	(\$1.75.5.72) S.C. (\$1.50), we s		
		Part II of Schedule L			TO CONTRACT OF THE PROPERTY OF	6	The state of the s
Assets	7	Notes and loans receivable, net			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	
	8	Inventories for sale or use				8	
Ä	9				20,456.	9	15,070.
	10a	Land, buildings, and equipment: cost or other		A. 81			
		basis. Complete Part VI of Schedule D	10a	344,594.			
	Ь			127,165.		10c	217,429.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line	345,985.	13	416,559.		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		29,025.	15	29,025.	
	16	Total assets. Add lines 1 through 15 (must equ			1,361,857.		1,469,278.
	17	Accounts payable and accrued expenses	80,315.	17	148,898.		
	18	Grants payable		18			
	19	Deferred revenue	124,438.	19	30,225.		
	20	Tax-exempt bond liabilities		20			
ý	21	Escrow or custodial account liability. Complete			21		
Liabilities	22	Payables to current and former officers, directo				#16. h	
훒		highest compensated employees, and disqualif					
ت		of Schedule L	-	•	PARAMETER CONTROL OF A STATE OF A	22	to the control of the
	23	Secured mortgages and notes payable to unrei				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities, Complete Part X of Schedule D			31,260.	25	85,251.
	26	Total liabilities. Add lines 17 through 25			236,013.	26	264,374.
		Organizations that follow SFAS 117, check h			次/区值与例识的 Y 18		Contract of the Contract of th
ģ		lines 27 through 29, and lines 33 and 34.		•			
ĕ	27	Unrestricted net assets			1,072,938.	27	983,890.
<u>8</u>	28	Temporarily restricted net assets			52,906.	28	221,014.
9	29					29	
Ę		Organizations that do not follow SFAS 117, or				1	
卢		complete lines 30 through 34.					TO ALLESS TOLENS
ş	30	Capital stock or trust principal, or current funds	;		at sayour training to a second	30	
SSE	31	Paid-in or capital surplus, or land, building, or e				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	· · ·
ž	33	Total net assets or fund balances			1,125,844.	33	1,204,904.
	34	Total liabilities and net assets/fund balances			1,361,857.	34	1,469,278.

Form **990** (2009)

Pa	TXU Financial Statements and Reporting			
20 11 14 p	, and the state of		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.	STEARS	0.000000	25440° X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	v	- 22
b	Were the organization's financial statements audited by an independent accountant?	2b_	<u>X</u>	<u> </u>
C	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	Х	
d	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	25		
-	consolidated basis, separate basis, or both: X 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		x
		 "		T
Þ	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

Department of the Treasury

Internal Revenue Service

(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

Open to Public Inspection

Name of the organization

Employer identification number

			FOR CHILDRED						95	<u> </u>	4/	
Part I	Reason	for Public Char	ity Status (All organi:	zations mu	st complet	e this parl	t.) See inst	ructions.				
he orga	nization is not a	a private foundation	because it is: (For lines	1 through	11, check d	only one b	ox.)					
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	' 0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🖳	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,								1			
	city, and stat	te:									,	
5	An organizati	ion operated for the	benefit of a college or u	niversity o	wned or op	erated by	a governr	mental uni	t described	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	ate, or local governm	ent or governmental un	it describe	d in sectio	n 170(b)(1	I)(A)(v).					
7 X] An organizati	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general pu	ublic descri	bed in	
	section 170((b)(1)(A)(vi). (Comple	te Part II.)									
в 📖	A community	/ trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	An organizati	ion that normally rec	eives: (1) more than 33	1/3% of its	support fr	om contri	butions, m	nembershi	p fees, and	gross rece	eipts fr	om
	activities rela	ited to its exempt fur	nctions - subject to cert	ain excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support fr	rom gross ir	nvestm	nent
	income and ı	unrelated business to	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization af	ter June 30	1, 1975	í.
	See section	509(a)(2). (Complete	Part III.)									
10 📖	An organizat	ion organized and or	perated exclusively to te	est for publ	ic safety. S	ee sectio	n 509(a)(4	1).				
t1 L	An organizati	ion organized and op	perated exclusively for t	he benefit	of, to perfo	rm the fui	nctions of,	or to carr	y out the p	urposes of	one or	r
	more publicly	y supported organiza	ations described in sect	ion 509(a)(1) or sectio	n 509(a)(2	2). See sec	ction 509(a)(3). Chec	k the box t	hat	
	describes the	e type of supporti <u>ng</u>	organization and comp	le <u>te lin</u> es 1	1e through	11h.						
	ຸ a └── Type⊺	l b	J Type II	с 📖 Тур	e III - Func	tionally int	tegrated		d∐.	Type III - O	ther	
e	By checking	this box, I certify that	it the organization is no	t controlled	i directly o	r indirectly	by one or	r more dis	qualified po	ersons othe	er than	l
	foundation m	nanagers and other t	han one or more public	ly supporte	ed organiza	tions des	cribed in s	ection 509	9(a)(1) or se	ection 509(a)(2).	
f	If the organiz	ation received a writ	ten determination from	the IRS the	at it is a Ty	pe I, Type	II, or Type	e III				_
	supporting o	rganization, check th	nis b ox									
g	-		organization accepted a							_		
	•	•	lirectly control <mark>s,</mark> either a	_						(Yes	No
	the gov	erning body of the s	upported organization?						•••••			
		·	n described in (i) above									
		=	person described in (i)							11g(iii)		
h	Provide the f	following information	about the supported or	rganization	(s).							
		,	(III) Type of	Ta				full la	+ho T			
	e of supported	(II) EIN	(iii) Type of organization		organization sted in your		u notify the tion in col.	(vi) is organizație	on in cal.	(vli) Am		
or	ganization		(described on lines 1-9		document?		r support?	I (i) organized in the I		supp	ort	
			above or IRC section (see instructions))			Yes	No	Yes	No			
			(SCC Management)	Yes	No	163	140	163	100			
		-		 			ļ	 	+ +			
				+	 			 	 -			
							İ					
			 	+	 		 	 	 			
									1			
				1	<u> </u>	-		1	 			
								-				
· · · · · · · · · · · · · · · · · · ·				404075598	1 (1) (1) (2) (2) (1)		Chieff Chi	1 392 39 170	1.597/986			
[otol		fraction and the		4. 在100000				1816. AV				
otal		1000年1000年100日日本海岸海岸市区域	用新兴和亚州共和国共和国共和国共和国共和国共和国	no si supan (Silik) A	Alfred Bredstand (1995) Es	podskonova filoz	e paratiración de la constante	- przeneskywany żeś	and the State of the state of			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

95-3786047 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 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (d) 2008 (e) 2009 (b) 2006 (c) 2007 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 7,617,730. 1,322,190 1,312,735 1,441,214 1,563,802 1,977,789 2 Tax revenues levled 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 ... 1,563,802 1,977,789 7,617,730. 1,322,190 1,312,735 1,441,214 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) 7,617,730. 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total (b) 2006 1,441,214 1,563,802 1,977,789 7,617,730. 1,322,190 1,312,735 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 13,419. 124,931. 20,137. 30,989. 40,570. 19,816 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 6,931 -766 51,636. 64,242. 2,535 3,906 assets (Explain in Part IV.) 7,806,903, 11 Total support, Add lines 7 through 10 4,011,978. 12 Gross receipts from related activities, etc. (see instructions) 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 97.58 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 97.72 15 % 15 Public support percentage from 2008 Schedule A, Part II, line 14

16a 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	
etop ner or the organization quanto do a pablicly depported organization	ightharpoons X
b 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	ightharpoonup
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	ightharpoons
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

Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support Calendar year (or fiscal year beginning in)	(=\ 000F	/I-) 0000	4-10000	(4) 2000	(-\ 0000	(6) Total
- · · · · · · · · · · · · · · · · · · ·	(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.")						
Gross receipts from admissions, merchandise sold or services per- formed, 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				:		
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5			ļ			
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
D 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.)	Personal Services		Control of the Control	Callery for the Spring	haji da Marikan Production d	
		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
ection B. Total Support			I service and the service and			
ection B. Total Support	(a) 2005	1	(c) 2007	(d) 2008	(e) 2009	(f) Total
ection B. Total Support alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
ection B. Total Support alendar year (or fiscal year beginning in) 9 Amounts from line 6	(a) 2005	1	(c) 2007	(d) 2008	(e) 2009	(f) Total
ection B. Total Support alendar year (or fiscal year beginning in) 9 Amounts from line 6 Da Gross income from interest, dividends, payments received on securities loans, rents, royalties	(a) 2005	1	(c) 2007	(d) 2008	(e) 2009	(f) Total
ection B. Total Support alendar year (or fiscal year beginning in) 9 Amounts from line 6 Da 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	(a) 2005	1	(c) 2007	(d) 2008	(e) 2009	(f) Total
ection B. Total Support alendar year (or fiscal year beginning in) 9 Amounts from line 6 0a 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	(a) 2005	1	(c) 2007	(d) 2008	(e) 2009	(f) Total
ection B. Total Support alendar year (or fiscal year beginning in) 9 Amounts from line 6 0a 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 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is	(a) 2005	1	(c) 2007	(d) 2008	(e) 2009	(f) Total
ection B. Total Support alendar year (or fiscal year beginning in) 9 Amounts from line 6 0a 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 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital	(a) 2005	1	(c) 2007	(d) 2008	(e) 2009	(f) Total
alendar year (or fiscal year beginning in) 9 Amounts from line 6 Da 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 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	(a) 2005	1	(c) 2007	(d) 2008	(e) 2009	(f) Total
alendar year (or fiscal year beginning in) 9 Amounts from line 6 0a 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 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 3 Total support (Add lines 9, 10c, 11, and 12.)		(b) 2006				
ection B. Total Support alendar year (or fiscal year beginning in) 9 Amounts from line 6 Da 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 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 3 Total support (Add lines 9, 10c, 11, and 12.) 4 First five years. If the Form 990 is for the check this box and stop here	he organization	(b) 2006	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
ection B. Total Support alendar year (or fiscal year beginning in) 9 Amounts from line 6 Da 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 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 3 Total support (Add lines 9, 10c, 11, and 12.) 4 First five years. If the Form 990 is for the check this box and stop here	he organization	(b) 2006	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
ection B. Total Support alendar year (or fiscal year beginning in) 9 Amounts from line 6 Da 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 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 3 Total support (Add lines 9, 10c, 11, and 12.) 4 First five years. If the Form 990 is for the check this box and stop here ection C. Computation of Public	he organization	(b) 2006	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
ection B. Total Support alendar year (or fiscal year beginning in) Amounts from line 6 Da 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 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here ection C. Computation of Public Public support percentage for 2009 (line)	he organization Support Pe	's first, second, the	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
ection B. Total Support alendar year (or fiscal year beginning in) Amounts from line 6 Da 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 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here ection C. Computation of Public Public support percentage for 2009 (lin Public support percentage from 2008 S	he organization Support Pe e 8, column (f) o	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
ection B. Total Support alendar year (or fiscal year beginning in) Amounts from line 6 Da 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 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here ection C. Computation of Public Public support percentage for 2009 (lin Public support percentage from 2008 Section D. Computation of Invest	he organization Support Pe e 8, column (f) of the column	's first, second, the ercentage divided by line 13, t III, line 15	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi.	zation,
Amounts from line 6 Da 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 c Add lines 10a and 10b l Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on c Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here ection C. Computation of Public Public support percentage for 2008 Section D. Computation of Invest Investment income percentage for 2008	he organization Support Pere 8, column (f) of the continuous of the continuous of the column (f) of t	(b) 2006 's first, second, the ercentage divided by line 13, till, line 15 The Percentage divided by line 19, till, line 15	column (f))	ax year as a section	on 501(c)(3) organi.	zation,
alendar year (or fiscal year beginning in) Amounts from line 6 Da 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 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 3 Total support (Add lines 9, 10c, 11, and 12.) 4 First five years. If the Form 990 is for the check this box and stop here 9 ection C. Computation of Public Public support percentage for 2009 (lines Public support percentage from 2008 Section D. Computation of Invest Investment income percentage from 2008 Investment in	he organization Support Pere 8, column (f) of the continuous of the column (f) of t	's first, second, the ercentage divided by line 13, till, line 15 divided by line 17, part III, line 17	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi. 15 16 17 18	zation,
alendar year (or fiscal year beginning in) 9 Amounts from line 6 Da 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 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 3 Total support (Add lines 9, 10c, 11, and 12.) 4 First five years. If the Form 990 is for the check this box and stop here ection C. Computation of Public Public support percentage for 2009 (lin Public support percentage from 2008 section D. Computation of Invest Investment income percentage from 2008 investment income percentage from 2009 in the computation of investment income percentage from 2009 investment income percentage from 2009 investment income percentage from 2009 investment income 2009 invest	he organization Support Pere 8, column (f) of the column (f) of t	's first, second, this ercentage divided by line 13, t III, line 15 ne Percentage Imm (f) divided by I, Part III, line 17 not check the box	column (f)) ine 13, column (f)) on line 14, and lin	ax year as a section	15 16 17 18 33 1/3%, and line	zation,
alendar year (or fiscal year beginning in) 9 Amounts from line 6 0a 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 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 3 Total support (Add lines 9, 10c, 11, and 12.) 4 First five years. If the Form 990 is for the check this box and stop here ection C. Computation of Public Public support percentage from 2008 Section D. Computation of Invest 7 Investment income percentage from 2008 Investment income percentage from 2008 Investment income percentage from 2009 (In the o more than 33 1/3%, check this box and some percentage from 2009 (In the o more than 33 1/3%, check this box and some percentage from 2009 (In the o more than 33 1/3%, check this box and some percentage from 2009 (In the o more than 33 1/3%, check this box and some percentage from 2009 (In the o more than 33 1/3%, check this box and some percentage from 2009 (In the o more than 33 1/3%, check this box and some percentage from 2009 (In the o more than 33 1/3%, check this box and some percentage from 2009 (In the o more than 33 1/3%, check this box and some percentage from 2009 (In the o more than 33 1/3%, check this box and some percentage from 2009 (In the other percentage from 2009) (In the o	he organization Support Pe e 8, column (f) of Schedule A, Par ment Incom g (line 10c, colu 008 Schedule A rganization did dstop here. The	's first, second, the ercentage divided by line 13, till, line 15	column (f)) ine 13, column (f)) on line 14, and lin	ax year as a section	15 16 17 18 33 1/3%, and line ation	zation,
alendar year (or fiscal year beginning in) Amounts from line 6 Da 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 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here ection C. Computation of Public Public support percentage for 2009 (lin Public support percentage from 2008 Section D. Computation of Invest Investment income percentage from 2008 Section D. Computation of Invest Investment income percentage from 2008 Section D. Support tests - 2009. If the omore than 33 1/3% support tests - 2008. If the o	he organization Support Pe e 8, column (f) of Schedule A, Par ment Incom 9 (line 10c, colu 1008 Schedule A, rganization did distop here. The rganization did	's first, second, the ercentage divided by line 13, till, line 15	column (f)) ine 13, column (f)) on line 14, and lin lifies as a publicly so	ax year as a section	15 16 17 18 33 1/3%, and line ation were than 33 1/3%,	zation,
Amounts from line 6 Da 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 c Add lines 10a and 10b l Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) First five years. If the Form 990 is for the check this box and stop here ection C. Computation of Public Dection D. Computation of Invest Investment income percentage from 2008 Section D. Computation of Invest Investment income percentage from 2008	he organization Support Pe e 8, column (f) of Schedule A, Par ment Incom g (line 10c, colu 008 Schedule A, rganization did distop here. The rganization did k this box and s	's first, second, the ercentage divided by line 13, till, line 15	rd, fourth, or fifth to column (f)) ine 13, column (f)) on line 14, and lin lifies as a publicly son line 14 or line 19, anization qualifies.	ax year as a section e 15 is more than supported organiza, and line 16 is mas a publicly supp	15 16 17 18 33 1/3%, and line ation wore than 33 1/3%, orted organization	zation, 17 is not and

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Employer identification number Name of the organization 95-3786047 VOICES FOR CHILDREN Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF). but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990, 990-EZ, or 990-PF.

Employer identification number

VOICES FOR CHILDREN

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CHARLES E. WHITE 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No₁	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	HAEYOUNG K. TANG 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	\$ 58,357.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	JOAN WAITT 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	\$62,400.	Person X Payroll
(a) No,	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	JUDICIAL COUNCIL OF CALIFORNIA 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	\$\$7,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	MARINA MARRELLI 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	s71,577.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	NATIONAL CASA ASSOCIATION 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	s62,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer Identification number

VOICES	FOR	CHILDREN
VULCED	T. OIV	

Part I	Contributors (see instructions)		·
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	QUALCOMM, INC. 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	\$90,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	SUPERIOR COURTS OF CALIFORNIA 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	THE COUNTRY FRIENDS, INC. 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
923452 02-	11-10	\$Schedule B (Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page of of Employer identification number

VOICES FOR CHILDREN

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
		T	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
·			
.		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No, from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
raili			
		\$ Schedule B (Form	

Name of organization

Page **Employer identification number**

VOICE			95-3786047			
Part III	Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete Part III, enter the total of exclusively religio \$1,000 or less for the year. (Enter this info	columns (a) through (e) and the four contributions of the four contributions of the contribut	501(c)(7), (8), or (10) organizations aggregating ollowing line entry. For organizations completing of \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, an	·	Relationship of transferor to transferee			
(a) No.						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
,						
ļ		(e) Transfer of gift				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift	of gift			
-	Transferee's name, address, ar	d ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, ar	d ZIP + 4	Relationship of transferor to transferee			

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.



Employer identification number Name of the organization 95-37860<u>47</u> VOICES FOR CHILDREN Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of a certified historic structure \perp Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2009

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a Public exhibition d Loan or exchange programs b Scholarly research c Preservation for future generations 4 Provide a description of the organizations 4 Provide a description of the organizations collections and explain how they further the organization's exampt purpose in Part XIV, 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Fair IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part XI, line 9, or reported an amount on Form 990, Part X. line 21. 1a is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part XV, and complete the following table: C Beginning belance C Beginning belance Distributions during the year 1 Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part XI, line 10. Fair V E C Did the organization include an amount on Form 990, Part X, line 217 Lead of Additions during the year 1 Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance 1 Beginning of year balance 1 Beginning of year balance 1 C During the programs of the organization answered "Yes" to Form 990, Part IV, line 10. 1 Beginning of year balance 1 C During the programs of the organization that are held and administered for the organization by its investment earnings, gains, and losses of Grants or scholarships 1 Description of investment is 1 the organization that are held and administered for the organization gain in the programs of the organization that are held and administered for the organization by its part IV in the related organizations is sea, or the present	Par	till Organizations Maintaining C	ollections of A	rt, Historical	Treasures, or (Other S	imilar Asse	ts (cont	inued)	
check all that apply : a	3	Using the organization's acquisition, accession	on, and other record	ds, check any of t	he following that ar	e a signi	icant use of its	collectio	n item	ıs
a Public exhibition d										
b Scholarly research e Other Cher	а		d	i 🗀 Loan or e	xchange programs	3				
c	ь		e		_			_		
4 Provide a description of the organization socilections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization socilot or receive donations of art, historical treasures, or other similar assets to be sed to raise funds rather than to be maintained as part of the organization's collection? Part XIV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV Ves				· ·						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part N Escrow and Custodial Arrangements. Complete if organization enswered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI was contributed an Form 990, Part XI was contributed within the arrangement in Part XIV was contributed as amount on Form 990, Part X, line 21? Part X Ending balance			ellections and explai	in how they furthe	er the organization's	s exempi	purpose in Par	t XIV.		
to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ia is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ia is the organization and agent in Part XIV and complete the following table: Ia is the organization and intermediary for contributions or other assets not included on Form 990, Part X, Inc 21? Ia is part of the organization during the year	-		-	_	_					
Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an apen, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? In It is the organization and the arrangement in Part XIV and complete the following tables: Is a	·						i	Yes		No
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 Ending balance 2b If "Yes," explain the arrangement in Part XIV. Part Y. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance b Contributions c Net investment earlowment I b 96 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment I b 96 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment I b 96 5 Term endowment I b 96 5 Term endowment I b 96 6 Term endowment I b 96 7 Term endowment I b 96 7 Term endowment I b 96 8 Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related orga	Par									
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	enging and	The state of the s	•	cto ii organizatioi	14110110104 100 1	5 (5				
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: c Beginning balance	19			diany for contribut	ions or other asset	s not inc	luded			
b if "Yes," explain the arrangement in Part XIV and complete the following table: C Beginning belance d Additions during the year e Distributions during the year 2 Did the organization include an amount on Form 990, Part X, line 217 Lendowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Not investment earnings, gains, and losses or Not investment earnings, gains, and losses or Not investment earnings, gains, and losses or Scholarships C Net investment earnings of Administrative expenses or Scholarships Promatent endowment I	10						1	Yes		□No
C Beginning balance 10	L							00		
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 before Y wellain the arrangement in Part XIV. Part Y Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	D	if tes, explain the arrangement in Part Aiv	and complete the it	niowing table.			<u> </u>	Amoun		
d Additions during the year e Distributions during the year 1 te	_	On when to us boules and					-10	Amoun		
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217										
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217										
Did the organization include an amount on Form 990, Part X, line 217	e									
b if "ves," explain the arrangement in Part XIV. Pairt.V. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back								1,,		Tala
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.		-		217		•••••	L.	_ Yes	<u> </u>	_1 NO .
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Contributions (e) Four years back (e) F										
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	Par	t v Endowment Funds. Complete i								
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment		·	(a) Current year	(b) Prior year	(c) Two years b	ack (d)	Three years back	(e) rou	r years	Dack
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4. Describe in Part XIV the intended uses of the organization's endowment funds. Part XI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 3311,232. 106,921. 204,311. e Other					AND ALL C		geografia kangag	Mark 1	Mr 32	Also.
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4. Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other cpanization (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment 4 Equipment 5 C Leasehold improvements d Equipment 6 C Leasehold improvements	b	Contributions								
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment	C	Net investment earnings, gains, and losses		·		75.00				
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	d	Grants or scholarships				10 to 11 de	al of war	19,400	Tinu.	148.42
g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	е	Other expenditures for facilities						WAX		
g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶		and programs					140° 52° 5° 6° 100°	11/04		
g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment % b Permanent endowment % c Term endowment % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment 4 Equipment 5 Sunday S	f									
Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶							er i see sold			Miles C
a Board designated or quasi-endowment ▶	_			as:		·				
b Permanent endowment	а									
Term endowment ▶			%							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings c Leasehold improvements d Equipment Other Other		• • • • • • • • • • • • • • • • • • • •								
by:			. -	zation that are he	d and administered	d for the	organization			
(i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other Other 3a(i) 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3b 4 3b 4 2b 100 100 100 100 100 100 100	-		Society of the organia				-		Yes	No
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI: Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (investment) b Buildings c Leasehold improvements d Equipment		-						3a(i)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment c Other Other 311,232. 106,921. 204,311. 207,344.									1 -	1
Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	h									T
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	4	-								.1
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	Par	#WI Investments - I and Building	ns and Fouinm	sent. See Form 9	990 Part X line 10					
basis (investment) basis (other) depreciation 1a Land 5 Buildings 5 Buildings c Leasehold improvements 6 Equipment 311,232. 106,921. 204,311. e Other 333,362. 20,244. 13,118.	a Service	5-25 152-21					ımı ilatad	(d) Box	ak val	
1a Land b Buildings c Leasehold improvements d Equipment 311,232. 106,921. 204,311. e Other 33,362. 20,244. 13,118.		Description of investment	1 * *		I .		I	(4) 500	/K VOII	76
b Buildings c Leasehold improvements d Equipment e Other 311,232. 106,921. 204,311. 33,362. 20,244. 13,118				inent) Ba						
c Leasehold improvements 311,232. 106,921. 204,311. d Equipment 33,362. 20,244. 13,118.						*#475	TOPPE APPENDING			
d Equipment 311,232. 106,921. 204,311. e Other 33,362. 20,244. 13,118										
e Other 33,362. 20,244. 13,118					211 222	1 1 1	6 021	2 (1.0	111
000			1	<u> </u>	,					
							U,444.			

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives			
Closely-held equity interests			
Other			
	· ·		
			······································
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related. See	e Form 990, Part X, line 1		
(a) Description of investment type	(b) Book value	(c) Method of valu	
		Cost or end-of-year ma	
MARKETABLE SECURITIES	416,559.	END-OF-YEAR MARKET	' VALUE
			· · · · · · · · · · · · · · · · · · ·
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	416,559.		d to a way a day
Part IX Other Assets. See Form 990, Part X, line 1			
(a) [Description		(b) Book value
The state of the s			
A CONTRACTOR OF THE CONTRACTOR	· ····		
	·		-
		the state of the s	
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)	>	•
Part X Other Liabilities. See Form 990, Part X, I	ine 25.	Brown, the and Complete and the Complete	on a from a trought for the first four his transfer that the second for the first
1. (a) Description of liability		(b) Amount	
Federal income taxes		05 051	
DEFERRED RENT		85,251.	
			Sept.
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)	85,251.	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	TXI Reconciliation of Change in Net Assets from Form 990 t	to Audited	Financial S	tatement	s
1	Total revenue (Form 990, Part VIII, column (A), line 12)				2,386,331.
2	Total expenses (Form 990, Part IX, column (A), line 25)				2,286,046.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				100,285.
4	Net unrealized gains (losses) on investments		4		-21,225.
5	Donated services and use of facilities	-,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5		
6	Investment expenses		6		
7	Prior period adjustments	******************	7		
8	Other (Describe in Part XIV.)	***************************************	8		· · · · · · · · · · · · · · · · · · ·
9	Total adjustments (net). Add lines 4 through 8		9		-21,225.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3				79,060.
Pá	t XIII Reconciliation of Revenue per Audited Financial Statem			er Return	
1	Total revenue, gains, and other support per audited financial statements			1	2,400,685.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			ndoren Magn	
а	Net unrealized gains on investments	2a	-21,2		
b	Donated services and use of facilities		35,5	79.	
С	Recoveries of prior year grants			(2) (4.2) (4) (4.3)	
d	Other (Describe in Part XIV.)				
е	Add lines 2a through 2d			2e	14,354.
3	Subtract line 2e from line 1			3	2,386,331.
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	4a		N. 12	
b	Other (Describe in Part XIV.)			13(7/4) 15(0.5)	
C	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,386,331.
Pa	t XIII Reconciliation of Expenses per Audited Financial State	ments Witl	n Expenses	per Retu	rn
1	Total expenses and losses per audited financial statements			1	2,321,625.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			_ dan	
а	Donated services and use of facilities	2a	35,5	79.	
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIV.)				
е	Add lines 2a through 2d			2e	35,579.
3	Subtract line 2e from line 1			3	2,286,046.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		4.44.0	0
C	Add lines 4a and 4b				0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,286,046.
	t XIV Supplemental Information				_
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co				
	W + B - W - W - W - W - W - W - W - W - W -				
	, <u>, , , , , , , , , , , , , , , , , , </u>				
		<u></u>			
					
				· · · · · · · · · · · · · · · · · · ·	
		····			

SCHEDULE G

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open To Public Inspection ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Employer identification number

	FOR CHILDREN				95-3/86	
Part Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "	es" to	Form 990, Part IV, I	ine 17, Form 990-EZ	filers are not
 Indicate whether the organization rais a	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundralsers) purs	tion of tion of fundra I (inclu- profess	non-g gover aising ding o	overnment grants nment grants events fficers, directors, tru- fundraising services?	stees or Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fund have o or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		-		
•		<u> </u>				
1445.84						
		 				
•						
,,						
Fotal	>	<u>.l</u>	<u>I.</u>			
3 List all states in which the organization	on is registered or licensed to solicit	funds	or has	been notified it is ex	cempt from registrat	ion or licensing.
		-				
				<u></u>		
			·		·	
,						
HA For Privacy Act and Paperwork Re	eduction Act Notice, see the Instru	ıction	s for F	orm 990 or 990-EZ	. Schedule G (For	m 990 or 990-EZ) 200

932081 02-03-10

95-3786047 Page 2 Schedule G (Form 990 or 990 EZ) 2009 VOICES FOR CHILDREN Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a, List events with gross receipts greater than \$5,000.

2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 1 Yes 96 Yes			Off Office Co. Line Car Line Courte With	group roceipte grouter tr			
1 Gross receipts 1 Gross receipts 771, 918 122, 660 258, 496 1, 153,074 2 Less: Charitable contributions 327, 420 70,396 62,772 460,588 3 Gross income (line 1 mirrus line 2) 444,498 52,264 195,724 692,486 4 Cash prizes 8 Rent/facility costs 9 Rent/facility costs 10 Direct expenses summary, Add lines 4 through 9 in column (d) 370,299 322,187 5 Fertility 6 Rent/facility costs 1 Gross revenue 1 Gross revenue 2 G					• •	(c) Other events	(d) Total events
1 Gross receipts 1 Gross receipts 230,333 237,420 258,496 1,153,074						_	
1 Gross receipts				STARRY NIGHT	TOURNAMENT	4	•
2 Less: Charitable contributions 327, 420. 70,396. 62,772. 460,588. 3 Gross income (line 1 minus line 2) 444,498. 52,264. 195,724. 692,486. 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expensese 10 Direct expense summary. Add lines 4 through 9 in column (c) 1 370,299. 11 Net income summary. Combine line 3, column (d), and line 10 322,187. Pertill Gross revenue (e) Bingo (h) Pull label/instant bingo/progressive bingo (e) Other gaming (add col. (a) through ool. (c) 1 (a) Total gaming (add col. (a) through ool. (c) 1 (b) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 1 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2	۸.			(event type)	(event type)	(total number)	00% (-)/
2 Less: Charitable contributions 327, 420. 70,396. 62,772. 460,588. 3 Gross income (line 1 minus line 2) 444,498. 52,264. 195,724. 692,486. 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expensese 10 Direct expense summary. Add lines 4 through 9 in column (c) 1 370,299. 11 Net income summary. Combine line 3, column (d), and line 10 322,187. Pertill Gross revenue (e) Bingo (h) Pull label/instant bingo/progressive bingo (e) Other gaming (add col. (a) through ool. (c) 1 (a) Total gaming (add col. (a) through ool. (c) 1 (b) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 1 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2	Ĭ						
2 Less: Charitable contributions 327, 420. 70,396. 62,772. 460,588. 3 Gross income (line 1 minus line 2) 444,498. 52,264. 195,724. 692,486. 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expensese 10 Direct expense summary. Add lines 4 through 9 in column (c) 1 370,299. 11 Net income summary. Combine line 3, column (d), and line 10 322,187. Pertill Gross revenue (e) Bingo (h) Pull label/instant bingo/progressive bingo (e) Other gaming (add col. (a) through ool. (c) 1 (a) Total gaming (add col. (a) through ool. (c) 1 (b) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 1 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2 (c) Total gaming (add col. (a) through ool. (c) 2	š	4	Gross receints	771.918.	122,660.	258,496.	1,153,074.
3 Gross income (line 1 minus line 2)	۳	'	Gloss receipts	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
3 Gross income (line 1 minus line 2)		_	Ob. 9 let. contributions	327 420	70 396	62.772	460,588.
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 9 Other direct expenses summary. Add lines 4 through 9 in column (c) 1 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Form 990-BZ (c) (a) through oct. (b) Full tabs/instant lings/progressive bingo (c) Cther gaming (ed col. (a) through oct. (c) through oct. (c) through oct. (d) through oct. (e) through oct. (f) Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Form 990-BZ (c) (c) Cther gaming (ed col. (a) through oct. (e) through o		2	Less: Charitable contributions	327, 4200	70,000		
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 9 Other direct expenses summary. Add lines 4 through 9 in column (c) 1 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Form 990-BZ (c) (a) through oct. (b) Full tabs/instant lings/progressive bingo (c) Cther gaming (ed col. (a) through oct. (c) through oct. (c) through oct. (d) through oct. (e) through oct. (f) Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Form 990-BZ (c) (c) Cther gaming (ed col. (a) through oct. (e) through o				444 400	E2 264	105 724	692.486.
Solution of the direct expenses summary. Add lines 2 through 5 in column (d) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 2 30 , 333 , 43 , 756 , 96 , 210 , 370 , 299 , 170 ,		3	Gross income (line 1 minus line 2)	444,490.	32,204.	173,124.	05272000
Solution of the direct expenses summary. Add lines 2 through 5 in column (d) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 2 30 , 333 , 43 , 756 , 96 , 210 , 370 , 299 , 170 ,							
6 Rent/facility costs 7 Food and beverages 0 . 8 Entertainment 9 Other direct expenses 1		4	Cash prizes				
6 Rent/facility costs 7 Food and beverages 0 . 8 Entertainment 9 Other direct expenses 1							
6 Rent/facility costs 7 Food and beverages 0 . 8 Entertainment 9 Other direct expenses 1	c)	5	Noncash prizes				
8 Entertainment 9 Other direct expenses 230,333, 43,756, 96,210, 370,299, 370,299, 10 Direct expense summary. Add lines 4 through 9 in column (d) 370,299, 322,187. Part III Garning. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 8a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (a) through col. (b) (e) Pull tabs/instant bingo/progressive bingo (e) Other gaming (e) Total gaming (add col. (a) through col. (b) (e) Pull tabs/instant bingo/progressive bingo (e) Other gaming (e) Total gaming (add col. (a) through col. (b) (e) Other gaming (e) Total gaming (add col. (a) through col. (c) (e) Total gaming (add col.	Se						
8 Entertainment 9 Other direct expenses 230,333, 43,756, 96,210, 370,299, 370,299, 10 Direct expense summary. Add lines 4 through 9 in column (d) 370,299, 322,187. Part III Garning. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 8a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (a) through col. (b) (e) Pull tabs/instant bingo/progressive bingo (e) Other gaming (e) Total gaming (add col. (a) through col. (b) (e) Pull tabs/instant bingo/progressive bingo (e) Other gaming (e) Total gaming (add col. (a) through col. (b) (e) Other gaming (e) Total gaming (add col. (a) through col. (c) (e) Total gaming (add col.	be	6	Rent/facility costs				
8 Entertainment 9 Other direct expenses 230,333, 43,756, 96,210, 370,299, 370,299, 10 Direct expense summary. Add lines 4 through 9 in column (d) 370,299, 322,187. Part III Garning. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 8a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (a) through col. (b) (e) Pull tabs/instant bingo/progressive bingo (e) Other gaming (e) Total gaming (add col. (a) through col. (b) (e) Pull tabs/instant bingo/progressive bingo (e) Other gaming (e) Total gaming (add col. (a) through col. (b) (e) Other gaming (e) Total gaming (add col. (a) through col. (c) (e) Total gaming (add col.	Щ	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
8 Entertainment 9 Other direct expenses 230,333 43,756 96,210 370,299 370,299 10 Direct expenses summary. Add lines 4 through 9 in column (d) 370,299 322,187. Part III Garning. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 8a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (c) Gross revenue 21,570 21,570 1 Gross revenue 21,570 21,570 2 Cash prizes 271 271 3 Noncash prizes 271 271 6 Volunteer labor No No No No No No 271 8 Net gaming income summary. Add lines 2 through 5 in column (d) and line 7 21,299 9 Enter the state(s) in which the organization operates gaming activities in each of these states? 9a X b if "No," explain: 10a Were any of the organization's gaming licensee revoked, suspended or terminated during the tax year? 10a X b if "Yes," explain: 11 Does the organization operate gaming activities of a trust or a member of a partnership or other entity formed to Y b in the content of the state of a trust or a member of a partnership or other entity formed to Y b in the content of the conte	ect	7	Food and housesses			0.	
10 Direct expense summary. Add lines 4 through 9 in column (d) 370,232, 187. Part III Saming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (edd col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (edd col. (a) through col. (c) 21,570. 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses summary. Add lines 2 through 5 in column (d) No No No X No 7 Direct expense summary. Add lines 2 through 5 in column (d) and line 7 9 Enter the state(s) in which the organization operates gaming activities in each of these states? 9 Enter the state(s) in which the organization operates gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Were any of the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Les the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Les the organization operate gaming activities of a trust or a member of a partnership or other entity formed to	ä	•	rood and beverages		-		
10 Direct expense summary. Add lines 4 through 9 in column (d) 370,232, 187. Part III Saming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (edd col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (edd col. (a) through col. (c) 21,570. 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses summary. Add lines 2 through 5 in column (d) No No No X No 7 Direct expense summary. Add lines 2 through 5 in column (d) and line 7 9 Enter the state(s) in which the organization operates gaming activities in each of these states? 9 Enter the state(s) in which the organization operates gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Were any of the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Les the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Les the organization operate gaming activities of a trust or a member of a partnership or other entity formed to		_	Par again and			0.	
10 Direct expense summary. Add lines 4 through 9 in column (d) 370,232, 187. Part III Saming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (edd col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (edd col. (a) through col. (c) 21,570. 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses summary. Add lines 2 through 5 in column (d) No No No X No 7 Direct expense summary. Add lines 2 through 5 in column (d) and line 7 9 Enter the state(s) in which the organization operates gaming activities in each of these states? 9 Enter the state(s) in which the organization operates gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Were any of the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Les the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Les the organization operate gaming activities of a trust or a member of a partnership or other entity formed to			Entertainment	220 222	/3 756		370.299.
11 Net income summary. Combine line 3, column (d), and line 10. 322, 187.		_	Other direct expenses	230,333.	43,730•		
Part International Stammary Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (b)			•				
\$15,000 on Form 990-EZ, line Ga. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Cther gaming (add col. (a) through col. (c)) 1 Gross revenue 21,570 21,570 21,570 21,570 21,570 3 2 Cash prizes 2 2 Cash prizes 2 271 271 271 271 271 271 271 271 271 2			Net income summary. Combine line 3, colum	n (d), and line 10		<u></u>	344,107.
Color gaming Colo	Pa	rt I	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
Calibration			\$15,000 on Form 990-EZ, line 6a.				
1 Gross revenue 21,570	43			(a) Pingo		(c) Other gaming	
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 1 Yes % Yes % Yes % 7 Direct expense summary. Add lines 2 through 5 in column (d) No 8 Net gaming income summary. Combine line 1, column (d), and line 7 9 Enter the state(s) in which the organization operate gaming activities in each of these states? a is the organization licensed to operate gaming activities in each of these states? b if "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to	υĽ			(a) billigo	bingo/progressive bingo	(o) Other garring	col. (a) through col. (c)
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 1 Yes % Yes % Yes % 7 Direct expense summary. Add lines 2 through 5 in column (d) No 8 Net gaming income summary. Combine line 1, column (d), and line 7 9 Enter the state(s) in which the organization operate gaming activities in each of these states? a is the organization licensed to operate gaming activities in each of these states? b if "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to	3Ve						
2 Cash prizes 2 Cash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 1 Yes % Yes % Yes % 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column (d), and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b if "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization operate gaming activities with nonmembers? 11 L X 12 Is the organization operate gaming activities with nonmembers? 13 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to	Ä		Grane rayonua			21,570.	21,570.
3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 171 271 271 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column (d), and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b if "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 11b Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to		•	Circus revenue				
3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 171 271 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column (d), and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b if "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 11b Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to		_	Out to a design]		
5 Other direct expenses 271 271 6 Volunteer labor No No X No X No 271 7 Direct expense summary. Add lines 2 through 5 in column (d) 271 8 Net gaming income summary. Combine line 1, column (d), and line 7 21, 299 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Were any of the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to	Ses	2	Cash prizes				
5 Other direct expenses 271 271 6 Volunteer labor No No X No X No 271 7 Direct expense summary. Add lines 2 through 5 in column (d) 271 8 Net gaming income summary. Combine line 1, column (d), and line 7 21, 299 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Were any of the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to	ens						
5 Other direct expenses 271 271 6 Volunteer labor No No X No X No 271 7 Direct expense summary. Add lines 2 through 5 in column (d) 271 8 Net gaming income summary. Combine line 1, column (d), and line 7 21, 299 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Were any of the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to	X	3	Noncash prizes		<u> </u>	<u> </u>	
5 Other direct expenses 271 271 6 Volunteer labor No No X No X No 271 7 Direct expense summary. Add lines 2 through 5 in column (d) 271 8 Net gaming income summary. Combine line 1, column (d), and line 7 21, 299 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Were any of the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to	븅						
5 Other direct expenses 271 271 6 Volunteer labor No No X No X No 271 7 Direct expense summary. Add lines 2 through 5 in column (d) 271 8 Net gaming income summary. Combine line 1, column (d), and line 7 21, 299 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Were any of the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to	ē	4	Rent/facility costs				
Yes % Yes Xes Yes Xes Yes Xes Yes					[0.74	071
Yes		5	Other direct expenses			271.	Z/1.
6 Volunteer labor No No X No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column (d), and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 11b Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to				Yes %	Yes %	Yes %	
7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column (d), and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to		₆	Volunteer lahor	I	No No	X No	A STATE OF THE STA
8 Net gaming income summary. Combine line 1, column (d), and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to		Ī			<u> </u>		Ţ
8 Net gaming income summary. Combine line 1, column (d), and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b if "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10b if "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to		,	Direct expense summers Add lines 2 through	sh 5 in column (d)		>	(271
9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 12 is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to		۱′	Bildet expense summary, Add lines 2 in long	311 5 111 6 6 16 1111 (a)		,	
9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 12 is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to		٦	N	d antimen (d) and line 7		•	21.299
9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to		8	Net gaming income summary. Combine line	T, Column (a), and line /			
a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to							FR. 1654 Ce 1275 F1350
b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a X b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to	9	Er	nter the state(s) in which the organization oper	ates gaming activities:		**	The state of the s
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to				activities in each of these	states?		98 2 3 3 3 3
b If "Yes," explain: 11 Does the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to	t) If	"No," explain:				
b If "Yes," explain: 11 Does the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to							
b If "Yes," explain: 11 Does the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to							
b if "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to	10:	īw	ere any of the organization's gaming licenses	revoked, suspended or t	erminated during the tax	year?	10a X
11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to				, ,	-	•	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to		- 11	Tool Ovbidition				
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to							
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to		_		with nonmand7			11 X
April X							
administer charitable gaming?	12			tee of a trust or a membe	arona parmership or oth	er entity formed to	12 X

932082 02-03-10

Schedule G (Form 990 or 990-EZ) 2009

It a Indicate the percentage of gaming activity operated in: a The organization's facility b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Address Name Address Address Address Address of the person who prepares the organization's gaming/special events books and records: It a Does the organization have a contract with a third party from whom the organization receives gaming revenue? It is a X It is A It is a X It is	Schedule G (Form 990 or 990-EZ) 2009 VOICES FOR CHILDREN		95-3	78	60 <u>4</u>	7 Pa	ge 3
a The organization's facility b An outside facility 13a 96 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name						Yes	No
b An outside facility							
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a							
Address ► 15a Does the organization have a contract with a third party from whom the organization receives garning revenue? 15a X b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Description of services provided ▶ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? X	b An outside facility	13b		%			
Address ▶	14 Enter the name and address of the person who prepares the organization's gaming/special events books	and red	cords:			15.00	
Address ▶	Name &					関係	
Address ▶	Name >						
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party: Name ▶	·						
b If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party c If "Yes," enter name and address of the third party: Name Address Gaming manager information: Name Gaming manager compensation \$	Address			-			
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party: Name ▶	15a Does the organization have a contract with a third party from whom the organization receives gaming rever	nua?		ľ	15a	Organi.	X
of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶\$ Description of services provided ▶ Director/officer	194 Described Signification have a contract with a time party from whom the digalization receives garining level	niue: .		····		452	
of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶\$ Description of services provided ▶ Director/officer	b If "Yes," enter the amount of gaming revenue received by the organization ▶\$	d the ar	mount		l.		基勒
c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	of gaming revenue retained by the third party > \$						图:
Address If Gaming manager information: Name Gaming manager compensation \$				ļ			
Address If Gaming manager information: Name Gaming manager compensation \$						4	
Address If Gaming manager information: Name Gaming manager compensation \$	Name ▶			1			All to
16 Garning manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a X							基。 基。安·
Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	Address >			_ #			
Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer						沙灣	
Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	16 Gaming manager information:						25.10° 31
Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?							
Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a X	Name ▶			-			
Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a X	Coming manager annually by the			İ		場が	#45
Director/officer	Gaming manager compensation > \$						
Director/officer	Description of convices provided						
Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a X				-		激激	
Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a X				- [
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a X				-			製金額
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a X	Director/officer Employee Independent contractor						
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?							
retain the state gaming license?	17 Mandatory distributions:					The west	
Total and date guilling modified	a is the organization required under state law to make charitable distributions from the gaming proceeds to						
	retain the state gaming license?			[17a		Х
							tari

Schedule G (Form 990 or 990-EZ) 2009

Schedule I (Form 990) 2009 Employer identification number 95-3786047 Open to Public OMB No. 1545-0047 Inspection (h) Purpose of grant or assistance _____ recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (if) Method of valuation (book, round address of organization if applicable cash grant assistance or government or government. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Enter total number of section 501(c)(3) and government organizations 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 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. 3 Enter total number of other organizations
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. VOICES FOR CHILDREN Part I General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part II

% X

Schedule f (Form 990) 2009 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance ö 28,982. 29 (c) Amount of cash grant (b) Number of recipients 665 (a) Type of grant or assistance Schedule I (Form 990) 2009 ASSISTANCE DONATIONS 932102 02-02-10 Partill

Page 2

95-3786047

VOICES FOR CHILDREN

SCHEDULE 0

(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047 COOO

Department of the Treasury Internal Revenue Service

Name of the organization

Complete to provide information for responses t Form 990 or to provide any additional Attach to Form 990.

to specific questions on information.		2009 Open to Public Inspection
		identification number 786047
RGANIZATION'S	GOVER	NING BODY
NCE FORM 990	IS FIL	ED.
RGANIZATION P	ERFORM	S REVIEWS
MPENSATION.	COMPEN	SATION IS
GET BY THE BO	ARD.	
		
REQUEST, AND	VIA TH	EIR WEBSITE
TS, CONFLICT	OF INT	EREST
STATEMENTS A	VAILAB	LE TO THE
CHANGED ITS	OVERSI	GHT
YEAR.		

VOICES FOR CHILDREN	95-3786047
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S	GOVERNING BODY
CONDUCTS A REVIEW OF FORM 990. UPON ACCEPTANCE FORM 990	IS FILED.
FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION P	ERFORMS REVIEWS
OF THE BUDGET FOR ALL EMPLOYEES RECEIVING COMPENSATION.	COMPENSATION IS
BASED ON THE REVIEWS AND APPROVAL OF THE BUDGET BY THE BO	ARD.
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST, AND	VIA THEIR WEBSITE
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, ANNUAL REPORTS AND AUDITED FINANCIAL STATEMENTS A	VAILABLE TO THE
PUBLIC.	
FORM 990 PART XI, LINE 2C: THE BOARD HAS NOT CHANGED ITS	OVERSIGHT
PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.	* - * - * * · · * * · · * · · · · · · · · · · ·

	066
ND AMORTIZATION NEPONI	
2009 DEPRECIATION AND A	PORM 990 PAGE 10

PORM 95	FORM 990 PAGE 10						֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֟֝֓֓֓֓֟֓֓֓֓֓֡֡֟֓֓֓֓֓֓֡֡֡֡֡֡֡֡							
Asset No.	Description	Date Acquired	Method	Life	C Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & BQUIPMENT							1		e de la companya de l	A Management of the later of the	Topic in an area of the second	and the second s	Petrological and one for the petrological
103	E-163 TOSHIBA	05/22/07	SI	5.00	HIA 6	1,692.				1,692.	7.06		338	1,044.
701		70/61/90	SL	5,00	HY16	7,015.				7,015.	2,806.		1,403.	4,209.
60T		_0.6.1.1.80±	SI	Transplanter State	9 ТА	1, 293		ie II i		1,293.	496.		259.	755.
110		03/06/08	SL	5.00	HY16	1,294.				1,294.	345.		259.	604.
1 4		03/17/08	18	2.00	9 []	12,520				2,520	3,130		2,504	.5, 63⊈.
112		06/16/08	SI	5.00	HX116	5,137.				5,137.	1,027.		1,027.	2,054.
113		200	TS	5,00	10 HZ	2,451.				2,451	572.		4.90	1,062.
114	PRINTERS	03/11/08	SI	5.00	HX1 6	3,424	-			3,424.	856.		685.	1,541.
Ţ		FRANKESERS	SIT	2.00	HWH.7	18 018				18.018	7,208.		709 E	10.812.
116	BLACKBAUD	02/11/09	SI	7.00	HX1 6	22,881				22,881.	1,090.		3,269.	4,359.
111		08/13/08	SIT	5.00	9 јун	907				907.	- <u>1</u> 66-		181.	347.
118	COMPUTER * 990 PAGE 10 TOTAL	08/13/08	SI	5.00	HY16	907.				907.	166. 18.568.		181.	347. 32,768
	¥				61 02					77 539	18 568.		14,200.	32,768.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					5.00 Subseque				 CANCOLFY D. 	 ISSNERS STORAGE 		CONTRACT FOREIGN	
4	4 BOOKCASE	12/01/83	SI	5.00	H <u>Y</u> 16	55				. 55.	55.		0	55.
100		01/01/84	SE	5.00	917H	750				7.50	750		0	750
928111 04-24-09						(D) - Asset disposed	isposed		•	* ITC, Salvage	, Bonus, Com	mercial Revita	alization Dedu	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

3	
-	
Ľ	
•	
É	
5	
L	
3	
7	
7	
_	
Z	
כ	
Ē	
7	
•	
د	
Ū	
Ÿ	
₹	
ú	
ร	
Ξ	
ď	
ĸ	

FORM 99	990 PAGE 10						990							
Asset No.	Description	Date Acquired	Method	Life	C Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
20	STORAGE CABINETS	12/01/90	SI	5,00	HY16	406.				406.	406.		0	406.
	CONT. 1 CHADEN THEKE	10/19/98		- 1 CMC 14 CM	HV1 6	2 600.	ACTION RECO			2.6002	2,600	11 gr	0.	2,600
					74 74									
52	WALNUT L-SHAPED DESK	10/19/98	SI	5,00	нхп 6	396.				396.	396.	The state of the s	0	396.
56	3 FOOT ROUND TABLE	10/19/98	SL	5.00	HYL 6	80L	3 12 8			108	380Te		6	108
		000	ŧ		2001	196				290	290		0	290.
57	2 2-DRAWER 36 LATERAL FILES	1911	200	S			725 725 735 735 735							
58	WAENUT: END. TABLE	10/19/98	SL	5.00	9 KH	42		ないのでは、たっと		42.	42.		.0	42.
14	SOLVHOUS	11/05/98	,	5.00	HY116	2,044,				2,044.	2,044.		ů	2,044.
To View	evitorio no	25/200	= =		150	 Carrier 								
63	8 TABLES	11/05/98	SI.	5.00	9 1						. 667			667
7.9	4 mask chairs	01/13/99	SL	5,00	HY16	345.				345.	345.		0.	345.
		100												
69	4	02/09/99	SL	5.00	9TH	465				465	. 102 E.			465
1	OAK SECRETARY DES	12/15/99	Γ.	5 00	HW1.6	574.				574.	574.		0	574.
• 100	KETUKNS	277 / 275			71-14					OC	0.0			0
8.0	CREDENZA	02/12/00	TS.		HXTO	N .					The second secon			
91	OAK DESKS	06/01/03	SI	2,00	HX16	551.				551.	551.	-	0	551.
	HERMAN MITTER DESK CHAIRS	06/22/06	SI	2.00	HXI 6	6,000				6,000	3,600.		1, 200°	4,800.
		04/05/07	L	טט	<u> </u>	75		Thomas a control of the control of t	Section of the sectio	75.	2.5	the state of the s	15.	49.
COT	BOOKCASE	1979	2420		(現場)									
T:0.6	OAK LEFT HAND L-DESK	04/05/07	SL	5.00	HX16	377				377	19 0		.	244
107	OAK LEFT HAND L-DESK	04/05/07	7 ST	5.00	HYI 6	458.				458.	207.		92.	299.
108	OAK RIGHT HAND L-DESK	04/05/07	7 SL	90.9	H716	458.				458	207		92	299.
928111 04-24-09	-	20 0000 0000 0000				(D) - Asset disposed	pesed		*	ITC, Salvage,	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	mercial Revita	Ilization Deduc	tion, GO Zone

FORM 95	990 PAGE 10	•					980	,						
Asset No.	Description	Date Acquired	Method	Life	C Line	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
119	DISHWASHER	12/30/08	SI	7.00	9 JAH	945.				945.	68.		135.	203.
122	INTERIORS	12/01/08	SL	2.00	HV16	15,658	SALANIN S			15,658	1,827;		3,132	4,959
	* 990 PAGE 10 TOTAL PURKES					33,362.				33,362.	15,503.		4,741.	20,244.
62	рогля	11/05/98	SI	5.00	нхи 6	79.				79.	79.	•	0	79.
79	REFRIGERATIOR	11/19/98	TS.	5.00	HA16	E 2.2				733	733.		0	733
79	BROTHER FAX MACHIN	02/15/00	SL	5.00	HY1 6	418.				418.	418.		0	418.
82	PROJECTOR	01/24/01	ΩS	00.	9 [4]	2.390				2,390.	2,390			2,390
83	PRINTER	11/30/01	SI	5.00	HX1.6	3,973.				3,973.	3,973.		0	3,973.
7 88	PS BUSINESS INTERIO	T1/30/01	SL	7.00	HY16	2.116		11. 11. 14. 14.		2,116.	2,116		0	2,116
88		02/01/03	SI	5.00	HX16	4,487.	_			4,487.	4,487.		0	4,487.
	4200n Printers	06/01/03	JIS	5,00	HY16	3,144.				3.144	3,144		0	3 142.
06	PHONE SYSTEM	06/01/03	SL	0	HY1 6	1,430.				1,430.	1,242.		187.	1,430.
6 6	SONY VIDEO CAMERA	E0/T0/90	SL	7.00	HY16	590				290	512.		LL	. 590
93	SONIC FIREWALLS	06/01/03	SI	5.00	HX11 6	1,440.				1,440.	1,440.		o	1,440.
86	DIGITAL IMAGING SERVICESS	12/02/03	IS	7,00	HYL6	2,046.				2,046.	2,044		. 2.	2, 046
6	(D)OFFICE EQUIPMENT	01/27/05	SI	5.00	HX16	13,749.		Control of the second s	が対象を	13,749.	12,146.		1,603.	N. N.
120	EQUIPMENT	04/21/09	SI		9 H	1.445.				1.445	48		289	337.

928111 04-24-09

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

	Ending Accumulated Depreciation	309	725	615	488.	15,231.	333	28.	28.	11.		60,951.	81, 195,	2 10I.	5,283.	572	5,248.	
-		206.	80	6,	30.8	32.	333 333 333	28.	28.	11.	.0		752.		37.		99.	世紀
	Current Year Deduction	20	458	369	DE.	20,132	23.0	7	(O)	-		24,031	28,75	1,327	3,337	381	2,95	
-	Current Sec 179 Expense							<u> </u>									CHANGE CARREST	明 からか 野島 は
	Beginning Accumulated Depreciation	103.	267.	246.	180.	15,099.						50,667.	56.170.	7714.	1,946.	191.	2,249.	一直の関係がはませ
	Basis For Depreciation	1,031.	2,290:	2,581.	1,540	140,926.	10,006	1,675.	1,675	706.	750	201,220.	234, 582.	6.636	16,684.	1,907	20,995.	一般のできる。
,	Reduction In Basis																2000年間の1000年に同じに同じに同じに同じに同じに同じに同じに同じに同じに同じに同じに同じに同じに	またり は後年が年前の
	Section 179 Expense																	- 大松木を明むになる人を見るから
066	Bus % Excl														100 mg/s	V.	STANSACTOR CO.	対象のでは、
	Unadjusted Cost Or Basis	1,031.	2,290.	2,581.	1,540	140,926.	10,006	1,675.	£,675.	706.	750	201,220.	234, 582.	6,636.	16,684.	1,907.	20,995.	うこのはなる 的事情を
-	No.	3416		9 7	. o	HX16	3 (9 TAH	91	9 18				9 1 1	HYD 6	HYTE	HY16	一直的
-	Cife C	.00 HY	S.002 HY	7.00 HY	х н 00°5	7.00 H	5.00 HY	5.00 H	5.00 HY	5.00 HY	1002 Validos			E 00.3	5.00 B	5.00 H	7.00 B	阿里斯斯斯斯
	Method	SI 5	S. S.	SI 7		SI. 7	SI.	SI	IS.	18	新春			S.	SI	TS.	JS.	
	Date Acquired	01/12/09	12/05/08	80/08/01	11/17/08	10/01/08	04/27/10	05/24/10	05/24/10	06/07/10	06/28/10			12/02/08	12/16/08	17/08		がは、日本のでは、日本には、日本のでは、日本のでは、日本のでは、日本のでは、日本には、日本には、日本には、日本には、日本には、日本には、日本には、日本に
0 PAGE 10	Description	FLEPPER DOOR	SECURITY SYSTEM			WORKSTATION SET	COPIER - TOSHIBA ESTUDIO 3530	LASERJET P4515 PRINTER	LASERJET P4515 PRINTER	PA SYSTEM - PORTABLE PEAVEY	ASCURI SUUD ADOBE CREATIVE SUITE 4 SORTWARE	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT	* 990: PAGE 10 TOTAL	MACHINERY & EQUIPMENT TERWORKS	TEKWORKS	TEKWORKS: SPEAKERS		THE CHARLES THE CHARLES THE PARTY OF THE PAR
FORM 990	Asset No.	121 F	123					132	133 L	# P P				N		62T	130 4	というないないないから

928111 04-24-09

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2009 DEPRECIATION AND AMORTIZATION REPORT

Description	FORM 9	90 PAGE 10					f		980							
46, 222. 6, 130. 8 0.044 13. - Adarma propin and Paine 10. -		Description	Date Acquired	Method				Unadjusted Cost Or Basis	Bus Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
		* 990 PAGE 10 TOTAL - * GRAND TOTAL 990 PAGE DEPR			Trongs Charac			58 ,				46, 222 58, 343	160 898		8,044.	■ 1.51(22.54m)
						PG-158-74 (\$2,500,00)										
	9.711 G 760 SEP\$															
	grand grand file and				200 2 4 TO 16 FE A.	Section 1	17.45.2014 17.45.15.1									
	Market Co.	10 mag 15 m				B 1783 (48) k 149,851(1)	p 50696		# 172 200 200 200 200 200 200 200 200 200 2							
	 ** (B.** X*5%***); 	1 00 00 00 00 00 00 00 00 00 00 00 00 00				4					i i					
	the state of the first		78	Sterily .	M(3) (200 (201 (201	September 1										
	and the second second	(AL, APE) (AL, APE) (AL, AL, AR, AR, AR, AR, AR, AR, AR, AR, AR, AR														
				200 (A) 200 (A) 200 (A)		KR997%			\$2,000,000,000,000			100 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. **67**

➤ See separate instructions.

Identifying number Business or activity to which this form relates

990

VOT	CES FOR CHILDREN		4	ORM 990	PAGE 10		95-3786047
	Election To Expense Certain Prop	erty Under Section 179				/ before y	ou complete Part I.
	aximum amount. See the instruction						250,000.
	tal cost of section 179 property pla	_					
	reshold cost of section 179 properly					1 ^	800,000.
	eduction in limitation. Subtract line 3	-					
	llar limitation for tax year, Subtract line 4 from li						
6	(a) Description of			(business use anly)	(c) Elected		A service of the serv
				-			
	· · · · · · · · · · · · · · · · · · ·						
7 l ic	sted property. Enter the amount fro	m line 29		7			
	stal elected cost of section 179 prop					8	The Property of the Control of the C
	entative deduction. Enter the s mall						
	arryover of disallowed deduction fro						
	usiness income limitation. Enter the						
	ection 179 expense deduction. Add						
	arryover of disallowed deduction to					1	20 C 30 C 1 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2
Note:	Do not use Part II or Part III below i	or listed property. In	stead, use Part V.		 		Tropicos respected action for the control of
Part				include listed pro	perty.)		
REAL PROPERTY.	pecial depreciation allowance for qu						
	•					14	
	e tax year operty subject to section 168(f)(1) e						
	ther depreciation (including ACRS)					····	47,412.
Part		ont include listed pro	nerty.) (See instruct	ions.)			
* 35. A	MANUEL CONTROL OF CONTROL CONT	TOT INTO THE PERSON PROPERTY.	Section A	, , , , , , , , , , , , , , , , , , , 			
17 M	ACRS deductions for assets placed	l in service in tax ve	ars beginning before	2009		17	3,604.
	rou are electing to group any assets placed in s						
10 11 9	Section B - Asse	ts Placed in Service	During 2009 Tax Y	ear Using the G	ieneral Depreci		
	(a) Classification of property	(b) Month and year placed	(c) Basis for depreciation (business/investment u	on (d) Recove		· ·	(g) Depreciation deduction
		In service	only - see instruction	*/		1	
19a	3-year property					 	
b	5-year property						
С	7-year property					 	
d	10-year property					<u> </u>	
е	15-year property						·
f	20-year property					5.0	
g	25-year property			25 yrs		S/L	
h	Residential rental property	/		27.5 yrs		S/L	
	residential fortal property			27.5 yrs		S/L	<u> </u>
i	Nonresidential real property	/		39 yrs		S/L	
		/			MM	S/L	
	Section C - Assets	Placed in Service	During 2009 Tax Ye	ear Using the Al	ternative Depre		/stem
20a	Class life					S/L	
<u>b</u>	12-year	760 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u></u>	12 yrs		S/L	ļ
C	40-year	/		40 yrs	. MM	S/L	
Par						<u> </u>	1
2 1 Li	isted property. Enter amount from I	ine 28				21	
22 T	otal. Add amounts from line 12, line	es 14 through 17, lin	es 19 and 20 in colu	mn (g), and line 2	21.		E1 016
	nter here and on the appropriate lir				instr	22	51,016
	or assets shown above and placed						
p	ortion of the basis attributable to se						
916251			separate instruction				Form 4562 (2009

For	m 4562 (2009)		CES FOR											047	
P	art V Listed Proper	ty (Include a	utomobiles, ce	rtain oth	er vehic	es, c	ellular telep	ohone	s, certain	compute	rs, and p	property	used fo	r enterta	inment,
	recreation, or a Note: For any	amusement.) vehicle for wi	hich vou are u	sina the	standaro	l mile.	age rate or	dedu	cting lease	expensi	e. comp	leteonly	24a. 24	b. colum	ns (a)
	through (c) of	Section A, all	of Section B,	and Sec	tion C if	appli	cable.	acau	cing rodec	, oxpono		.0.00,,,,			
	Section A	- Depreciati	on and Other	Informa	ition (Ca	utior	n: See the i	nstruc	tions for l	mits for p	passeng	er auton	nobiles)		
242	Do you have evidence to	support the bu	siness/investme	nt use cla	imed?		Yes	No	24b:lf "Y	es," is th	e evider	nce writt	en?	Yes	No
	(a)	(b)	(c)		(d)		(e)		(f)	(9	g)	(1	h)		i)
	Type of property	Date placed in	Business/ investment	İ	Cost or		Basis for depre (business/inve		Recovery		hod/	Depre	ciation	Elec sectio	
	(list vehicles first)	service	use percentag		her basis	l'	use only		period	Conv	ention	aeau	ction	CO	
25	Special depreciation all	owance for a	ualified listed	property	placed	n ser	vice during	the t	ax vear an	d					
	used more than 50% in										25				i Maria
26	Property used more that														
	····		 	6									11.2.		
				6		\neg									
		 	 	6											
27	Property used 50% or le	ess in a quali		•			······								
	Troporty does both or h			6					T	S/L ·					98. B
				6		\dashv				S/L				1. Q	
				6		-				S/L·					i polityjeta Tromanija
20	Add amounts in column	/h) lines 25		•	and on	line '	21 page 1				28		· · · · · · · · · · · · · · · · · · ·		
	Add amounts in column		-									l.,	29	ATT RECEIVES DE	ETTHINGS IN
25	Vad Billogues in coldini	i (ij, iii le 20. L					on on Use							<u> </u>	
<u> </u>	mplete this section for ve	لدممين مماماطم								or rolator	l narnan				
COI If v	inplete this section for ve ou provided vehicles to y	enicies usea vour employe	by a sole prop ses first answ	onetor, p er the al	armer, o Jestions	r ount in Se	ection C to	an ove see if	vou meet	an exced	tion to	ı. completi	na this s	section fo	or
	se vehicles.	your employe	see, mor una	or tho qu	100000110	,,, 00			, 00 111001	211 OXOOF					
				T 7			(1-)	Ι	(-)	1	۸/		-1	(f	
	Tatal business for and	المراجعة المسالمة	Ludina šba		a)	٠,	(b) Vehicle	Ι,	(c) /ehicle	(Veh	•	1	∍) iicte	Veh	
30	Total business/investment		•	ver	nicle		veriicie	 '	/ellicie	V G II	ILIE	Vei	licio	9011	1016
	year (do not include com							 		<u> </u>		 		_	
	Total commuting miles							├				<u> </u>		<u> </u>	
32	Total other personal (no	_						1							
	driven									<u> </u>		ļ		 	
33	Total miles driven during			Ì								ļ		•	
	Add lines 30 through 32				r			-		<u> </u>				ļ. <u> </u>	
34	Was the vehicle availab			Yes	No	Ye	s No	Yes	s No	Yes	No	Yes	No	Yes	<u>No</u>
	during off-duty hours?							<u> </u>	<u> </u>	ļ. <u></u>					
35	Was the vehicle used p									,					
	than 5% owner or relat			<u> </u>				ļ		<u> </u>		ļ	<u> </u>	<u> </u>	
36	is another vehicle availa	able for perso	onal								İ				
	use?			<u>L</u>	<u> </u>					<u> </u>			L	<u> </u>	<u> </u>
			- Questions												
Ans	swer these questions to	determine if	you meet an e	exception	n to com	pletin	ng Section	B for v	vehicles u	sed by er	nployee	s who a	re not m	iore than	15%
	ners or related persons.														
37	Do you maintain a writt	en policy sta	tement that p	rohibits a	al! persoi	nal us	se of vehicl	es, ind	cluding co	mmuting	, by you	ır		Yes	No
	employees?														
38	Do you maintain a writt														
	employees? See the in:	structions for	r vehicles used	d by corp	oorate of	ficers	s, directors	, or 19	% or more	owners				.	<u> </u>
	Do you treat all use of v														<u> </u>
40	Do you provide more th	nan five v <mark>eh</mark> ic	cles to your en	nployees	, obtain	inforr	nation fron	n your	employee	s about					
	the use of the vehicles,												,,,,,,,,,,		<u> </u>
41	Do you meet the requir	ements cond	cerning qualifie	d auton	nobile de	mons	stration use	∍?			• , • • • • • • • • • • • • • • • • • •				
	Note: If your answer to														14.
P	art VI Amortization				-										
<u> </u>	(a)			(b)		. (c)		(d)		(e)			(f)	
	Description	of costs	Date	e amortization begins		Amor am	C) tizable ount		Code section		Amortiza period or pe		A	mortization or this year	
42	Amortization of costs to	hat begins d	uring vour 200	_ •	ar;										**
			7,	: :	I			1		1					
		· · · · · · · · · · · · · · · · · · ·		<u> </u>	1			_	···						

43

43 Amortization of costs that began before your 2009 tax year

44 Total. Add amounts in column (f). See the instructions for where to report

- NEXT YEAR FEDERAL -

VOICES FOR CHILDREN

COMPUTER MACHINENT & EQUIPMENT 1.692 1	Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
ORIGINARE ORIGINARE 5 00 7 015 7 015 4 293 4 293 7 293 7 293 7 293 7 293 7 293 7 293 7 293 7 293 7 293 7 293 7 293 7 293 2 293	103	MACHINERY & EQUIPMENT E 163 TOSHIBA	52207	75. 7 2000 2000	0.	697		69	707	38
OWER PURE OWER PURE S. 00 1.234 1.224 2.59 COMPUTER OWER PURE S. 00 1.294 1.294 2.59 2.59 COMPUTER OWER PURE S. 00 1.294 1.294 2.59 2.54	104	CONFOURTER	61907	17	0.	,015		, 01, 0,0	, 20	0 0 0
COMPUTER COMPUTER	0 - T	SOMPULER SOMPTIMED	70208 30208) •	294		29.	\cap	J O
COMPUTER COMPUTER COMPUTER 5.137. 5.137. 5.054. 1.027 COMPUTER COMPUTER COMPUTER 5.00 2.451. 5.137. 2.054. 1.062. SENDER 3.424. 3.424. 1.541. 6.85 1.027 SENDER 0.01/10/SL 5.00 1.8,018 1.541. 1.542. 4.90 COMPUTER 0.01/10/SL 5.00 1.007. 3.01 3.424. 1.541. 4.359. 3.269 COMPUTER 0.01/10/SL 5.00 307. 307. 347. 1.81 ************************************	711	COMPUTER	31708		0	,520		5	,	,504
SERVER SCHOLDSSIC 5.00 2.451 2.451 1.062 499 ENUTRIS STATE	112	en en en en en en en en en en en en en e	61608	, A	0	,137		, 13	, 05	,027
PRINTERS	113	SERVER	50108		O (451	14.7 2.7 14.3 14.3 14.3 14.3 14.3 14.3 14.3 14.3	25.	9 1 O 1	ο (Ο (
COMPUTERS	114	PRINTERS	31.708		0	3,4Z		3,42 on1	υ, 4 ο	o V
STATE STAT	71.5		70107 21709) -	0,010 2,881		0 C	9 O. C.	200
COMPUTER COMPUTER 5.00 907. 907. 347. 181 *** 990 PAGE LO TOTAL MACHINEN & *** 990 PAGE LO TOTAL MACHINEN & *** 990 PAGE LO TOTAL MACHINEN & *** 990 PAGE LO TOTAL MACHINEN & *** 990 PAGE LO TOTAL MACHINEN & *** 990 PAGE LO TOTAL A *** 990 PAGE LO TOTAL A **** 990 PAGE LO TOTAL A *** 990 PAGE LO TOTAL A *** 990 PAGE LO TOTAL A *** 990 PAGE LO TOTAL	TTP	BLACKBAUD	81.308	148	. 0	906) 06 (760	18
## 990 PAGE 10 TOTAL MACHINERY & ## 14,200 ## BOUIPMENT F. 1910 PAGE 10 TOTAL MACHINERY & ## 12,000 F. 1910 PAGE 10 TOTAL MACHINERY & ## 12,000 F. 1910 PAGE 10 TOTAL MACHINER F. 1910 PAGE 10 TOTAL MACHINER BOOKCASE BOO	118	COMPUTER	81308		•	0		0	~	∞
EQUIPMENT * 990 PAGE 10 TOTAL * 990 PAGE 10 TOTAL * 990 PAGE 10 TOTAL * 990 PAGE 10 TOTAL * 990 PAGE 10 TOTAL * 990 PAGE 10 TOTAL * 990 PAGE 10 TOTAL * 990 PAGE 10 TOTAL * 990 PAGE 10 TOTAL * 990 PAGE 10 TOTAL * 990 PAGE 10 TOTAL * 990 PAGE 10 TOTAL * 990 PAGE 10 TOTAL * 990 PAGE 10 TOTAL * 990 PAGE 10 TOTAL * 990 PAGE 10 TOTAL * 900 PAGE 10 TOTAL		GE 10 TOTAL MACHINERY &	数 数据 ME		関係がある。					
# 990 PAGE 10 TOTAL -		EQUIPMENT				7,53		7,539	2,76	4,200
FURNITURE & FIXTURES FURNITURE & FIXTURES 5.00 55. 55. 55. 55. 55. 55. 55. 55. 55. 55. 55. 55. 55. 55. 55. 55. 55. 750. </td <td></td> <td>* 990 PAGE 10 TOTAL -</td> <td></td> <td></td> <td></td> <td>7,53</td> <td></td> <td>7,539</td> <td>2,76</td> <td>4,200</td>		* 990 PAGE 10 TOTAL -				7,53		7,539	2,76	4,200
BOOKCASE BOOKCASE 55. <			2	Control of the Control	- 1		Security Charles to the second			D. S. C. S. C. S. C. C. C. S. S. S. S. S. S. S. S. S. S. S. S. S.
BOOKCASES 1010184SL 5.00 750. 750. 750. STORAGE CABINETS 10190SL 5.00 2,600. 2,600. 2,600. GOAK L-SHAPED DESKS 10199SL 5.00 2,600. 2,600. 2,600. WALNUT L-SHAPED DESKS 10199SL 5.00 108. 108. 108. AZ - DRAWER SIGNAL LATERAL FILES 10199SL 5.00 42. 42. 42. AZ - DRAWER SIGNAL BALLE 10199SL 5.00 2,044. 2,044. 2,044. CCHAIRS 11059SL 5.00 2,044. 2,044. 2,044. S TABLES 11059SL 5.00 465. 465. 465. A TASK CHAIRS 02099SL 5.00 465. 465. 465. A FILLING CABINETS 02159SL 5.00 465. 574. 574. CREDENZA 060103SL 5.00 6,000. 4,800. 1,20 CREDENZA 062206SL 5.00 6,000. 6,000. 6,000. 4,80.	7.5		20183	in the	2	59.		n.	លាំរ	9
STORAGE CABINETS 406.	9		10184	9 2 6	•	750.		S	O (• 0
6 OAK L-SHAPED DESKS 101998SL 5.00 2,600. 2,600. 2,600. 2,600. 2,600. 2,600. 2,600. 2,600. 2,600. 2,600. 2,600. 2,600. 396. 342. 465. 667. 667. 667. 667. 667. 667. 465. 465. 465. 674. 674. 674. 674. 674. 674.	20		20190		1	7 ') 	4 0 0 0	50
MALINUT L. SHAPED DESK 101998SL 5.00 396. 396. 596. 3 FOOT ROUND TABLE 101998SL 5.00 108. 108. 108. 2 DRAWER 36" LATERAL FILES 101998SL 5.00 42. 42. 42. 2 DRAMER 36" LATERAL FILES 101998SL 5.00 42. 42. 42. WALNUT END TABLE 101998SL 5.00 42. 42. 42. 60 CHAIRS 110598SL 5.00 2.044. 2.044. 2.044. 8 TABLES 4 FILING CABINETS 667. 667. 667. 4 FILING CABINETS 02099SL 5.00 465. 465. 465. A FILING CABINETS 021500SL 5.00 98. 98. 98. OAK SECRETARY DESKS W/ RETURNS 060103SL 5.00 5.74. 5.74. 5.74. OAK DESKS 6.000. 6.000. 7.5. 4.800. 1.20 HERMAN MILLER DESK CHAIRS 06010507SL 5.00 6.000. 4.800. 1.20 <	54	SKS	01998	And And And And And And And And And And	• î	, 600		09,	09,	
3 FOOT ROUND TABLE 101998ST 5.00 108. 108. 108. 2 2-DRAWER 36" LATERAL FILES 101998ST 5.00 290. 42. 42. WALNUT END TABLE 101998ST 5.00 42. 42. 42. 60 CHAIRS 110598ST 5.00 2,044 2,044 2,044 8 TABLES 110598ST 5.00 667. 667. 667. 4 FILING CABINETS 02099ST 5.00 465. 465. 465. A FILING CABINETS 02099ST 5.00 465. 465. 465. OAK SECRETARY DESKS W/ RETURNS 021500ST 5.00 98. 574. 574. OAK DESKS 060103ST 5.00 6.000. 4.800. 1.20 HERMAN MILLER DESK CHAIRS 040507ST 5.00 6.000. 4.800. 4.800.	55	WALNUT L-SHAPED DESK	01998		AA	396.		⊃ ∖	ത	
2 2-DRAWER 36" LATERAL FILES 101998SL 5.00 290. 42. 42. WALNUT END TABLE 101998SL 5.00 42. 42. 42. 60 CHAIRS 110598SL 5.00 2,044. 2,044. 2,044. 8 TABLES 110598SL 5.00 667. 667. 667. 8 TABLES 011399SL 5.00 345. 465. 465. 4 FILING CABINETS 02099SL 5.00 465. 465. 465. OAK SECRETARY DESKS W/ RETURNS 021500SL 5.00 98. 98. 98. OAK DESKS 060103SL 5.00 6.00 4.800. 1.20 HERMAN MILLER DESK CHAIRS 06200SL 5.00 6.00 4.800. 1.20 BOOKCASE 775. 499. 1.20	56	3 FOOT ROUND TABLE	01998		•	80	100 mm	0	0	.0
WALNUT END TABLE TABLE 101998SL 5.00 2,044 42. 667. <td>27</td> <td>2 2-drawer 36" lateral files</td> <td>01998</td> <td></td> <td></td> <td>0 0</td> <td></td> <td>ი . ი (</td> <td>ت رو</td> <td>30</td>	27	2 2-drawer 36" lateral files	01998			0 0		ი . ი (ت رو	30
60 CHAIRS 2.044. 4.044. 4.044. 4.044. 4.044. 667.	58	WALNUT END TABLE	01998	50 mm	• 5	47		7 7	d is	• • • • • • • • • • • • • • • • • • •
8 TABLES TABLES	1 9	60 CHAIRS	1058 1058 1059	1121 241	146	コモ		1 t	jú u	
4 FILING CABINETS 02099SL 5.00 465. 465. 465. OAK SECRETARY DESKS W/ RETURNS 121599SL 5.00 574. 574. CREDENZA 021500SL 5.00 98. 98. 98. OAK DESKS 060103SL 5.00 551. 551. 551. HERMAN MILLER DESK CHAIRS 062206SL 5.00 6,000. 4,800. 1,20 BOOKCASE 775. 775. 499. 1,20	ر د	8 TABLES	100001	130	• 36	7.4		× 4	ব	
ETARY DESKS W/ RETURNS 121599SL 5.00 574. 574. 574. 574. 5.00 98. 98. 98. 98. 581. 551. 551. 551. 551. 551. 1.20 iller desk chairs 062206SL 5.00 6,000. 6,000. 4,800. 1.20 1.20		4 PASA CHATAS	10000 00000		26	S S		ည်	ာဇ	0
S 601500SL 5.00 98. 98. 98. 98. 98. 98. 551. 551. 551. 5.00 60103Sl 5.00 6.000. 6.000. 6.000. 4.800. 1,20 64.800. 64.800. 6.000.	7 0	FILLING CABINEIS AF CHOREDARY DESKS W/ REMITRNS	21599		3.73	77	は、 といいのでは、 というない			
S.00 551. 551. 551. 1.20 ILLER DESK CHAIRS 062206SL 5.00 6,000. 6,000. 6,000. 1,20	0.8		21500	đ N	ु • -	98.		ာ	S	•
ILLER DESK CHAIRS 062206SL 5.00 6,000. 6,000. 4,800. 1,20	56		60103	製物は		551.		2	55	0
04 05 07 ST 5.00 Test	101	HERMAN MILLER DESK CHAIRS	62206		•	٥,	Top Tanger and Advance Missale and Bushing and Advanced Missale and Bushing and Advanced Missale and Advanced Miss	,00	08	1,200.
	10£		40507			75.	The second second	75.	49.	

928103 04-24-09

- NEXT YEAR FEDERAL

VOICES FOR CHILDREN

Asset No.	Description	Date Acquired	Wethod	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
106	OAK LEFT HAND L-DESK	040507 040507		5.00			377.	244.	75.
) (108	OAK RICHT HAND L-DESK	40507	SL	5.00 5.00	ည်း		458.) O	S
617	OTSHWASHER	23008		0	J		S	0	ന
122	THE STREET STREET, SOME STREET, STREET	20108		0	200	A CONTRACTOR OF THE PROPERTY O	D.	D	2
	* 990 PAGE 10 TOTAL FURNITURE &								
	FIXTURES				33,362.		33,362.	20,244.	4,741.
	MACHINERY & BOUFPMENT								
0	62 m Doll LY	10598		•	79.	-	79.	79.	0
64	64REFRIGERATOR	11998		٠,	733.		733.	733.	•
7.9	79BROTHER FAX MACHINES	21500	SL	0	418.			7	0
82	8 2 PROJECTOR	12401	ПS	0	Э,			m,	•
83	8 3PRINTER	13001	SL	0	, 97	The second secon	,973	ď,	0
84	84PS BUSINESS INTERIO	1 30 01	SI	•			V.	덧	•0
α	88DELL SERVER	20103	SL	0	4,487.		4,487.	4,487.	•0
<u>8</u>	89 4200N PRINTERS	60103	SI	٥.	7.1		30	_	• 0
90	9 OPHONE SYSTEM	60103	SL	•	,43	or any analysis of the state of	,430	7,	0
92	SONY VIDEO CAMERA	60103	31	0	.590			590.	• 0
93	SONIC FIREWALLS	60103	SL	0	,440		,440	1,440.	0
<u>.</u>	98DIGITAL IMAGING SERVECESS	20203	밁	٥.			100	2,046.	4
120	EQUIPMENT	042109	SI	5.00	45		1,445.	337.	289.
121	FLEPER DOOR	11509	${ m SI}$	•			31-	309:	0
123		20508	SL	0	•		, 290	725	IN 🕴
124	SIGN INSTALLALTION	03008	J.	0				615.	o.
125	TEKWORKS	11708	SL	•	•		•	488.	30
126	126WORKSTATION SET	00108	SL	•	5		,926	35,231.	ന
131	COPIER - TOSHIBA ESTUDIO 3530	42710	SI	۰.	•		-	333.	00,
132		52410	SL	0				28.	(C) i
133	LASERJET P4515 PRINTER	52410	SL	•	, 67		•	28	ന
	PA SYSTEM — PORTABLE PEAVEY ESCORT						The i		Ŷ.,
134		7110	SL	5.00	0		706.	-	
135	CREATIVE SUITE 4 SOFTWAR	62810	H H	٠.	750.				150.
	* 990 PAGE 10 TOTAL MACHINERY &				F 10 7 10 10 10 10 10 10 10 10 10 10 10 10 10		407		104 10
	EQUIPMENT				TO / 1/4 / T		J	le TGC no	Z = 1 Z = 2

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL -

VOICES FOR CHILDREN

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT	1 20208	Ω.		220,833.		220,833.	81,195.	29,465.
128	I EAWORKS TEKWORKS	10 v		5.00 5.00 5.00	16,684.		16,684		3,337
125 130	NERY &	121/08 092408	I I	.00	1,90/. 20,995.		.,90, .20,995.	5,248	. 282 2,999;
	EQUIPMENT * 990 PAGE 10 TOTAL - * GRAND TOTAL 990 PAGE 10 DEPR				46,222. 46,222. 344,594.		46,222. 46,222. 344,594.	13,204. 13,204. 127,167.	8,044. 8,044. 51,709.
				10.00					
									2
		Alice Miles							
0 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				Mark Control					

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone