

**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)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> VOICES FOR CHILDREN		<b>D Employer identification number</b> 95-3786047
		Doing Business As		<b>E Telephone number</b> (858) 569-2019
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2851 MEADOW LARK DRIVE		
		City or town, state or country, and ZIP + 4 SAN DIEGO, CA 92123		<b>G Gross receipts \$</b> 3,150,074.
<b>F Name and address of principal officer:</b> SHARON M. LAWRENCE SAME AS C ABOVE		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶		
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> WWW.VOICES4CHILDREN.COM				
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 1982	
<b>M State of legal domicile:</b> CA				

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO BE AN ADVOCATE FOR CHILDREN THAT ARE ABUSED AND NEGLECTED.</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	23	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	23	
	5	Total number of employees (Part V, line 2a)	29	
	6	Total number of volunteers (estimate if necessary)	707	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1,563,802.	1,977,790.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,640.	65,055.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	836,339.	343,486.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,408,781.	2,386,331.	
Expenses	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)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,797,193.	1,581,149.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	17,671.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 419,890.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	663,807.	675,915.
	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			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	1,361,857.	1,469,278.
	21	Total liabilities (Part X, line 26)	236,013.	264,374.
22	Net assets or fund balances. Subtract line 21 from line 20	1,125,844.	1,204,904.	

<b>Part II Signature Block</b>	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	Signature of officer: <i>Rochelle Bold</i> ROCHELLE BOLD, TREASURER Type or print name and title
	Date: 5/3/11

Paid Preparer's Use Only	Preparer's signature: <i>[Signature]</i>	Date: 04/28/11	Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 CONSIDINE & CONSIDINE 1501 FIFTH AVENUE, SUITE 400 SAN DIEGO, CA 92101-3297		EIN:	Phone no.: 619-231-1977

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: VOICES FOR CHILDREN ADVOCATES FOR THE RIGHTS AND WELL-BEING OF SAN DIEGO'S ABUSED CHILDREN IN THE COURTROOM, IN SCHOOL, AND IN THE COMMUNITY, THROUGH ITS DEDICATED NETWORK OF STAFF AND VOLUNTEERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,783,504. including grants of \$ 28,982. ) (Revenue \$ ) VOICES FOR CHILDREN RECRUITS AND TRAINS VOLUNTEERS TO SERVE AS COURT APPOINTED SPECIAL ADVOCATES (CASAS) TO INTERFACE WITH KEY AGENCIES, LEGAL COUNSEL, AND COMMUNITY RESOURCES TO IDENTIFY AND PROTECT THE BEST INTERESTS OF EACH FOSTER CHILD. CASAS WORK CLOSELY WITH PROGRAM SUPERVISORS TO PREPARE REPORTS FOR EACH JUVENILE COURT HEARING. THIS INFORMATION HELPS THE JUDGES MAKE INFORMED DECISIONS THAT WILL ENABLE EACH CHILD TO BE SAFE AND SUCCESSFUL. VOICES FOR CHILDREN PROVIDES CASE ASSESSMENT STAFF AND VOLUNTEERS TO REVIEW THE CASE FILES OF CHILDREN IN FOSTER CARE, CURRENTLY ESTIMATED TO BE 6,000 CHILDREN. THEY RESEARCH REFERRALS AND PREPARE THOUSANDS OF WRITTEN REPORTS TO EVALUATE, UPDATE, AND PRIORITIZE THE CASES.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 1,783,504.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
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? <i>If "Yes," complete Schedule J</i> .....		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	
c 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	
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> .....	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? <i>If "Yes," complete Schedule L, Part III</i> .....	27	X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	35	X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	36	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? <i>If "Yes," complete Schedule R, Part VI</i> .....	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....	38	X

**Note.** All Form 990 filers are required to complete Schedule O.

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
<b>1a</b>			0
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		29
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**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.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 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-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MARCIA LOOPER - (858) 569-2019**  
**9370 CHESAPEAKE DRIVE SUITE 210, SAN DIEGO, CA 92123**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LORENA ARNOLD MEMBER	1.00	X						0.	0.	0.
MELISSA BLACKBURN-JONIAUX MEMBER	1.00	X						0.	0.	0.
ROCHELLE BOLD MEMBER	1.00	X						0.	0.	0.
VICKY CARLSON MEMBER	1.00	X						0.	0.	0.
SUSAN MCKENNA MEMBER	1.00	X						0.	0.	0.
TONY FARWELL MEMBER	1.00	X						0.	0.	0.
JILL SKREZYNA MEMBER	1.00	X						0.	0.	0.
LAURA BOYER MEMBER	1.00	X						0.	0.	0.
DAVE JACKSON MEMBER	1.00	X						0.	0.	0.
HAEYOUNG TANG MEMBER	1.00	X						0.	0.	0.
KAREN DRISCOLL MEMBER	1.00	X						0.	0.	0.
PAT HUGHES CHAIR	1.00	X						0.	0.	0.
ERIC JONES MEMBER	1.00	X						0.	0.	0.
MARINA MARRELLI AT-LARGE	1.00	X						0.	0.	0.
SUSAN MCCLELLAN AT-LARGE	1.00	X						0.	0.	0.
THOMAS MURPHY MEMBER	1.00	X						0.	0.	0.
JOE PANETTA MEMBER	1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBIN STARK MEMBER	1.00	X						0.	0.	0.
ALAN TALBOTT MEMBER	1.00	X						0.	0.	0.
BRAD TECCA MEMBER	1.00	X						0.	0.	0.
KEVIN HARRIS MEMBER	1.00	X						0.	0.	0.
PETER ARROWSMITH TREASURER	1.00			X				0.	0.	0.
LAUREE SAHBA VICE CHAIR	1.00			X				0.	0.	0.
REED VICKERMAN SECRETARY	1.00			X				0.	0.	0.
SHARON LAWRENCE PRESIDENT/CEO	40.00					X		102,326.	0.	0.
<b>1b Total</b>								102,326.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**



Part VIII Statement of Revenue		(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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	460,588.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	423,800.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1093402.			
	g Noncash contributions included in lines 1a-1f: \$					
	<b>h Total. Add lines 1a-1f</b>		<b>1977790.</b>			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
<b>g Total. Add lines 2a-2f</b>						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		13,419.		13,419.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)		51,636.		51,636.
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 460,588. of contributions reported on line 1c). See Part IV, line 18	a	692486.			
		b Less: direct expenses	b	370299.		
c Net income or (loss) from fundraising events			322,187.		322,187.	
9 a Gross income from gaming activities. See Part IV, line 19	a	21,570.				
	b Less: direct expenses	b	271.			
	c Net income or (loss) from gaming activities		21,299.	21,299.		
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
<b>12 Total revenue. See instructions.</b>			<b>2386331.</b>	<b>21,299.</b>	<b>0.</b>	
					<b>387,242.</b>	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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				
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)				
7 Other salaries and wages	1,334,999.	1,021,028.	59,617.	254,354.
8 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):				
a Management	516.		516.	
b Legal				
c Accounting	110.	110.		
d Lobbying				
e 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				
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 Payments to affiliates				
22 Depreciation, depletion, and amortization	51,018.	46,937.	510.	3,571.
23 Insurance	3,403.	3,353.		50.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MILEAGE & MEALS	58,427.	53,965.		4,462.
b PRINTING	22,495.	14,601.		7,894.
c TELEPHONE	19,685.	18,242.	449.	994.
d FOOD & SITE RENTAL	16,203.	8,682.		7,521.
e WORKERS' COMPENSATION	13,933.	11,368.	465.	2,100.
f All other expenses	50,210.	37,543.	1,376.	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 <input type="checkbox"/> 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 ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	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, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....		8	
	9	Prepaid expenses and deferred charges .....	20,456.	9	15,070.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 344,594.		
	b	Less: accumulated depreciation .....	10b 127,165.	253,633.	10c 217,429.
	11	Investments - publicly traded securities .....		11	
	12	Investments - other securities. See Part IV, line 11 .....		12	
	13	Investments - program-related. See Part IV, line 11 .....	345,985.	13	416,559.
	14	Intangible assets .....		14	
	15	Other assets. See Part IV, line 11 .....	29,025.	15	29,025.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,361,857.	16	1,469,278.	
Liabilities	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	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....		23	
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities. Complete Part X of Schedule D .....	31,260.	25	85,251.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	236,013.	26	264,374.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets .....	1,072,938.	27	983,890.
	28	Temporarily restricted net assets .....	52,906.	28	221,014.
	29	Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
33	<b>Total net assets or fund balances</b> .....	1,125,844.	33	1,204,904.	
34	<b>Total liabilities and net assets/fund balances</b> .....	1,361,857.	34	1,469,278.	

**Part X Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....

**b** Were the organization's financial statements audited by an independent accountant? .....

**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? .....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

**3a** 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? .....

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form 990 (2009)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2009**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

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

Name of the organization: **VOICES FOR CHILDREN** Employer identification number: **95-3786047**

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

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
  - 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
  - 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
  - 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
  - 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
  - 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
  - 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
  - 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
    - a  Type I
    - b  Type II
    - c  Type III - Functionally integrated
    - d  Type III - Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <span style="float: right;">11g(i)</span>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) A family member of a person described in (i) above? <span style="float: right;">11g(ii)</span>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above? <span style="float: right;">11g(iii)</span>	<input type="checkbox"/>	<input type="checkbox"/>
  - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,322,190.	1,312,735.	1,441,214.	1,563,802.	1,977,789.	7,617,730.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,322,190.	1,312,735.	1,441,214.	1,563,802.	1,977,789.	7,617,730.
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						7,617,730.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	1,322,190.	1,312,735.	1,441,214.	1,563,802.	1,977,789.	7,617,730.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,137.	30,989.	40,570.	19,816.	13,419.	124,931.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,535.	3,906.	6,931.	-766.	51,636.	64,242.
<b>11 Total support.</b> Add lines 7 through 10						7,806,903.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	4,011,978.
<b>13 First five years.</b> 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						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	97.58	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	97.72	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</b> 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	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2009.</b> 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	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2008.</b> 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	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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

**2009**

Name of the organization

Employer identification number

VOICES FOR CHILDREN

95-3786047

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

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**

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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)



Name of organization

Employer identification number

VOICES FOR CHILDREN

95-3786047

**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	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	HAERYOUNG K. TANG 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	\$ 58,357.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	JOAN WAITT 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	\$ 62,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	JUDICIAL COUNCIL OF CALIFORNIA 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	\$ 57,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MARINA MARRELLI 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	\$ 71,577.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	NATIONAL CASA ASSOCIATION 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	\$ 62,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

VOICES FOR CHILDREN

95-3786047

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<p>QUALCOMM, INC.</p> <p>2851 MEADOW LARK DRIVE</p> <p>SAN DIEGO, CA 92123</p>	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<p>SUPERIOR COURTS OF CALIFORNIA</p> <p>2851 MEADOW LARK DRIVE</p> <p>SAN DIEGO, CA 92123</p>	\$ 379,427.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<p>THE COUNTRY FRIENDS, INC.</p> <p>2851 MEADOW LARK DRIVE</p> <p>SAN DIEGO, CA 92123</p>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

**VOICES FOR CHILDREN**

**95-3786047**

**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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

Employer identification number

**VOICES FOR CHILDREN**

**95-3786047**

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

VOICES FOR CHILDREN

Employer identification number

95-3786047

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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 impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 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 .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 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)? .....

Yes  No

9 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 .....
- ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 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
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt 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?  Yes  No

**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.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part 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
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  \_\_\_\_\_ %
  - 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:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		311,232.	106,921.	204,311.
e Other		33,362.	20,244.	13,118.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>217,429.</b>

**Part VII** Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives .....		
Closely-held equity interests .....		
Other .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII** Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>MARKETABLE SECURITIES</b>	<b>416,559.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶	<b>416,559.</b>	

**Part IX** Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X** Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
Federal income taxes		
<b>DEFERRED RENT</b>	<b>85,251.</b>	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	<b>85,251.</b>	

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.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,386,331.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,286,046.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	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 and 9	10	79,060.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per 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:		
a	Net unrealized gains on investments	2a	-21,225.
b	Donated services and use of facilities	2b	35,579.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
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.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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:		
a	Donated services and use of facilities	2a	35,579.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,286,046.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

---



---



---



---



---



---



---



---



---



---



**Supplemental Information Regarding  
Fundraising or Gaming Activities**

**2009**

Open To Public  
Inspection

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

Name of the organization

VOICES FOR CHILDREN

Employer identification number

95-3786047

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |  |
|---|--|
| a <input type="checkbox"/> Mail solicitations               | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations              | g <input type="checkbox"/> Special fundraising events            |
| d <input type="checkbox"/> In-person solicitations          |  |

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			

**Total** ▶

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Part II 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		STARRY NIGHT	GOLF	4	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	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 minus line 2)	444,498.	52,264.	195,724.	692,486.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages			0.	
	8	Entertainment			0.	
	9	Other direct expenses	230,333.	43,756.	96,210.	370,299.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 370,299 )
	11	Net income summary. Combine line 3, column (d), and line 10				322,187.

**Part III 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) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			21,570.
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			271.	271.
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
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? \_\_\_\_\_

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 administer charitable gaming? \_\_\_\_\_

	Yes	No
9a		X
10a		X
11		X
12		X

**13** Indicate the percentage of gaming activity operated in:

- a The organization's facility ..... 

<b>13a</b>	%
<b>13b</b>	%
- 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? .....

<b>15a</b>	Yes	No
		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 ▶ \$ \_\_\_\_\_.
- 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       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? .....
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

<b>17a</b>	Yes	No
		X

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

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

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

Name of the organization  
**VOICES FOR CHILDREN**

Employer identification number  
95-3786047

**Part I** General Information on Grants and Assistance

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** 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 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

**2** Enter total number of section 501(c)(3) and government organizations

**3** Enter total number of other organizations

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

Schedule I (Form 990) 2009

**Part II** 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ASSISTANCE DONATIONS	665	28,982.	0.		

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

---



---



---



---



---



---



---



---



---



---

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

VOICES FOR CHILDREN

Employer identification number  
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 PERFORMS REVIEWS  
OF THE BUDGET FOR ALL EMPLOYEES RECEIVING COMPENSATION. COMPENSATION IS  
BASED ON THE REVIEWS AND APPROVAL OF THE BUDGET BY THE BOARD.

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 AVAILABLE TO THE  
PUBLIC.

FORM 990 PART XI, LINE 2C: THE BOARD HAS NOT CHANGED ITS OVERSIGHT  
PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C O R V	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 & EQUIPMENT														
103	E-163 TOSHIBA	05/22/07	SL	5.00		HY16	1,692.				1,692.	706.		338.	1,044.
104	COMPUTER	06/19/07	SL	5.00		HY16	7,015.				7,015.	2,806.		1,403.	4,209.
109	COMPUTER	08/13/07	SL	5.00		HY16	1,293.				1,293.	496.		259.	755.
110	COMPUTER	03/06/08	SL	5.00		HY16	1,294.				1,294.	345.		259.	604.
111	COMPUTER	03/17/08	SL	5.00		HY16	12,520.				12,520.	3,130.		2,504.	5,634.
112	COMPUTER	06/16/08	SL	5.00		HY16	5,137.				5,137.	1,027.		1,027.	2,054.
113	SERVER	05/01/08	SL	5.00		HY16	2,451.				2,451.	572.		490.	1,062.
114	PRINTERS	03/17/08	SL	5.00		HY16	3,424.				3,424.	856.		685.	1,541.
115	COMPUTERS	07/01/07	SL	5.00		HY17	18,018.				18,018.	7,208.		3,604.	10,812.
116	BLACKBAUD	02/17/09	SL	7.00		HY16	22,881.				22,881.	1,090.		3,269.	4,359.
117	COMPUTER	08/13/08	SL	5.00		HY16	907.				907.	166.		181.	347.
118	COMPUTER	08/13/08	SL	5.00		HY16	907.				907.	166.		181.	347.
	* 990 PAGE 10 TOTAL														
	MACHINERY & EQUIPMENT						77,539.				77,539.	18,568.		14,200.	32,768.
	* 990 PAGE 10 TOTAL -						77,539.				77,539.	18,568.		14,200.	32,768.
	FURNITURE & FIXTURES														
4	BOOKCASE	12/01/83	SL	5.00		HY16	55.				55.	55.		0.	55.
6	BOOKCASES	01/01/84	SL	5.00		HY16	750.				750.	750.		0.	750.

926111 04-24-09

(D) - Asset disposed

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

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	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	SL	5.00		406.				406.	406.		0.	406.
54	6 OAK L-SHAPED DESKS	10/19/98	SL	5.00		2,600.				2,600.	2,600.		0.	2,600.
55	WALNUT L-SHAPED DESK	10/19/98	SL	5.00		396.				396.	396.		0.	396.
56	3 FOOT ROUND TABLE	10/19/98	SL	5.00		108.				108.	108.		0.	108.
57	2 2-DRAWER 36" LATERAL FILES	10/19/98	SL	5.00		290.				290.	290.		0.	290.
58	WALNUT END TABLE	10/19/98	SL	5.00		42.				42.	42.		0.	42.
61	60 CHAIRS	11/05/98	SL	5.00		2,044.				2,044.	2,044.		0.	2,044.
63	8 TABLES	11/05/98	SL	5.00		667.				667.	667.		0.	667.
67	4 TASK CHAIRS	01/13/99	SL	5.00		345.				345.	345.		0.	345.
69	4 FILING CABINETS	02/09/99	SL	5.00		465.				465.	465.		0.	465.
78	OAK SECRETARY DESKS W/ RETURNS	12/15/99	SL	5.00		574.				574.	574.		0.	574.
80	CREDENZA	02/15/00	SL	5.00		98.				98.	98.		0.	98.
91	OAK DESKS	06/01/03	SL	5.00		551.				551.	551.		0.	551.
101	HERMAN MILLER DESK CHAIRS	06/22/06	SL	5.00		6,000.				6,000.	3,600.		1,200.	4,800.
105	BOOKCASE	04/05/07	SL	5.00		75.				75.	34.		15.	49.
106	OAK LEFT HAND L-DESK	04/05/07	SL	5.00		377.				377.	169.		75.	244.
107	OAK LEFT HAND L-DESK	04/05/07	SL	5.00		458.				458.	207.		92.	299.
108	OAK RIGHT HAND L-DESK	04/05/07	SL	5.00		458.				458.	207.		92.	299.

998111  
04-24-09

(D) - Asset disposed

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



2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	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
119	DISHWASHER	12/30/08	SL	7.00		HY16	945.				945.	68.		135.	203.
122	INTERIORS	12/01/08	SL	5.00		HY16	15,658.				15,658.	1,827.		3,132.	4,955.
	* 990 PAGE 10 TOTAL														
	FURNITURE & FIXTURES						33,362.				33,362.	15,503.		4,741.	20,244.
	MACHINERY & EQUIPMENT														
62	DOLLY	11/05/98	SL	5.00		HY16	79.				79.	79.		0.	79.
64	REFRIGERATOR	11/19/98	SL	5.00		HY16	733.				733.	733.		0.	733.
79	BROTHER FAX MACHINES	02/15/00	SL	5.00		HY16	418.				418.	418.		0.	418.
82	PROJECTOR	01/24/01	SL	5.00		HY16	2,390.				2,390.	2,390.		0.	2,390.
83	PRINTER	11/30/01	SL	5.00		HY16	3,973.				3,973.	3,973.		0.	3,973.
84	PS BUSINESS INTERIO	11/30/01	SL	7.00		HY16	2,116.				2,116.	2,116.		0.	2,116.
88	DELL SERVER	02/01/03	SL	5.00		HY16	4,487.				4,487.	4,487.		0.	4,487.
89	4200N PRINTERS	06/01/03	SL	5.00		HY16	3,144.				3,144.	3,144.		0.	3,144.
90	PHONE SYSTEM	06/01/03	SL	7.00		HY16	1,430.				1,430.	1,242.		187.	1,430.
92	SONY VIDEO CAMERA	06/01/03	SL	7.00		HY16	590.				590.	512.		77.	590.
93	SONIC FIREWALLS	06/01/03	SL	5.00		HY16	1,440.				1,440.	1,440.		0.	1,440.
98	DIGITAL IMAGING SERVICES	12/02/03	SL	7.00		HY16	2,046.				2,046.	2,044.		2.	2,046.
99	(D)OFFICE EQUIPMENT	01/27/05	SL	5.00		HY16	13,749.				13,749.	12,146.		1,603.	
120	EQUIPMENT	04/21/05	SL	5.00		HY16	1,445.				1,445.	48.		289.	337.

928111 04-24-09

(D) - Asset disposed

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

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	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
121	FLEPPER DOOR	01/15/09	SL	5.00		HY16	1,031.				1,031.	103.		206.	309.
123	SECURITY SYSTEM	12/05/08	SL	5.00		HY16	2,290.				2,290.	267.		458.	729.
124	SIGN INSTALLATION	10/30/08	SL	7.00		HY16	2,581.				2,581.	246.		369.	615.
125	TEKWORKS	11/17/08	SL	5.00		HY16	1,540.				1,540.	180.		308.	488.
126	WORKSTATION SET	10/01/08	SL	7.00		HY16	140,926.				140,926.	15,099.		20,132.	35,231.
131	COPIER - TOSHIBA ESTUDIO 3530	04/27/10	SL	5.00		HY16	10,006.				10,006.			333.	333.
132	LASERJET P4515 PRINTER	05/24/10	SL	5.00		HY16	1,675.				1,675.			28.	28.
133	LASERJET P4515 PRINTER	05/24/10	SL	5.00		HY16	1,675.				1,675.			28.	28.
134	PA SYSTEM - PORTABLE PEAVEY ESCORT 3000	06/07/10	SL	5.00		HY16	706.				706.			11.	11.
135	ADOBE CREATIVE SUITE 4 SOFTWARE	06/28/10	SL	5.00		HY16	750.				750.			0.	0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						201,220.				201,220.	50,667.		24,031.	60,951.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						234,582.				234,582.	66,170.		28,772.	81,195.
127	TEKWORKS	12/02/08	SL	5.00		HY16	6,636.				6,636.	774.		1,327.	2,101.
128	TEKWORKS	12/16/08	SL	5.00		HY16	16,684.				16,684.	1,946.		3,337.	5,283.
129	TEKWORKS SPEAKERS	12/17/08	SL	5.00		HY16	1,907.				1,907.	191.		381.	572.
130	TELECOMMUNICATION	09/24/08	SL	7.00		HY16	20,995.				20,995.	2,249.		2,999.	5,248.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						46,222.				46,222.	5,160.		8,044.	13,204.

928111 04-24-09

(D) - Asset disposed

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

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o r v	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
	* 990 PAGE 10 TOTAL -						46,222.				46,222.	5,160.		8,044.	13,204.
	* GRAND TOTAL 990 PAGE 10 DEPR						358,343.				358,343.	89,898.		51,016.	127,167.

928111 04-24-09 (D) - Asset disposed \* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone 30.5

Depreciation and Amortization 990 (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Attachment Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

VOICES FOR CHILDREN

FORM 990 PAGE 10

95-3786047

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, and Amount. Includes lines 1-13 for Section 179 election details.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 2 columns: Line number and Amount. Includes lines 14-16 for special depreciation allowance.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 columns: Line number and Amount. Includes line 17 for MACRS deductions and line 18 for election to group assets.

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows 19a-i.

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Line number, Class life, (b) Month and year placed in service, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows 20a-c.

Part IV Summary (See instructions.)

Table with 2 columns: Line number and Amount. Includes lines 21-23 for summary of depreciation.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with columns for percentage and other details.

27 Property used 50% or less in a qualified business use: Table with columns for percentage and S/L status.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle and rows 30-36 regarding miles driven and personal use availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with rows 37-41 regarding written policies and employee information, with Yes/No columns.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2009 tax year:

43 Amortization of costs that began before your 2009 tax year 43

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

2010 DEPRECIATION AND AMORTIZATION REPORT

- 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
	<b>MACHINERY &amp; EQUIPMENT</b>								
103E	163 TOSHIBA	052207SL		5.00	1,692.		1,692.	1,044.	338.
104	COMPUTER	061907SL		5.00	7,015.		7,015.	4,209.	1,403.
109	COMPUTER	081307SL		5.00	1,293.		1,293.	755.	259.
110	COMPUTER	030608SL		5.00	1,294.		1,294.	604.	259.
111	COMPUTER	031708SL		5.00	12,520.		12,520.	5,634.	2,504.
112	COMPUTER	061608SL		5.00	5,137.		5,137.	2,054.	1,027.
113	SERVER	050108SL		5.00	2,451.		2,451.	1,062.	490.
114	PRINTERS	031708SL		5.00	3,424.		3,424.	1,541.	685.
115	COMPUTERS	070107SL		5.00	18,018.		18,018.	10,812.	3,604.
116	BLACKBAUD	021709SL		7.00	22,881.		22,881.	4,359.	3,269.
117	COMPUTER	081308SL		5.00	907.		907.	347.	181.
118	COMPUTER	081308SL		5.00	907.		907.	347.	181.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				77,539.		77,539.	32,768.	14,200.
	* 990 PAGE 10 TOTAL - FURNITURE & FIXTURES				77,539.		77,539.	32,768.	14,200.
4	BOOKCASE	120183SL		5.00	55.		55.	55.	0.
6	BOOKCASES	010184SL		5.00	750.		750.	750.	0.
20	STORAGE CABINETS	120190SL		5.00	406.		406.	406.	0.
546	OAK L-SHAPED DESKS	101998SL		5.00	2,600.		2,600.	2,600.	0.
55	WALNUT L-SHAPED DESK	101998SL		5.00	396.		396.	396.	0.
563	FOOT ROUND TABLE	101998SL		5.00	108.		108.	108.	0.
572	2-DRAWER 36" LATERAL FILES	101998SL		5.00	290.		290.	290.	0.
58	WALNUT END TABLE	101998SL		5.00	42.		42.	42.	0.
6160	CHAIRS	110598SL		5.00	2,044.		2,044.	2,044.	0.
638	TABLES	110598SL		5.00	667.		667.	667.	0.
674	TASK CHAIRS	011399SL		5.00	345.		345.	345.	0.
694	FILING CABINETS	020999SL		5.00	465.		465.	465.	0.
780	OAK SECRETARY DESKS W/ RETURNS	121599SL		5.00	574.		574.	574.	0.
80	CREDENZA	021500SL		5.00	98.		98.	98.	0.
91	OAK DESKS	060103SL		5.00	551.		551.	551.	0.
101	HERMAN MILLER DESK CHAIRS	062206SL		5.00	6,000.		6,000.	4,800.	1,200.
105	BOOKCASE	040507SL		5.00	75.		75.	49.	15.

(D) - Asset disposed

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

2010 DEPRECIATION AND AMORTIZATION REPORT

- 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
106	OAK LEFT HAND L-DESK	040507SL	SL	5.00	377.		377.	244.	75.
107	OAK LEFT HAND L-DESK	040507SL	SL	5.00	458.		458.	299.	92.
108	OAK RIGHT HAND L-DESK	040507SL	SL	5.00	458.		458.	299.	92.
119	DISHWASHER	123008SL	SL	7.00	945.		945.	203.	135.
122	INTERIORS	120108SL	SL	5.00	15,658.		15,658.	4,959.	3,132.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				33,362.		33,362.	20,244.	4,741.
	MACHINERY & EQUIPMENT								
62	DOLLY	110598SL	SL	5.00	79.		79.	79.	0.
64	REFRIGERATOR	111998SL	SL	5.00	733.		733.	733.	0.
79	BROTHER FAX MACHINES	021500SL	SL	5.00	418.		418.	418.	0.
82	PROJECTOR	012401SL	SL	5.00	2,390.		2,390.	2,390.	0.
83	PRINTER	113001SL	SL	5.00	3,973.		3,973.	3,973.	0.
84	PS BUSINESS INTERIO	113001SL	SL	7.00	2,116.		2,116.	2,116.	0.
88	DELL SERVER	020103SL	SL	5.00	4,487.		4,487.	4,487.	0.
89	4200N PRINTERS	060103SL	SL	5.00	3,144.		3,144.	3,144.	0.
90	PHONE SYSTEM	060103SL	SL	7.00	1,430.		1,430.	1,430.	0.
92	SONY VIDEO CAMERA	060103SL	SL	7.00	590.		590.	590.	0.
93	SONIC FIREWALLS	060103SL	SL	5.00	1,440.		1,440.	1,440.	0.
98	DIGITAL IMAGING SERVICES	120203SL	SL	7.00	2,046.		2,046.	2,046.	0.
120	EQUIPMENT	042109SL	SL	5.00	1,445.		1,445.	337.	289.
121	FLEPPER DOOR	011509SL	SL	5.00	1,031.		1,031.	309.	206.
123	SECURITY SYSTEM	120508SL	SL	5.00	2,290.		2,290.	725.	458.
124	SIGN INSTALLATION	103008SL	SL	7.00	2,581.		2,581.	615.	369.
125	TEKWORKS	111708SL	SL	5.00	1,540.		1,540.	488.	308.
126	WORKSTATION SET	100108SL	SL	7.00	140,926.		140,926.	35,231.	20,132.
131	COPIER - TOSHIBA ESTUDIO 3530	042710SL	SL	5.00	10,006.		10,006.	333.	2,001.
132	LASERJET P4515 PRINTER	052410SL	SL	5.00	1,675.		1,675.	28.	335.
133	LASERJET P4515 PRINTER	052410SL	SL	5.00	1,675.		1,675.	28.	335.
	PA SYSTEM - PORTABLE PEAVEY ESCORT				706.		706.	11.	141.
134	3000	060710SL	SL	5.00	750.		750.	750.	150.
135	ADOBE CREATIVE SUITE 4 SOFTWARE	062810SL	SL	5.00	750.		750.	750.	150.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				187,471.		187,471.	60,951.	24,724.

(D) - Asset disposed

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

2010 DEPRECIATION AND AMORTIZATION REPORT

- 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 -				220,833.		220,833.	81,195.	29,465.
	MACHINERY & EQUIPMENT								
127	TEKWORKS	120208SL		5.00	6,636.		6,636.	2,101.	1,327.
128	TEKWORKS	121608SL		5.00	16,684.		16,684.	5,283.	3,337.
129	TEKWORKS SPEAKERS	121708SL		5.00	1,907.		1,907.	572.	381.
130	TELECOMMUNICATION	092408SL		7.00	20,995.		20,995.	5,248.	2,999.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				46,222.		46,222.	13,204.	8,044.
	* 990 PAGE 10 TOTAL -				46,222.		46,222.	13,204.	8,044.
	* GRAND TOTAL 990 PAGE 10 DEPR				344,594.		344,594.	127,167.	51,709.

(D) - Asset disposed

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