

Short Form Return of Organization Exempt From Income Tax

2016

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning _____ and ending _____							
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 65%;">C Name of organization VIRGINIANS FOR ALTERNATIVES TO THE DEATH PENALTY, INC.</td> <td>D Employer identification number 54-1664106</td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 12222</td> <td>E Telephone number 434-960-7779</td> </tr> <tr> <td>City or town, state or province, country, and ZIP or foreign postal code RICHMOND, VA 23241</td> <td>F Group Exemption Number ▶</td> </tr> </table>	C Name of organization VIRGINIANS FOR ALTERNATIVES TO THE DEATH PENALTY, INC.	D Employer identification number 54-1664106	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 12222	E Telephone number 434-960-7779	City or town, state or province, country, and ZIP or foreign postal code RICHMOND, VA 23241	F Group Exemption Number ▶
C Name of organization VIRGINIANS FOR ALTERNATIVES TO THE DEATH PENALTY, INC.	D Employer identification number 54-1664106						
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 12222	E Telephone number 434-960-7779						
City or town, state or province, country, and ZIP or foreign postal code RICHMOND, VA 23241	F Group Exemption Number ▶						
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶ _____	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).						
I Website: ▶ WWW.VADP.ORG							
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other							
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$ 112,610.						

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	112,610.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c Less: direct expenses from gaming and fundraising events	6c		
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
7b Less: cost of goods sold	7b		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	112,610.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	59,000.
	13 Professional fees and other payments to independent contractors	13	21,209.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	3,342.
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	17,725.
	17 Total expenses. Add lines 10 through 16	17	101,276.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,334.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	52,575.
	20 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	20	-1.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	63,908.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2016)

VIRGINIANS FOR ALTERNATIVES TO THE DEATH PENALTY, INC.

Form 990-EZ (2016)

54-1664106 Page 2

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	52,575.	63,908.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	52,575.	63,908.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	52,575.	63,908.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 VIRGINIANS FOR ALTERNATIVES TO THE DEATH PENALTY IS A STATE WIDE CITIZEN'S ORGANIZATION DEDICATED TO EDUCATING THE PUBLIC ABOUT ALTERNATIVES TO THE DEATH PENALTY (Grants \$ 51,154.) If this amount includes foreign grants, check here <input type="checkbox"/>	101,276.
29	
30	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
32 Total program service expenses (add lines 28a through 31a)	101,276.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARY ATWELL SECRETARY	3.00	0.	0.	0.
PAUL O'SHEA VICE-PRESIDENT	2.00	0.	0.	0.
NICHOLAS COTE BOARD OF DIRECTORS	2.00	0.	0.	0.
KENT WILLIS BOARD PRESIDENT	5.00	0.	0.	0.
ADAM NORTHUP TREASURER	4.00	0.	0.	0.
VIRGINIA PODBOY BOARD OF DIRECTORS	3.00	0.	0.	0.
R.J. BEE BOARD OF DIRECTORS	2.00	0.	0.	0.
EMMA JOHNSTON BOARD OF DIRECTORS	2.00	0.	0.	0.
KRISTINA JOYNER LESLIE BOARD OF DIRECTORS	2.00	0.	0.	0.

**VIRGINIANS FOR ALTERNATIVES TO THE
DEATH PENALTY, INC.**

Form 990-EZ (2016)

54-1664106 Page 3

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

		Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a		7,480.
b Did the organization file Form 1120-POL for this year?	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A	
39 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9	39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41 List the states with which a copy of this return is filed ▶ VA			
42a The organization's books are in care of ▶ THE CORPORATION Telephone no. ▶ 434-960-7779 Located at ▶ P.O. BOX 12222, RICHMOND, VA ZIP + 4 ▶ 23241			
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)?	42b		X
If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
If "Yes," enter the name of the foreign country: ▶			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c Did the organization receive any payments for indoor tanning services during the year?	44c		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Form 990-EZ (2016)

VIRGINIANS FOR ALTERNATIVES TO THE DEATH PENALTY, INC.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? 49a Did the organization make any transfers to an exempt non-charitable related organization? 49b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. All entries are NONE.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All entries are NONE.

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

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 MICHAEL E. STONE, EXECUTIVE DIRECTOR

Paid Preparer Use Only: Print/Type preparer's name FRANK BARCALOW, Preparer's signature FRANK BARCALOW, Date 03/17/17, Firm's name FRANK BARCALOW CPA, P.L.L.C., Firm's address 108 WESTCHESTER WILLIAMSBURG, VA 23188

May the IRS discuss this return with the preparer shown above? See instructions