Form 990-EZ

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)

1. Name of organization

VIRGINIANS FOR ALTERNATIVES TO THE DEATH PENALTY, INC.

2. Employer identification number

54–1664106

3. Address

P. O. BOX 4804
CHARLOTTESVILLE, VA 22905

4. Telephone number

434–960–7779

5. Website

WWW.VADP.ORG

6. Accounting Method

X Cash

7. Tax-exempt status

X 501(c)(3) (Insert no.), 501(c)(4), 4947(a)(1) or 527

K. Check if the organization is not required to attach Schedule B

8. Year

2011

Part I

Revenue, Expenses, and Changes in Net Assets or Fund Balances

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions, gifts, grants, and similar amounts received</td>
<td>$80,095</td>
</tr>
<tr>
<td>Program service revenue including government fees and contracts</td>
<td></td>
</tr>
<tr>
<td>Membership dues and assessments</td>
<td></td>
</tr>
<tr>
<td>Investment income</td>
<td></td>
</tr>
<tr>
<td>Gross amount from sale of assets other than inventory</td>
<td></td>
</tr>
<tr>
<td>Less: cost or other basis and sales expenses</td>
<td></td>
</tr>
<tr>
<td>Gain or (loss) from sale of assets other than inventory</td>
<td></td>
</tr>
<tr>
<td>Gain from fundraising events</td>
<td></td>
</tr>
<tr>
<td>Less: direct expenses from fundraising events</td>
<td></td>
</tr>
<tr>
<td>Net income or (loss) from sale of assets other than inventory</td>
<td></td>
</tr>
<tr>
<td>Gross sales of inventory, less returns and allowances</td>
<td></td>
</tr>
<tr>
<td>Less: cost of goods sold</td>
<td></td>
</tr>
<tr>
<td>Gross profit or (loss) from sales of inventory</td>
<td></td>
</tr>
<tr>
<td>Other revenue (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td>
<td>$80,095</td>
</tr>
</tbody>
</table>

Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and similar amounts paid (list in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>Benefits paid to or for members</td>
<td></td>
</tr>
<tr>
<td>Salaries, other compensation, and employee benefits</td>
<td></td>
</tr>
<tr>
<td>Professional fees and other payments to independent contractors</td>
<td></td>
</tr>
<tr>
<td>Occupancy, rent, utilities, and maintenance</td>
<td></td>
</tr>
<tr>
<td>Printing, publications, postage, and shipping</td>
<td></td>
</tr>
<tr>
<td>Other expenses (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>Total expenses. Add lines 10 through 16</td>
<td>$119,329</td>
</tr>
</tbody>
</table>

Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td>
<td></td>
</tr>
<tr>
<td>Net assets or fund balances at beginning of year (from line 27, column (A))</td>
<td>$102,557</td>
</tr>
<tr>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>$80,095</td>
</tr>
<tr>
<td>Net assets or fund balances at end of year. Combine lines 18 through 20</td>
<td>$63,323</td>
</tr>
</tbody>
</table>

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

List each one even if not compensated. (see the instructions for Part IV.)

Health benefits, contributions to employee benefit plans, and deferred compensation Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)

Total program service expenses (add lines 28a through 31a) 0.

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 address (b) Title and 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

LAUREN RAMSEUR, P.O. BOX 4804, CHARLOTTESVILLE, VA 22905 4.00 0. 0. 0. 0.

BETH PANILAITIS, P.O. BOX 4804, CHARLOTTESVILLE, VA 22905 4.00 0. 0. 0. 0.

GREG GELBURD, MD, P.O. BOX 4804, CHARLOTTESVILLE, VA 22905 4.00 0. 0. 0. 0.

JERRY GIVENS, P.O. BOX 4804, CHARLOTTESVILLE, VA 22905 4.00 0. 0. 0. 0.

LYNN GREER, P.O. BOX 4804, CHARLOTTESVILLE, VA 22905 4.00 0. 0. 0. 0.

HELENA COBBAN, P.O. BOX 4804, CHARLOTTESVILLE, VA 22905 4.00 0. 0. 0. 0.

LINELL PATTERSON, P.O. BOX 4804, CHARLOTTESVILLE, VA 22905 4.00 0. 0. 0. 0.

MEGAN SHAPIRO, P.O. BOX 4804, CHARLOTTESVILLE, VA 22905 4.00 0. 0. 0. 0.

MATTHEW ENGLE, P.O. BOX 4804, CHARLOTTESVILLE, VA 22905 4.00 0. 0. 0. 0.

SCOTT VOLLUM, PHN, P.O. BOX 4804, CHARLOTTESVILLE, VA 22905 4.00 0. 0. 0. 0.

STEPHEN A. NORTHUP, P.O. BOX 4804, EXECUTIVE DIRECTOR CHARLOTTESVILLE, VA 22905 5.00 0. 0. 0. 0.
Form 990-EZ (2011)

DEATH PENALTY, INC.  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  

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  

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  

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)?  

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  

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  

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  

b Did the organization file Form 1120-POL for this year?  

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  

b If "Yes," complete Schedule L, Part II and enter the total amount involved  

39 Section 501(c)(7) organizations. Enter;  

a Initiation fees and capital contributions included on line 9  

b Gross receipts, included on line 9, for public use of club facilities  

39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  

section 4911 ➤ N/A; section 4912 ➤ N/A; section 4955 ➤ N/A  

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or 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  

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  

0.  

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  

0.  

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  

38b N/A  

39a N/A  

39b N/A  

40b X  

40e X  

41 List the states with which a copy of this return is filed.  

42a The organization's books are in care of  

THE CORPORATION 434-263-8148  

Located at P.O. BOX 4804, CHARLOTTESVILLE, VA 22905  

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)?  

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.  

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  

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 and enter the amount of tax-exempt interest received or accrued during the tax year  

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  

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  

c Did the organization receive any payments for indoor tanning services during the year?  

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  

44b X  

44c X  

44d X  

44e X  

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  

45b 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)  

Yes No

Yes No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
   Yes  No

Part VI  Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 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.
   Yes  No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II
   Yes  No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
   Yes  No

49a Did the organization make any transfers to an exempt non-charitable related organization?
   Yes  No

49b If "Yes," was the related organization a section 527 organization?
   Yes  No

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>
<thead>
<tr>
<th>Name and address of each employee paid more than $100,000</th>
<th>Title and average hours per week devoted to position</th>
<th>Reportable compensation (Form W-2/1099-MISC)</th>
<th>Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

   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."

<table>
<thead>
<tr>
<th>Name and address of each independent contractor paid more than $100,000</th>
<th>Type of service</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

   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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A
   Yes  No

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

Signature of officer

STEPHEN A. NORTHUP, EXECUTIVE DIRECTOR

Print/Type preparer’s name

FRANK BARCALOW

Preparer’s signature

FRANK BARCALOW

Date

05/11/12

Check if self-employed

Yes  No

PTIN

P00446788

Firm’s name

FRANK BARCALOW CPA, P.L.L.C.

Firm’s EIN

45-5310918

Firm’s address

108 WESTCHESTER

Phone no.

757-220-6626

WILLIAMSBURG, VA 23188

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

Form 990-EZ (2011)
<table>
<thead>
<tr>
<th>Asset No.</th>
<th>Description</th>
<th>Date Acquired</th>
<th>Method</th>
<th>Life</th>
<th>Line No.</th>
<th>Unadjusted Cost Or Basis</th>
<th>Bus % Excl</th>
<th>Basis For Depreciation</th>
<th>Accumulated Depreciation</th>
<th>Current Sec 179</th>
<th>Current Year Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>COMPUTERS 063007SL</td>
<td>06/01/11</td>
<td>5.00</td>
<td>16</td>
<td>3,096.</td>
<td>3,096.</td>
<td>0.</td>
<td>3,096.</td>
<td>3,052.</td>
<td>0.</td>
<td>44.</td>
</tr>
<tr>
<td></td>
<td>* TOTAL 990-EZ PG 1</td>
<td></td>
<td></td>
<td></td>
<td>3,096.</td>
<td>0.</td>
<td>3,096.</td>
<td>3,096.</td>
<td>3,052.</td>
<td>0.</td>
<td>44.</td>
</tr>
</tbody>
</table>

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
<table>
<thead>
<tr>
<th>SCHEDULE O (Form 990 or 990-EZ)</th>
<th>Supplemental Information to Form 990 or 990-EZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the organization</td>
<td>VIRGINIANS FOR ALTERNATIVES TO THE DEATH PENALTY, INC.</td>
</tr>
<tr>
<td>Employer identification number</td>
<td>54-1664106</td>
</tr>
</tbody>
</table>

**FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:**

<table>
<thead>
<tr>
<th>DESCRIPTION OF EXPENSES:</th>
<th>AMOUNT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPRECIATION</td>
<td>44.</td>
</tr>
<tr>
<td>OTHER EXPENSES</td>
<td>6,909.</td>
</tr>
<tr>
<td>TOTAL TO FORM 990-EZ, LINE 14</td>
<td>6,953.</td>
</tr>
</tbody>
</table>

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

<table>
<thead>
<tr>
<th>DESCRIPTION OF OTHER EXPENSES:</th>
<th>AMOUNT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAVEL</td>
<td>1,313.</td>
</tr>
<tr>
<td>DATABASE</td>
<td>3,750.</td>
</tr>
<tr>
<td>FUNDRAISING</td>
<td>2,933.</td>
</tr>
<tr>
<td>TOTAL TO FORM 990-EZ, LINE 16</td>
<td>7,996.</td>
</tr>
</tbody>
</table>

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEG. OF YEAR</th>
<th>END OF YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER DEPRECIABLE ASSETS</td>
<td>385.</td>
<td>0.</td>
</tr>
</tbody>
</table>

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE – EDUCATING VIRGINIANS ABOUT ALTERNATIVES TO THE DEATH PENALTY**

**FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:**

- The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.
- The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.
Form 8879-EO

Name of exempt organization: VIRGINIANS FOR ALTERNATIVES TO THE DEATH PENALTY, INC.

Employer identification number: 54-1664106

Name and title of officer: STEPHEN A NORTHUP, EXECUTIVE DIRECTOR

Part I: Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here □ □ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ................. 1b
2a Form 990-EZ check here □ □ X b Total revenue, if any (Form 990-EZ, line 9) ......................... 2b
3a Form 1120-POL check here □ □ b Total tax (Form 1120-POL, line 22) ........................................ 3b
4a Form 990-PF check here □ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) ................. 4b
5a Form 8868 check here □ □ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) ......................... 5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization’s 2011 electronic return and accompanying schedules and statements to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization’s electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization’s return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization’s federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization’s electronic return and, if applicable, the organization’s consent to electronic funds withdrawal.

Officer’s PIN: check one box only

[ ] I authorize FRANK BARCALOW CPA, P.L.L.C. to enter my PIN 82045

[ ] Enter five numbers, but do not enter all zeros

as my signature on the organization’s tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization’s tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return’s disclosure consent screen.

Officer’s signature ▶ Date ▶ 05/11/12

Part III Certification and Authentication

ERO’s EFIN/PIN: Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

02123582045

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO’s signature ▶ FRANK BARCALOW Date ▶ 05/11/12

LHA: For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2011) 12-01-11

20260506 794671 VADP 2011.05040 VIRGINIANS FOR ALTERNATIVES VADP___1