

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Please use IRS label or print or type. See specific instructions. DARKNESS TO LIGHT, INC. 7 RADCLIFFE STREET #200 CHARLESTON, SC 29403		D Employer Identification Number 57-1095108	
				E Telephone number 843-965-5444	
				G Gross receipts \$ 1,737,805.	
		F Name and address of principal officer: TRUMAN SMITH Same As C Above		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ▶ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ www.darkness2light.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation: 2000		M State of legal domicile: SC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>DARKNESS TO LIGHT'S MISSION IS TO EMPOWER PEOPLE TO PREVENT CHILD SEXUAL ABUSE. THE PROGRAMS OF DARKNESS TO LIGHT WILL RAISE AWARENESS OF THE PREVALENCE AND CONSEQUENCES OF CHILD SEXUAL ABUSE BY EDUCATING ADULTS ABOUT THE STEPS THEY CAN TAKE TO PREVENT, RECOGNIZE AND REACT</u>				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.				
	3	Number of voting members of the governing body (Part VI, line 1a)	7		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	7		
	5	Total number of employees (Part V, line 2a)	17		
	6	Total number of volunteers (estimate if necessary)	0		
	Revenue	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.		
		Prior Year	Current Year		
8		Contributions and grants (Part VIII, line 1h)	768,286.	678,079.	
9		Program service revenue (Part VIII, line 2g)	1,077,911.	762,908.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,754.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	192,421.	119,754.	
12		Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,038,618.	1,563,495.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
		14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	716,179.	587,265.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 101,261.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	893,247.	846,861.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,609,426.	1,434,126.	
19	Revenue less expenses. Subtract line 18 from line 12	429,192.	129,369.		
Net Assets or Fund Balance			Beginning of Year	End of Year	
	20	Total assets (Part X, line 16)	498,221.	709,496.	
	21	Total liabilities (Part X, line 26)	175,201.	257,107.	
22	Net assets or fund balances. Subtract line 21 from line 20	323,020.	452,389.		

Part II Signature Block

Sign Here	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.		
	Signature of officer: <u>RALPH MELLARD</u> Date: _____ Type or print name and title: <u>Treasurer</u>		
Paid Preparer's Use Only	Preparer's signature: <u>MARJORIE H. MARION, CPA</u>	Date: _____	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) <u>N/A</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4: <u>Johnston, Marion & Co., CPAs</u> <u>2235 Technical Parkway, Ste.A</u> <u>North Charleston, SC 29406</u>	EIN: <u>N/A</u>	Phone no.: <u>(843) 572-0100</u>
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

See Schedule O2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 ☒ 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 \$ 1,250,833. including grants of \$) (Revenue \$)TO REDUCE THE INCIDENTS OF CHILD SEXUAL ABUSE BY PROVIDING PRIMARY PREVENTION
PROGRAMS FOR BUILDING NATIONAL AWARENESS, GRASSROOTS COMMUNITY MOVEMENTS, AND THE
EDUCATION OF ADULTS. PROGRAMS INCLUDE LARGE SCALE STATEWIDE PREVENTION INITIATIVES
AS WELL AS LOCAL COMMUNITY PROJECTS.4b (Code: ☐) (Expenses \$ including grants of \$) (Revenue \$)DONATED MEDIA TIME = \$185,000DONATED SERVICES = \$1,7024c (Code: ☐) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)4e Total program service expenses ► 1,250,833.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	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? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
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? If 'Yes,' complete Schedule D, Part 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? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
• 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? If 'Yes,' complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.	Yes 12 A	No X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		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? If 'Yes,' complete Schedule G, Part 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? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		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, and 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
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b	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>		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>		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>		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):		
28a	a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c	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>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		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>		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>		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>		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>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		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>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.		X

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	18	
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2 a	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	17	
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4 a	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
4 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.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	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
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	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	
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from other members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 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
1 a Enter the number of voting members of the governing body.....	1 a 7		
b Enter the number of voting members that are independent.....	1 b 7		
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?.....	2		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?.....	3		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?.....	4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?.....	5		X
6 Does the organization have members or stockholders?.....	6		X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?.....	7 a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.....	7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?.....	8 a	X	
b Each committee with authority to act on behalf of the governing body?.....	8 b	X	
9 Is there any officer, director or 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.....	9		X

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

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

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ▶ SC

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:

▶ ANNE LEE 7 RADCLIFFE STREET, SUITE 200 CHARLESTON SC 29403 843-965-5444

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	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e	316,659.			
	f All other contributions, gifts, grants, and similar amounts not included above ...	1 f	361,420.			
	g Noncash contribns included in lns 1a-1f: ... \$					
	h Total. Add lines 1a-1f		678,079.			
PROGRAM SERVICE REVENUE	2 a BOOKS AND WORKSHOPS	Business Code	762,908.	762,908.		
	b					
	c					
	d					
	e					
	f All other program service revenue ...					
	g Total. Add lines 2a-2f		762,908.			
	OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		4.	4.	
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			2,750.			
c Gain or (loss)			2,750.			
d Net gain or (loss)			2,750.	2,750.		
8 a Gross income from fundraising events (not including: \$ _____ of contributions reported on line 1c). See Part IV, line 18		a	294,064.			
b Less: direct expenses		b	174,310.			
c Net income or (loss) from fundraising events			119,754.			119,754.
9 a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
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						
12 Total revenue. See instructions		1,563,495.	765,662.	0.	119,754.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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				
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	216,379.	173,106.	22,284.	20,989.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
7 Other salaries and wages	304,356.	243,490.	31,345.	29,521.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	21,892.	17,514.	2,255.	2,123.
10 Payroll taxes	44,638.	35,711.	4,597.	4,330.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	13,978.	11,203.	1,430.	1,345.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	718.	574.	74.	70.
12 Advertising and promotion				
13 Office expenses	5,417.	4,554.	444.	419.
14 Information technology				
15 Royalties				
16 Occupancy	83,823.	67,067.	8,634.	8,122.
17 Travel	64,369.	60,750.	2.	3,617.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,545.	3,637.	468.	440.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,652.	18,924.	2,436.	2,292.
23 Insurance	23,654.	18,926.	2,436.	2,292.
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 <u>CONTRACTS</u>	284,952.	268,858.	1,013.	15,081.
b <u>COST OF SALES</u>	179,778.	179,778.		
c <u>MEDIA CAMPAIGN/COMM. AWARE</u>	64,922.	64,922.		
d <u>EQUIPMENT RENTAL AND MAINT.</u>	16,985.	13,590.	1,749.	1,646.
e <u>TELEPHONE</u>	15,955.	12,757.	1,228.	1,970.
f All other expenses	64,113.	55,472.	1,637.	7,004.
25 Total functional expenses. Add lines 1 through 24f	1,434,126.	1,250,833.	82,032.	101,261.
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				

BAA

Form 990 (2009)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
A S S E T S	1 Cash — non-interest-bearing.....	362,116.	1	555,306.
	2 Savings and temporary cash investments.....		2	
	3 Pledges and grants receivable, net.....		3	27,675.
	4 Accounts receivable, net.....	70,151.	4	36,510.
	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.....	1,283.	7	
	8 Inventories for sale or use.....		8	
	9 Prepaid expenses and deferred charges.....	8,001.	9	1,789.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 253,041.		
	b Less: accumulated depreciation.....	10b 219,416.	56,670.	10c 33,625.
	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.....		13	
	14 Intangible assets.....		14	
	15 Other assets. See Part IV, line 11.....		15	54,591.
16 Total assets. Add lines 1 through 15 (must equal line 34).....	498,221.	16	709,496.	
L I A B I L I T I E S	17 Accounts payable and accrued expenses.....	72,201.	17	126,545.
	18 Grants payable.....		18	
	19 Deferred revenue.....		19	29,528.
	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.....	103,000.	23	101,034.
	24 Unsecured notes and loans payable to unrelated third parties.....		24	
	25 Other liabilities. Complete Part X of Schedule D.....		25	
	26 Total liabilities. Add lines 17 through 25.....	175,201.	26	257,107.
N E T A S S E T S O R F U N D B A L A N C E S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets.....	125,336.	27	258,252.
	28 Temporarily restricted net assets.....	197,684.	28	194,137.
	29 Permanently restricted net assets.....		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds.....		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund.....		31	
	32 Retained earnings, endowment, accumulated income, or other funds.....		32	
	33 Total net assets or fund balances.	323,020.	33	452,389.
	34 Total liabilities and net assets/fund balances.	498,221.	34	709,496.

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

BAA

Form 990 (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
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') ..						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-through 3...						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

BAA

Schedule A (Form 990 or 990-EZ) 2009

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 yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")	1,250,257.	1,022,186.	636,148.	768,286.	696,708.	4,373,585.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.	155,514.	385,200.	779,288.	1,077,911.	762,908.	3,160,821.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	1,405,771.	1,407,386.	1,415,436.	1,846,197.	1,459,616.	7,534,406.
7a Amounts included on lines 1, 2, 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						7,534,406.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.	1,405,771.	1,407,386.	1,415,436.	1,846,197.	1,459,616.	7,534,406.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	134.	1,810.	2,895.		2,754.	7,593.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	134.	1,810.	2,895.	0.	2,754.	7,593.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV.	271,148.	338,176.	272,677.	192,421.	101,125.	1,175,547.
13 Total support. (add lines 9, 10c, 11, and 12.)						8,717,546.
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. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	86.4 %
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	83.0 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	0.1 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17.	18	0.1 %

- 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 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. ▶ ☐

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

2009

Schedule A, Part IV - Supplemental Information

Page 5

Client DARKNESS

DARKNESS TO LIGHT, INC.

57-1095108

2/02/11

02:17PM

Part III, Line 12 - Other Income

Nature and Source	2009	2008	2007	2006	2005
CIRCLE OF LIGHT GALA	101,125.	192,421.	272,677.	338,176.	271,148.
Total	<u>\$ 101,125.</u>	<u>\$ 192,421.</u>	<u>\$ 272,677.</u>	<u>\$ 338,176.</u>	<u>\$ 271,148.</u>

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

DARKNESS TO LIGHT, INC.

Employer identification number

57-1095108

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 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)/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 their 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).

BAA 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

DARKNESS TO LIGHT, INC.

57-1095108

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	PITULLOCH FOUNDATION [REDACTED] [REDACTED]	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	EXCHANGE CLUB- KIAWAH-SEABROOK [REDACTED] [REDACTED]	\$ 30,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	EXCHANGE CLUB OF CHARLESTON [REDACTED] [REDACTED]	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	BLUE CROSS BLUE SHIELD OF SC [REDACTED] [REDACTED]	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MR. AND MRS. WILLIAM MILLARD [REDACTED] [REDACTED]	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	DEPT. OF HEALTH AND HUMAN SERVICES [REDACTED] [REDACTED]	\$ 13,009.	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

DARKNESS TO LIGHT, INC.

57-1095108

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	GARY HUDSON [REDACTED] [REDACTED]	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	PATRIOT RISK MANAGEMENT [REDACTED] [REDACTED]	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	PSARAS FOUNDATION [REDACTED] [REDACTED]	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	DEPARTMENT OF JUSTICE [REDACTED] [REDACTED]	\$ 303,651.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	MEDICAL SOCIETY OF SC [REDACTED] [REDACTED]	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	SELECT HEALTH [REDACTED] [REDACTED]	\$ 25,000.	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

DARKNESS TO LIGHT, INC.

57-1095108

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	GARY LADD [REDACTED] [REDACTED]	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	LISA CRAIG [REDACTED] [REDACTED]	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	DIOCESE OF BAKER [REDACTED] [REDACTED]	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	GENE REED ENTERPRISES [REDACTED] [REDACTED]	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	MARK ELLIOTT MOTLEY FDN. [REDACTED] [REDACTED]	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	OLIVER FAMILY FOUNDATION [REDACTED] [REDACTED]	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Employer identification number	
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57-1095108

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	CNN NEW YORK [REDACTED] [REDACTED]	\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of 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

DARKNESS TO LIGHT, INC.

57-1095108

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 cols (a) through (e) and the following line entry.)For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once — see instructions.) ▶ \$ N/A

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

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

Name of the organization

DARKNESS TO LIGHT, INC.

Supplemental Financial Statements

- Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No. 1545-0047

2009**Open to Public
Inspection**

Employer identification number

57-1095108

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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? ☐ Yes ☐ 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> 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 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 easement 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 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.

1 a 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.....	1 c
d Additions during the year.....	1 d
e Distributions during the year.....	1 e
f Ending balance.....	1 f

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 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? ☐ Yes ☐ No

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.....		23,250.	22,953.	297.
d Equipment.....		165,510.	155,329.	10,181.
e Other.....		64,281.	41,134.	23,147.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				33,625.

BAA

Schedule D (Form 990) 2009

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,563,495.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,434,126.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	129,369.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	129,369.

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	1,924,507.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	186,702.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) See Part XIV	2d	174,310.
e	Add lines 2a through 2d	2e	361,012.
3	Subtract line 2e from line 1	3	1,563,495.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments 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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,563,495.

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

1	Total expenses and losses per audited financial statements	1	1,795,138.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	186,702.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV) See Part XIV	2d	174,310.
e	Add lines 2a through 2d	2e	361,012.
3	Subtract line 2e from line 1	3	1,434,126.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments 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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,434,126.

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.

Part XIV Supplemental Information (continued)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2009

Schedule D, Part XIV - Supplemental Information

Page 6

Client DARKNESS

DARKNESS TO LIGHT, INC.

57-1095108

2/02/11

02:17PM

Schedule D, Part XII, Line 2d
Other Revenue Included In F/S But Not Included On Form 990

SPECIAL EVENT EXPENSES.....	\$	174,310.
Total	\$	<u>174,310.</u>

Schedule D, Part XIII, Line 2d
Other Expenses And Losses Per Audited F/S

SPECIAL EVENT EXPENSES.....	\$	174,310.
Total	\$	<u>174,310.</u>

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

57-1095108

DARKNESS TO LIGHT, INC.

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ 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.

☒ Mail solicitations

☒ Internet and email solicitations

☐ Phone solicitations

☒ In-person solicitations

☒ Solicitation of non-government grants

☒ Solicitation of government grants

☒ Special fundraising events

- 2a Did the organization have 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.

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			

- | | |
|---|--|
| 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. |
|---|--|

SC

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.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		CIRCLE OF LIGHT (event type)	KAPPA DELTA SO (event type)	(total number)	(Add col. (a) through col. (c))
	1 Gross receipts	271,947.	18,629.		290,576.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	271,947.	18,629.		290,576.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	174,310.			174,310.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				174,310.
	11 Net income summary. Combine lines 3, column (d) and line 10				116,266.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				

	YES	NO
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?	9a	
b If 'No,' explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

		YES	NO
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility.....	13a %		
b An outside facility.....	13b %		
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 contact with a third party from whom the organization receives gaming revenue?.....		15a	
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: ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.....		17a	
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: ▶ \$_____			

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

DARKNESS TO LIGHT, INC.

Employer identification number

57-1095108

Form 990, Part III, Line 1 - Organization Mission

DARKNESS TO LIGHT'S MISSION IS TO EMPOWER PEOPLE TO PREVENT CHILD SEXUAL ABUSE. THE PROGRAMS OF DARKNESS TO LIGHT WILL RAISE AWARENESS OF THE PREVALENCE AND CONSEQUENCES OF CHILD SEXUAL ABUSE BY EDUCATING ADULTS ABOUT THE STEPS THEY CAN TAKE TO PREVENT, RECOGNIZE AND REACT RESPONSIBLY TO THE REALITY OF CHILD SEXUAL ABUSE.

Form 990, Part VI, Line 11 - Form 990 Review Process

RETURN WAS REVIEWED BY THE TREASURER OF THE BOARD ALONG WITH MANAGEMENT AND AUDITORS BEFORE FILING THE RETURN.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment

The Chairman of the Board or the Executive Committee may make recommendations to the Board regarding the compensation of the Chief Executive Officer. The Chief Executive Officer may make recommendations to the Board regarding the compensation of all other employees making in excess of \$75,000. The Board will review the comparability data or other evidence to the extent reasonably available. The Board will then substantiate its deliberation and decision in the minutes. Only those directors who are free of conflicts of interest may vote on the compensation or changes.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees

The procedure is the same as in the above 15a.

Name of the organization

Employer identification number	
--------------------------------	--

DARKNESS TO LIGHT, INC.

57-1095108

BAA

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	DARKNESS TO LIGHT, INC.	57-1095108
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	7 RADCLIFFE STREET #200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	CHARLESTON, SC 29403	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of . ► ANNE LEE

Telephone No. ► 843-965-5444 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ► ☐ . If it is for part of the group, check this box. ► ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 11, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ☐ calendar year 20__ or
- ☒ tax year beginning 7/01, 20 09, and ending 6/30, 20 10.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev. 4-2009)

6/30/10

2009 Federal Book Summary Depreciation Schedule

Page 1

Client DARKNESS

DARKNESS TO LIGHT, INC.

57-1095108

2/02/11

02:17PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life	Current Depr.
Form 990/990-PF										
Auto / Transport Equipment										
70	VOLVO	12/12/01	2/17/10	21,768			21,768	S/L HY	5	0
Total Auto / Transport Equipment				21,768		0	21,768			0
Furniture and Fixtures										
4	DESK/CHAIR	1/28/02		4,081			4,081	S/L HY	5	0
5	ARMLESS CHAIRS	1/30/02		1,897			1,897	S/L HY	5	0
6	4 DRAWER FIRE FILE	2/13/02		1,792			1,792	S/L HY	5	0
13	ACTOR CHAIRS	9/03/02		1,268			1,268	S/L HY	5	0
15	PAINTING	9/26/02		1,500			1,500	S/L HY	5	0
17	CONFERENCE TABLE	2/01/02		821			821	S/L HY	5	0
18	EASEL	2/01/02		395			395	S/L HY	5	0
19	LATERAL FILE	2/01/02		1,127			1,127	S/L HY	5	0
20	FURNITURE	1/15/03		782			782	S/L HY	5	0
32	PARTITIONS	3/18/05		35,076			15,200	S/L HY	10	3,508
33	TABLE, CHAIRS	2/25/05		2,920			1,290	S/L HY	10	292
43	PARTITIONS	11/11/05		10,122			3,711	S/L HY	10	1,012
48	GLASS TABLE/ 6	2/01/05		2,500			2,208	S/L HY	5	250
Total Furniture and Fixtures				64,281		0	36,072			5,062
Improvements										
71	CONSTRUCTION- 3 OFFICES	10/25/06		23,250			19,077	S/L HY	3	3,876
Total Improvements				23,250		0	19,077			3,876
Machinery and Equipment										
1	COMPUTER	9/30/00		3,819			3,819	S/L HY	5	0
2	IBM SERVER	5/23/01		7,512			7,512	S/L HY	5	0
3	PRINTER	12/06/01		848			848	S/L HY	5	0
7	TELEPHONE SYSTEM	4/24/02		5,630			5,630	S/L HY	5	0
8	OFFICE EQUIPMENT	5/28/02		775			775	S/L HY	5	0
9	COMPUTER	8/17/02		2,895			2,895	S/L HY	5	0
10	COMPUTER	8/15/02		1,300			1,300	S/L HY	5	0
11	COMPUTER	8/22/02		618			618	S/L HY	5	0
12	TELEPHONE	8/30/02		1,606			1,606	S/L HY	5	0

6/30/10

2009 Federal Book Summary Depreciation Schedule

Page 2

Client DARKNESS

DARKNESS TO LIGHT, INC.

57-1095108

2/02/11

02:17PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life	Current Depr.
14	COPIER	2/01/02		1,000			1,000	S/L HY	5	0
16	PRINTER	5/01/02		1,225			1,225	S/L HY	5	0
21	HP OFFICE JET	8/15/03		621			621	S/L HY	5	0
22	COMPUTER SERVER	9/01/03		7,784			7,784	S/L HY	5	0
23	DELL DIMENSION	12/05/03		2,873			2,873	S/L HY	5	0
24	HP COLOR LASERJET	10/27/03		2,665			2,665	S/L HY	5	0
25	MINI DV/S-VHS	3/02/04		766			766	S/L HY	5	0
26	INSPIRON XPS	6/17/04		4,017			4,017	S/L HY	5	0
27	2 DELL LAPTOPS	7/27/04		5,033			5,033	S/L HY	5	0
28	FUSER KIT	9/21/04		615			595	S/L HY	5	20
29	CELL PHONE TREO	12/13/04		605			555	S/L HY	5	50
30	LATITUDE D600	12/07/04		2,182			2,000	S/L HY	5	182
31	COMPUTER	9/30/02		2,982			2,982	S/L HY	5	0
34	BLACKBAUD COMPUTER	2/28/05		45,795			40,452	S/L HY	5	4,580
35	SONY VAIO FS500	5/01/05		1,747			1,455	S/L HY	5	175
36	CHONTE'S DELL	2/27/05		987			871	S/L HY	5	99
37	DELL SERVER	7/20/05		5,779			4,624	S/L HY	5	1,155
38	CREATIVE SUITE	12/07/05		1,077			771	S/L HY	5	215
39	VAIO NOTEBOOKS	9/09/05		4,818			3,695	S/L HY	5	964
40	PEACHTREE SOFTWARE	10/14/05		1,058			794	S/L HY	5	212
41	SUPERLITE MOBILE	10/14/05		2,002			1,501	S/L HY	5	400
42	2 VGNS260S	11/01/05		4,115			3,018	S/L HY	5	823
44	DELL OPTIPLEX	5/15/02		1,646			1,646	S/L HY	5	0
45	DELL DESKTOP	5/15/02		1,768			1,768	S/L HY	5	0
46	DELL LATITUDE	9/19/02		2,559			2,559	S/L HY	5	0
47	DELL LATITUDE	9/19/02		2,559			2,559	S/L HY	5	0
49	LG FLAT SCREEN	1/15/05		5,000			4,500	S/L HY	5	500
50	SONY VAIO NOTEBOOK	6/22/06		1,838			1,104	S/L HY	5	368
51	SPSS BASE 1SC	3/09/06		2,878			1,919	S/L HY	5	576
52	CISCO SWITCH/PARTS	6/27/06		2,867			1,719	S/L HY	5	573
53	BETH DELL LATITUDE	9/25/06		1,685			927	S/L HY	5	337
54	LESLIE DELL LATITUDE	9/25/06		1,685			927	S/L HY	5	337
55	SMARTPRO 1500 VA TOWER UP	11/28/06		364			188	S/L HY	5	73
56	CATHY'S DELL OPTIPLEX	11/28/06		1,025			530	S/L HY	5	205
57	SUBBIAH'S IMAC	7/19/06		2,314			1,350	S/L HY	5	463
58	SONICWALL EMAIL SECURITY	7/10/06		1,159			696	S/L HY	5	232
59	LYNETTE'S OPTIPLEX GX620	10/18/06		1,111			592	S/L HY	5	222
60	EXEC. ASSIST. DELL LAT	5/08/07		1,538			667	S/L HY	5	308
61	FINANCE ASSOC. DELL OPTIP	6/30/07		1,158			463	S/L HY	5	232

6/30/10

2009 Federal Book Summary Depreciation Schedule

Page 3

Client DARKNESS

DARKNESS TO LIGHT, INC.

57-1095108

2/02/11

02:17PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life	Current Depr.
62	POLYCOM PHONE	5/16/07		962			400	S/L HY	5	192
63	DELL LASER PRINTER 1720	9/06/07		171			62	S/L HY	5	34
64	DELL PROJECTOR	11/26/07		1,021			323	S/L HY	5	204
65	VOSTRO- LANE	12/02/07		782			247	S/L HY	5	156
66	VOSTRO- JULIE	12/02/07		782			247	S/L HY	5	156
67	AVAYA 18 BUTTON DISPLAY	12/05/07		657			208	S/L HY	5	131
68	DSS PM COMPUTER	1/28/08		835			237	S/L HY	5	167
69	DELL SERVER	3/05/08		1,790			477	S/L HY	5	358
72	ETHERNET SWITCH	5/11/10		607				S/L MQ	5	15
Total Machinery and Equipment				165,510		0	140,615			14,714
Total Depreciation				<u>274,809</u>		<u>0</u>	<u>217,532</u>			<u>23,652</u>
Grand Total Depreciation				<u>274,809</u>		<u>0</u>	<u>217,532</u>			<u>23,652</u>
Depreciation Assets Sold				21,768		0	21,768			0
Depr Remaining Assets				<u>253,041</u>		<u>0</u>	<u>195,764</u>			<u>23,652</u>

Client DARKNESS

DARKNESS TO LIGHT, INC.

57-1095108

2/02/11

02:17PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Auto / Transport Equipment																
70	VGLVO	12/12/01	2/17/10	21,768							21,768	21,768	S/L	HY	5	0
Total Auto / Transport Equipment				21,768		0	0	0	0	0	21,768	21,768				0
Furniture and Fixtures																
4	DESK/CHAIR	1/28/02		4,081							4,081	4,081	S/L	HY	5	0
5	ARMLESS CHAIRS	1/30/02		1,897							1,897	1,897	S/L	HY	5	0
6	4 DRAWER FIRE FILE	2/13/02		1,792							1,792	1,792	S/L	HY	5	0
13	ACTOR CHAIRS	9/03/02		1,268							1,268	1,268	S/L	HY	5	0
15	PAINTING	9/26/02		1,500							1,500	1,500	S/L	HY	5	0
17	CONFERENCE TABLE	2/01/02		821							821	821	S/L	HY	5	0
18	EASEL	2/01/02		395							395	395	S/L	HY	5	0
19	LATERAL FILE	2/01/02		1,127							1,127	1,127	S/L	HY	5	0
20	FURNITURE	1/15/03		782							782	782	S/L	HY	5	0
32	PARTITIONS	3/18/05		35,076							35,076	15,200	S/L	HY	10	3,508
33	TABLE, CHAIRS	2/25/05		2,920							2,920	1,290	S/L	HY	10	292
43	PARTITIONS	11/11/05		10,122							10,122	3,711	S/L	HY	10	1,012
48	GLASS TABLE/ 6	2/01/05		2,500							2,500	2,208	S/L	HY	5	250
Total Furniture and Fixtures				64,281		0	0	0	0	0	64,281	36,072				5,062
Improvements																

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2009 Federal Book Depreciation Schedule

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Client DARKNESS

DARKNESS TO LIGHT, INC.

57-1095108

2/02/11

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Dep. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
71	CONSTRUCTION- 3 OFFICES	10/25/06		23,250							23,250	19,077	S/L HY	3	.16670	3,876
Total Improvements				23,250		0	0	0	0	0	23,250	19,077				3,876
Machinery and Equipment																
1	COMPUTER	9/30/00		3,819							3,819	3,819	S/L HY	5		0
2	IBM SERVER	5/23/01		7,512							7,512	7,512	S/L HY	5		0
3	PRINTER	12/06/01		848							848	848	S/L HY	5		0
7	TELEPHONE SYSTEM	4/24/02		5,630							5,630	5,630	S/L HY	5		0
8	OFFICE EQUIPMENT	5/28/02		775							775	775	S/L HY	5		0
9	COMPUTER	8/17/02		2,895							2,895	2,895	S/L HY	5		0
10	COMPUTER	8/15/02		1,300							1,300	1,300	S/L HY	5		0
11	COMPUTER	8/22/02		618							618	618	S/L HY	5		0
12	TELEPHONE	8/30/02		1,606							1,606	1,606	S/L HY	5		0
14	COPIER	2/01/02		1,000							1,000	1,000	S/L HY	5		0
16	PRINTER	5/01/02		1,225							1,225	1,225	S/L HY	5		0
21	HP OFFICE JET	8/15/03		621							621	621	S/L HY	5		0
22	COMPUTER SERVER	9/01/03		7,784							7,784	7,784	S/L HY	5		0
23	DELL DIMENSION	12/05/03		2,873							2,873	2,873	S/L HY	5		0
24	HP COLOR LASERJET	10/27/03		2,665							2,665	2,665	S/L HY	5		0
25	MINI DV/S-VHS	3/02/04		766							766	766	S/L HY	5		0
26	INSPIRON XPS	6/17/04		4,017							4,017	4,017	S/L HY	5		0
27	2 DELL LAPTOPS	7/27/04		5,033							5,033	5,033	S/L HY	5	.10000	0
28	FUSER KIT	9/21/04		615							615	595	S/L HY	5	.10000	20
29	CELL PHONE TREQ	12/13/04		605							605	555	S/L HY	5	.10000	50
30	LATITUDE D600	12/07/04		2,182							2,182	2,000	S/L HY	5	.10000	182
31	COMPUTER	9/30/02		2,982							2,982	2,982	S/L HY	5		0

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2009 Federal Book Depreciation Schedule

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Client DARKNESS

DARKNESS TO LIGHT, INC.

57-1095108

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Dep. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
34	BLACKBAUD COMPUTER	2/28/05		45,795							45,795	40,452	S/L HY	5	.10000	4,580
35	SONY VAIO FS500	5/01/05		1,747							1,747	1,455	S/L HY	5	.10000	175
36	CHONTE'S DELL	2/27/05		987							987	871	S/L HY	5	.10000	99
37	DELL SERVER	7/20/05		5,779							5,779	4,624	S/L HY	5	.20000	1,155
38	CREATIVE SUITE	12/07/05		1,077							1,077	771	S/L HY	5	.20000	215
39	VAIO NOTEBOOKS	9/09/05		4,818							4,818	3,695	S/L HY	5	.20000	964
40	PEACHTREE SOFTWARE	10/14/05		1,058							1,058	794	S/L HY	5	.20000	212
41	SUPERLITE MOBILE	10/14/05		2,002							2,002	1,501	S/L HY	5	.20000	400
42	2 VGNS260S	11/01/05		4,115							4,115	3,018	S/L HY	5	.20000	823
44	DELL OPTIPLEX	5/15/02		1,646							1,646	1,646	S/L HY	5		0
45	DELL DESKTOP	5/15/02		1,768							1,768	1,768	S/L HY	5		0
46	DELL LATITUDE	9/19/02		2,559							2,559	2,559	S/L HY	5		0
47	DELL LATITUDE	9/19/02		2,559							2,559	2,559	S/L HY	5		0
49	LG FLAT SCREEN	1/15/05		5,000							5,000	4,500	S/L HY	5	.10000	500
50	SONY VAIO NOTEBOOK	6/22/06		1,838							1,838	1,104	S/L HY	5	.20000	368
51	SPSS BASE 1SC	3/09/06		2,878							2,878	1,919	S/L HY	5	.20000	576
52	CISCO SWITCH/PARTS	6/27/06		2,867							2,867	1,719	S/L HY	5	.20000	573
53	BETH DELL LATITUDE	9/25/06		1,685							1,685	927	S/L HY	5	.20000	337
54	LESLIE DELL LATITUDE	9/25/06		1,685							1,685	927	S/L HY	5	.20000	337
55	SMARTPRO 1500 VA TOWER UP	11/28/06		364							364	188	S/L HY	5	.20000	73
56	CATHY'S DELL OPTIPLEX	11/28/06		1,025							1,025	530	S/L HY	5	.20000	205
57	SUBBIAH'S IMAC	7/19/06		2,314							2,314	1,350	S/L HY	5	.20000	463
58	SONICWALL EMAIL SECURITY	7/10/06		1,159							1,159	696	S/L HY	5	.20000	232
59	LYNETTE'S OPTIPLEX GX620	10/18/06		1,111							1,111	592	S/L HY	5	.20000	222
60	EXEC. ASSIST. DELL LAT	5/08/07		1,538							1,538	667	S/L HY	5	.20000	308
61	FINANCE ASSOC. DELL OPTIP	6/30/07		1,158							1,158	463	S/L HY	5	.20000	232
62	POLYCOM PHONE	5/16/07		962							962	400	S/L HY	5	.20000	192

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2009 Federal Book Depreciation Schedule

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63	DELL LASER PRINTER 1720	9/06/07		171							171	62	S/L HY	5	.20000	34
64	DELL PROJECTOR	11/26/07		1,021							1,021	323	S/L HY	5	.20000	204
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66	VOSTRO- JULIE	12/02/07		782							782	247	S/L HY	5	.20000	156
67	AVAYA 18 BUTTON DISPLAY	12/05/07		657							657	208	S/L HY	5	.20000	131
68	DSS PM COMPUTER	1/28/08		835							835	237	S/L HY	5	.20000	167
69	DELL SERVER	3/05/08		1,790							1,790	477	S/L HY	5	.20000	358
72	ETHERNET SWITCH	5/11/10		607							607		S/L MQ	5	.02500	15
Total Machinery and Equipment				165,510		0	0	0	0	0	165,510	140,615				14,714
Total Depreciation				274,809		0	0	0	0	0	274,809	217,532				23,652
Grand Total Depreciation				274,809		0	0	0	0	0	274,809	217,532				23,652
Depreciation Assets Sold				21,768		0	0	0	0	0	21,768	21,768				0
Depr Remaining Assets				253,041		0	0	0	0	0	253,041	195,764				23,652

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning 7/01, 2009, and ending 6/30, 2010.▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.****2009**Department of the Treasury
Internal Revenue Service

Name of exempt organization

DARKNESS TO LIGHT, INC.

Name and title of officer

RALPH MELLARDTreasurer

Employer identification number

57-1095108**Part I Tax 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 for which you are filing 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.**

1 a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	<u>1,563,495.</u>
2 a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2 b	
3 a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b	
4 a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	
5 a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b	

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 2009 electronic return and accompanying schedules and statements and 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) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) 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 Johnston, Marion & Co., CPAs to enter my PIN 41814 as my signature
ERO firm name Enter five numbers, but
do not enter all zeros

on the organization's tax year 2009 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 2009 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 ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 57601871190
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 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 ▶ MARJORIE H. MARION, CPA Date ▶ _____

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2009)