

Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning , 2015, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PREVENT CHILD ABUSE GASTON, INC.		D Employer identification number 56-2097587
	Doing business as		E Telephone number (704) 689-2247
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 391		G Gross receipts \$ 84,769.
	City or town, state or province, country, and ZIP or foreign postal code GASTONIA NC 28053		
	F Name and address of principal officer: ROD SMALLWOOD 32 N MAIN ST BELMONT NC 28012		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates 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) <input type="checkbox"/> 501(c) () (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: N/A H(c) Group exemption number		
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: 1993	M State of legal domicile: NC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>REDUCE INSTANCES OF CHILD ABUSE AND NEGLECT THROUGH MEANS OF PUBLICATION TO TARGET DEMOGRAPHICS</u>																																																							
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																							
	3 Number of voting members of the governing body (Part VI, line 1a) 3 14																																																							
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14																																																							
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 4																																																							
	6 Total number of volunteers (estimate if necessary) 6 25																																																							
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.	7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																																																							
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer: <i>Rodney E. Smallwood</i>	Date: 05/04/16
	ROD SMALLWOOD Type or print name and title.	TREASURER

Paid Preparer Use Only	Print/Type preparer's name ROD SMALLWOOD	Preparer's signature ROD SMALLWOOD	Date 05/13/16	Check <input type="checkbox"/> if self-employed	PTIN P00575828
	Firm's name RODNEY E. SMALLWOOD, CPA	Firm's EIN ▶ 26-1882806			
	Firm's address 32 N MAIN STREET, SUITE 303 BELMONT NC 28012	Phone no. (704) 825-8193			

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