Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

A F	or the	2014 calendar year, or tax year beginning 07/01, 2014, and ending	06	/30 , 20 15
Всн	eck if app	C Name of organization	D Employer identific	ation number
		VOTEVETS ACTION FUND, INC	51-0596352	
-	change	Number and street (or B.O. hav if mail is not delivered to street address) Ream/suite	E Telephone number	
-		C/O CCM 2201 MICCONCIN AVE NW #220	(646) 415-8	
-	-	City as town state as a souther and ZID or foreign postal and	(646) 413-8	429
-	0.0000000000000000000000000000000000000		G Gross receipts \$	5,550,855.
-	return	miditation, 20 20007	H(a) Is this a group retur	
L			subordinates?	H
		SEE ABOVE ADDRESS ,	H(b) Are all subordinates in If "No," attach a list	
		mpt status: 501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527 e: ► VOTEVETS . ORG		
_			formation: 2006 M State	
100000	- CO		formation: 2000 W State	or legal domicile.
Pá	artu	Summary Briefly describe the organization's mission or most significant activities: ADVOCATE FOR	INTERESTS OF TRO	OOPS AND
e :	1	VETERANS OF IRAQ AND AFGHANISTAN WARS AND MILITARY FAMI	LIES.	
Jan				
veri	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more tha	n 25% of its net assets.	
Go	3	Number of voting members of the governing body (Part VI, line 1a)	WED CUD	3.
త	4	Number of voting members of the governing body (Part VI, line 1a)	AYER UY	2.
itie	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	2.
tiv	6	Total number of volunteers (estimate if necessary)	6	
Ă	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34		0
			Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)	5,658,356.	5,548,299.
enn	9	Program service revenue (Part VIII, line 2g)	0	0
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,098.	2,556.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,300.	0
g =13.5	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,713,754.	5,550,855.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	305,000.	25,000.
		Benefits paid to or for members (Part IX, column (A), line 4)	1.62.272	070 420
es	Application pending Tax-exempts Website: Form of orga Part I Su 1 Brief VE. 2 Check 3 Num 4 Num 5 Tota 6 Tota 7 a Tota b Net 1 Dine 1 1 Othe 1 2 Tota 1 3 Grar 1 4 Bend 1 5 Sala 1 6 a Prof 1 5 Sala 1 6 a Prof 1 7 Othe 1 8 Tota 1 9 Reve 1 1 Tota 1 Tota 1 Tota 1 1 Tota	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	163,373.	872,430.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 541,535.	42,971.	165,605.
dx				6 400 073
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,765,304.	6,498,973.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,276,648.	7,562,008.
. 10	19	Revenue less expenses. Subtract line 18 from line 12	2,437,106.	-2,011,153.
S or			Beginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)	3,530,127.	1,518,510. 9,681.
nd E	21	Total liabilities (Part X, line 26)	10,145. 3,519,982.	1,508,829.
		Net assets or fund balances. Subtract line 21 from line 20	3,319,902.	1,300,029.
		Signature Block	sents and to the best of my	kasuladas and holiaf it is
true	der per e, corre	alties of perjury, I declare that I have examined this return, including accompanying schedules and staten ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer ha	any knowledge.	knowledge and belief, it is
		. 1		
Sig	n	Signature of officer	Date	
		Soltz Jonathan Chairman	10 /	1012/6
		Type or print name and title	[0 .	00/120
		Print/Type preparer's name Rreparer's signature Date	Check if	PTIN
Paid	i	AMY C GILBERT N.≥9		P00956578
the servers		Firm's name GILBERT & WOLFAND, P.C.		1263814
Use	Only	Firm's address > 2201 WISCONSIN AVE, NW SUITE 320 WASHINGTON, DC 20007		2-342-6000
May	the II	RS discuss this return with the preparer shown above? (see instructions)	Filolie IIo, 202	. X Yes No
_		work Reduction Act Notice, see the separate instructions.		Form 990 (2014)

TAXPAYER COPY



Department of Treasury Internal Revenue Service Ogden UT 84201

085689.639490.251738.30437 1 AT 0.416 370

VOTEVETS ACTION FUND INC % G & W 2201 WISCONSIN AVE NW STE 320 WASHINGTON DC 20007-4105

CP211A
June 30, 2015
february 29, 2016
51-0596352
Phone 1-877-829-5500
FAX 801-620-5555

Page 1 of 1



185689

Important information about your June 30, 2015 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your June 30, 2015 Form 990.

Your new due date is May 15, 2016.

What you need to do

File your June 30, 2015 Form 990 by May 15, 2016. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.govor call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Form 8	3868 (Re	v. 1-2014)				Page 2
• If y	ou are	filing for an Additional (Not Automatic) 3-Me	onth Exter	nsion, complete only Part	II and check this box	► X
Note.	Only o	complete Part II if you have already been gra	nted an au	tomatic 3-month extension	on a previously filed Form 8868	3.
 If y 		filing for an Automatic 3-Month Extension, of				Here I
Part		Additional (Not Automatic) 3-Month Ex	xtension o	of Time. Only file the original	ginal (no copies needed).	
				E	nter filer's identifying number, see	instructions
		Name of exempt organization or other filer, see in	structions.		Employer identification number (E	IN) or
Туре	or					
print		VOTEVETS ACTION FUND, INC			51-0596352	
File by	the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	Social security number (SSN)	
due da	te for	C/O G&W 2201 WISCONSIN AVE NO				
filing yo		City, town or post office, state, and ZIP code. For	a foreign ac	ldress, see instructions.		
instruct	ions.	WASHINGTON, DC 20007				
Enter	the Re	turn code for the return that this application	is for (file a	a separate application for e	ach return)	. 01
Appl	ication		Return	Application		Return
Is Fo	r		Code	Is For		Code
Form	990 0	r Form 990-EZ	01		5型。通過200mm。 15型。	
Form	990-B	L	02	Form 1041-A		08
Form	4720	(individual)	03	Form 4720 (other than in	ndividual)	09
Form	990-P	F	04	Form 5227		10
Form	990-7	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form	990-T	(trust other than above)	06	Form 8870		12
STOP	! Do no	ot complete Part II if you were not already	granted ar	automatic 3-month exter	nsion on a previously filed Forr	n 8868.
• The	books	s are in the care of ▶PETER MELLMAN, C	ORGANIZA	ATION'S ADDRESS .		
Tel	ephone	e No. ▶ 646 415-8429		Fax No. ▶		
If the	ne orga	anization does not have an office or place of b	business ir	the United States, check t	his box	▶
• If th	nis is fo	or a Group Return, enter the organization's fou	ur digit Gro	oup Exemption Number (GE	N) . If th	is is
for the	e whole	e group, check this box ▶	f it is for pa	art of the group, check this	box ▶ and att	
		names and EINs of all members the extension				
4	reque	st an additional 3-month extension of time ur	ntil	(05/16,20_16	
5 I	For cal	endar year, or other tax year beginnii	ng	07/01 , 20 14 , ar	nd ending 06/30	20 15
	f the ta	ax year entered in line 5 is for less than 12 m hange in accounting period			eturn Final return	7
7		n detail why you need the extension ADDIT	IONAL T	IME IS NEEDED TO	GATHER THE	
		MATION NECESSARY TO FILE A CON				
-						
19						
8a	f this	application is for Forms 990-BL, 990-PF, 99	90-T. 4720	or 6069 enter the ten	tative tax less any	
		indable credits. See instructions.	00 1, 172	o, o. oooo, onto, the ten	8a \$	0
		application is for Forms 990-PF, 990-T,	4720. o	r 6069 enter any refur		
		ed tax payments made. Include any pri				
		t paid previously with Form 8868.	. ,	and the same of th	8b \$	0
-		e Due. Subtract line 8b from line 8a. Include	vour paym	ent with this form if requir		
		onic Federal Tax Payment System). See instruc	N 1881 18	on man and rolling in roqui	8c \$	0
		Signature and Verifica		st be completed for P		
Under knowle	penalti edge an	es of perjury, I declare that I have examined the delief, it is true, correct, and complete, and that I	nis form, in	cluding accompanying sched		best of my
Signatu	re 🕨	Moilber		Title ▶ CPA	Date ▶ 01/14/	2016
					Farm 9969	(D-:: 4.004.4)

orm **8868** (Rev. 1-2014)



Department of Treasury Internal Revenue Service Ogden UT 84201

133908.617730.159967.27778 1 AT 0.416 370

VOTEVETS ACTION FUND INC % G & W 2201 WISCONSIN AVE NW STE 320 WASHINGTON DC 20007-4105

Notice	CP211A
Tax period	June 30, 2015
Notice date	December 7, 2015
Employer ID number	51-0596352
Tax period Notice date	Phone 1-877-829-5500
	FAX 801-620-5555

Page 1 of 1



.33908

Important information about your June 30, 2015 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your June 30, 2015 Form 990.

Your new due date is February 15, 2016.

What you need to do

File your June 30, 2015 Form 990 by February 15, 2016. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- · Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form886L

OMB No. 1545-1709

If you are	e filing for an Automatic 3-Month Extension, of the filing for an Additional (Not Automatic) 3-Mo	complete c	only Part I and check the	is box	orm		> X
	plete Part II unless you have already been gra						8.
Electronic to a corporation 8868 to re Return for	filing (e-file). You can electronically file Form on required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Persona). For more details on the electronic filing of the	8868 if yo nal (not au forms liste Il Benefit	u need a 3-month auto tomatic) 3-month exten ed in Part I or Part II w Contracts, which must	omatic extension of time sion of time You can e ith the exception of Fo t be sent to the IRS i	e to elect orm (in p	file (6 ronical 3870, aper f	months for lly file Form Information format (see
Part I A	utomatic 3-Month Extension of Time. Or	nly submit	original (no copies ne	eeded).			
	on required to file Form 990-T and requesting				nplef	te	
Part I only							▶∐
All other co	rporations (including 1120-C filers), partnersh	ips, REMIC	Cs, and trusts must use F	Form 7004 torequest an	exte	ension (of time
to file incon	ne tax returns.			Enter fler's identilyin	g nu	mber, se	e instructions
Tune or	Name of exempt organization or other filer, see in	structions.		Employer identification nu	ımbe	r (EIN)	or
Type or					_		
print	VOTEVETS ACTION FUND, INC			51-059635			
File by the due date for	Number, street, and room or suite no. If a P.O. bo		ctions.	Social security number (SS	3N)		
filing your	C/O G&W 2201 WISCONSIN AVE NO						
return. See instructions.	City, town or post office, state, and ZIP code. For	a foreign ad	aress, see instructions.				
	WASHINGTON, DC 20007		·				
Enter the R	eturn code for the return that this application	is for (file a	a separate application fo	or each retum)	• • •		. 01
Application	1	Return	Application				Return
ls For		Code	Is For				Code
Form 990 c	or Form 990-EZ	01	Form 990-T (corporat	ion)			07
corm 990-E	BL	02	Form 1041-A				08
<u>rorm 4720</u>	(individual)	03	Form 4720 (other tha	n individual)			09
Form 990-F	PF	04	Form 5227				10
Form 990-	Γ (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-	Γ (trust other than above)	06	Form 8870				12
Telephore If the org If this is	he No. ► _646 415-8429 ganization does not have an office or place of for a Group Return, enter the organization's for group, check this box ►	business ir ur digit Gro f it is for pa	FAX No. ▶ the United States, checoup Exemption Number (ck this box			nis is
•	est an automatic 3-month (6 months for a cor						
▶	02/15, 20_16, to file the organization's return for: calendar year 20 or tax year beginning 07/0						extension is
	tax year entered in line 1 is for less than 12 m Change in accounting period						
	application is for Form 990-BL, 990-PF, 99 fundable credits. See instructions.	90-T, 4720), or 6069, enter the	tentative tax, less any	3a	\$	0
	s application is for Form 990-PF, 990-T,	4720. oi	6069, enter any re	efundable gedits and	<u> </u>	<u> </u>	
	ated tax payments made. Include any prior yea		-		3ь	\$	0
	ce due. Subtract line 3b from line 3a. Include			· · · · · · · · · · · · · · · · · · ·	Ť	1	
	tronic Federal Tax Payment System). See instru			-	30	s	0

PAGE 1

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453EO and Form 8879-EO for payment

Fo	m 990 (2014) Page 2
Р	art III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: ADVOCATE FOR INTERESTS OF TROOPS AND VETERANS OF IRAQ AND AFGHANISTAN
	WARS AND MILITARY FAMILIES.
	WARS AND MIDITARY PARIDIDS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4 a	(Code:) (Expenses \$ 2,870,833. including grants of \$ 25,000.) (Revenue \$)
	EDUCATING THE PUBLIC ABOUT HOW FOREIGN AND NATIONAL POLICIES
	AFFECT TROOPS AND VETERANS OF IRAQ AND AFGHANISTAN AND MILITARY
	FAMILIES.
	GENERAL ADVOCACY FOR ISSUES AND INTERESTS OF TROOPS AND VETERANS
	OF IRAQ AND AFGHANISTAN.
<u> </u>	(Code:) (Expenses \$ 956,944. including grants of \$) (Revenue \$)
7.	DIRECTLY ENGAGING SUPPORTERS AND ENCOURAGING ACTION ON BEHALF OF
	ISSUES AFFECTING TROOPS AND VETERANS OF IRAQ AND AFGHANISTAN AND
	MILITARY FAMILIES.
-	(Code:) (Expenses \$ 3,078,566. including grants of \$) (Revenue \$)
4(; (Code:) (Expenses \$3,078,566. including grants of \$) (Revenue \$) INDEPENDENT EXPENDITURES AND MEDIA COMMUNICATIONS CONCERNING
	ISSUES AFFECTING TROOPS AND VETERANS OF IRAQ AND AFGHANISTAN AND
	MILITARY FAMILIES.
_	1 Other and the Control of the Contr
40	Other program services (Describe in Schedule O.)
<u>_</u>	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 6,906,343.
•1	Under Direction 35 No. 5 Expenses ₹ VIJVVIJ3J•

1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," on the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 is the organization equired to complete Schedule B. Schedule of Contributors (see instructions)? 3 is the organization equired in complete Schedule B. Schedule of Contributors (see instructions)? 4 i	Form 9	990 (2014)		Р	age 3
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule B, Schedule C, Centrolutors (see instructions)? 2 Is the organization required to complete Schedule B, Schedule Of Controlutors (see instructions)? 3 It the organization required to complete Schedule C, Part I. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II. 5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule B-19" "Yes," "organization Schedule C, Part III. 5 is the organization maintain any donor advised funds or any similar funds or accounts for which 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. 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. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III. 9 Did the organization freport an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not investments-order securities in Part X, line 10 III "Yes," complete Schedule D, Part V. 9 Just 10 In the organization report an amount for investments-order and the management, credit repair, or debt negotiation s	Par	IV Checklist of Required Schedules			
2 She deviganization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offace? if "Yes," complete Schedule C, Part I. 4 Section 501(c)(3) organizations. Did the organization engage in lobbing activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 5 Is the organization a section 501(c)(4) 501(c)(5), or 501(c)(5) organization that receives membership dies, assessments, or similar amounts as defined in Revenue Procedure 38-19" If "Yes," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 II. 7 Did the organization meintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II. 8 Did the organization that in collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III. 9 Did the organization peron an amount in Part X, line 21, for escrow or custodial account liability, 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. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments, or complete Schedule D, Part				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributions (see instructions)? 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 II. 4 Section 801(c)(5) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 ""Yes," "complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 II. 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 III. 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," organized schedule D, Part III. 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," organized schedule D, Part III. 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," organized schedule D, Part IV. 10 Did the organization maintain collections of works of art, historical treasures, or other similar assets in the organization report an amount for Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts prot through a related organization, hold assets reported in Part X, line 10	1				v
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offeet? if "Yes," complete Schedule C, Part! . 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part! . 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part! . 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part! . 7 Did the organization maintain oblections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part! II. 8 Did the organization expect 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 III. 9 Did the organization by the structures of the structures? If "Yes," complete Schedule D, Part III. 10 Did the organization by the structures? If "Yes," complete Schedule D, Part IV. 11 Did the organization directly or through a related organization, hold assets in temporarily restricted andownments, permanent endownments, or quest-endownments? If "Yes," complete Schedule D, Part V. 11 Did the organization services III "Yes," complete Schedule D, Part V. 12 Did the organization services III was the structure of the storage and services and the structure of the storage and services and servi	2	Is the organization required to complete Schedule R. Schedule of Contributors (see instructions)?		x	
section Sol (16) a granizations. Did the organization expanse in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization a section 501(o)(4), 501(o)(5), or 501(o)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 II. 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 III. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 12, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability for the complete Schedule D, Part VI. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, or question organization services, or question served to the complete Schedule D, Part VI. Did the organization report an amount for land, buildings, and equipment in Part X, line 19, Part VI. Did the organization report	1000				_
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year) if "res," complete Schedule C, Part II. 5 is the organization a section 501(c)(4), 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 II. 7 Did the organization instantian collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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. 9 Did the organization electry or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V, VII, VIII, X, or X as applicable. 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI, VII, VIII, X, or X as applicable. 10 Did the organization report an amount for investments-organize related in Part X, line 12? If "Yes," complete Schedule D, Part VIII, VIII, X, or X as applicable. 10 Did the organization report an amount for other isabilities 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, VIII, X, or X as applicable. 10 Did the organization report an amount for investments-organize related in Part X, line 13 that is 5% or more of its total assets reported in	•		3	х	
election in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization assorts of 501c()(4), 501c()(5), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 II. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic and rease, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. Did the organization in the part X, ine 21, for escrow or custodial account liability, series as custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation, evidence if "Yes," complete Schedule D, Part V. Did the organization in directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. JI, JII, IK, Or X as applicable. 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 VI. Did the organization report an amount for other assets in Part X, line 12 Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "	4				
5 is the organization a section 501(c)(4), 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 II. 7 Did the organization report an amount for Norks of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 8 Did the organization senvices? If "Yes," complete Schedule D, Part III. 9 Did the organization for amounts not listed in Part X, ine 21, for escrow or custodial account liability, 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. 10 Did the organization and intervent of the following questions is "Yes," complete Schedule D, Part V, VII, VIII, X, or X as applicable. 10 Did the organization and an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI, VIII, X, or X as applicable. 10 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 VI, VIII, X, or X as applicable. 10 Did the organization report an amount for investments-other securities 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 VII, VIII, X, or X as applicable. 11 Did the organization report an amount for investments of the tax year investments of the part X, line 16? If "Yes," complete Schedule D, Part X, VIII, VIII, X, VIII, X, VIII			4		
Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, Did the organization report and amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in Part X, line 21, for escrow or custodial account liability, 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. Did the organization ricetty or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. If the organization report an amount for lowestments-order endowments or graphization report an amount for lowestments-order schedule D, Part VI, VII, VIII, IX, or X as applicable. Did the organization report an amount for investments-order schedule D, Part VI, VII, VIII, IX, or X as applicable. Did the organization report an amount for investments-order schedule D, Part VI, VII, VIII, IX, or X as applicable. Did the organization report an amount for investments-program related in Part X, line 12 that is 5% or more of it stotal assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VI, VII, VIII,	5				
Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," promplete Schedule D, Part I," 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," Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III," Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 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 other assets line Part X, line 11 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 organic an amount for other assets line Part X, line 18? that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI. Did the organization separate in independent audited financial statements for the tax year? If "Yes," and If the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and If the organization have		assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
by the organization maintain any donor advised funds or any similar funds or accounts for which 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, Did the organization device 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 III. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 V. Did the organization report an amount for part X, vine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, vine report or debt negotiation services? If "Yes," complete Schedule D, Part V. Did the organization report an amount for investments? If "Yes," complete Schedule D, Part V. Did the organization report an amount for investments of the securities 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 13 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for other assets 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 VII. Did the organization separate and and the part X in Part X, line 25? If "Yes," complete Schedule D, Part XI Did the organization shalling for other isabelties in Part X, line 25? If "Yes," complete Schedule D, Part XI Did the organization shalling for uncertain tax positions under File X (ScC 470)		Part III	5	X	
"yes," complete Schedule D, Part I, 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 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, 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 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 12 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 VI 13 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 VII 14 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 VII 15 Did the organization speared 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 VIII 14 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 VIII 15 Did the organization report an am	6				
To 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 Schedula D, Part II. 3 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 4 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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. 5 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 6 If the organization in a spolicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 5 Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 6 Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," or other securities in Part X, line 11 St hat is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 6 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 VIII. 6 Did the organization induced in consolidated financial statements for the tax year? If "Yes," ormplete Schedule D, Part X X X X X X X X X X X X X X X X X X X			•		v
the environment, historic land areas, or historic structures? If "res," complete Schedule D, Part II . 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 . 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V . 12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V . 13 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 VIII . 14 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 VIII . 2 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 VIII . 2 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 VIII . 2 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets the organization report an amount for other isabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III . 2 Did the organization report an expense t	_		6		
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 N of the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V, VII, VIII, IX, or X as applicable. 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, VII, VIII, IX, or X as applicable. 20 Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 11b X	7		7		x
complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. If If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V. If III, X or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI, III, III, X, or X as applicable. b 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 VI, III, III, III III III III III III I	Q		-		<u> </u>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serves a a custodian for amounts not listed in Part X; or provide credit conseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V. 12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI, VIII, IV, IV, IV, IV, IV, IV, IV, I	0		8		X
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 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	9				
debt negotiation services? If "Yes," complete Schedule D, Part V. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 2 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. 3 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. 4 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X or Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X or Did the organization in left If "Yes," complete Schedule D, Part X or Did the organization obtain separate independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X or Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X or Did the organization as school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E, 13 X or Did the organization as chool described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E, 13 X or Did the organization and or Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Ye					
endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI, VI, VIII, X, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for linestments-other securities in Part X, line 12? It "Yes," or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. d 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. d 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 VIII. 11c			9		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. b 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 VIII. c 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. d 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 XIII. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 110 Was the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and If the organization ashool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E, 13 X 13 Is the organization ashool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E, 13 X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 16 Did the organization report at total of more than \$15,000 of total of fundraising event gross in	10				
VII, VIII, IX, or X as applicable.			10	and the same	X
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. b 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. c 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 VII. d Did the organization report an amount for other assets in Part X, line 16? If "Yes," complete Schedule D, Part VII. e 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. E Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization 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 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization asswered "No" to line 12a, then completing Schedule D, Part X I and XII is optional to reganization asswered "No" to line 12a, then completing Schedule D, Part X I and XII is optional 12a	11				X
complete Schedule D, Part VI b 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. c 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. d 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 VIII. e 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 X. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X and XII as organizations in separate or consolidated financial statements for the tax year complete Schedule D, Part X and XII as Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. 12a			Alasti		
b 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. c 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. d 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 VIII. e Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional the organization and school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E. 13 X 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign indi	а		110	x	
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. c 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. d 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. e Did the organization report an amount for other liabilities 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. f 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 (ASC 740)? If "Yes," complete Schedule D, Part X. 11a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional. 12b X 13 Is the organization as school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E. 13 X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 16 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			IIa	- **	
c 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. d Did the organization report an amount for other assets in Part X, line 15% If "Yes," complete Schedule D, Part X, line 15% If "Yes," complete Schedule D, Part X, line 15% If "Yes," complete Schedule D, Part X, line 15% If "Yes," complete Schedule D, Part X, line 15% If "Yes," complete Schedule D, Part X, line 15% If "Yes," complete Schedule D, Part X, line 15% If "Yes," complete Schedule D, Part X, line 15% If "Yes," complete Schedule D, Part X, line 15% If "Yes," complete Schedule D, Part X, line 15% If "Yes," complete Schedule D, Part X, line 15% If "Yes," complete Schedule D, Part X, line 15% If "Yes," complete Schedule D, Part X, line 15% If "Yes," complete Schedule D, Part X, line 15% If "Yes," complete Schedule D, Part X, line 15% If "Yes," complete Schedule D, Part X, line 15% If "Yes," complete Schedule D, Part X, line 15% If "Yes," complete Schedule D, Part X, line 15% If "Yes," and if the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X I and XII is optional labeled the organization answered "No" to line 12a, then completing Schedule D, Part X I and XII is optional labeled Industrial Schedule Industrial Schedule E, line 15% If "Yes," complete Schedule E, line 15% If line 15% If Yes, line 15% If "Yes," complete Schedule E, line 15% If line 15% If X If the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule E, Parts II and IV line 15% If If X If If If Yes, "complete Schedule E, Part II and IV line 1	D		11b		X
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d 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. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII. b Was the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. 13 Is the organization as school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E. 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part VIII, lines 6 and 11e? If "Yes," complete Schedule G, Part I (se	c				
d 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. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X for the text organization is 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 (ASC 740)? If "Yes," complete Schedule D, Part X for the text year? If "Yes," complete Schedule D, Part X for the text year? If "Yes," complete Schedule D, Part X for the text year? If "Yes," and If the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional for the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional for the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional for the organization anintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV for the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV for the organization report more than \$15,000 of expenses for professional fundraising services on Part VX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II for the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II for the organizat	·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f 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 (ASC 740)? If "Yes," complete Schedule D, Part X	d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X		reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 112a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States? 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 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 II (see instructions). 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 II 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20a Did the organization did the organization attach a copy of its audited financial statements to this return? 20b End of the tax year? If "Yes," complete Schedule G, Part III 20b III "Yes," complete Schedule G, Part III 20c Sche			11e	Х	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. 12b X 13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E, 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 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 (see instructions). 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. 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 II. 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20a Did the organization obtain attach a copy of its audited financial statements to this return? 20b	f				v
the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 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 (see instructions). 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II. 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. 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20b Lance Tax and III and IV. 21 Did the organization operate one or more hospital faciliti		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11t		
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12a		122		X
the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			124		
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	α		12b		X
14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 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 (see instructions). 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. 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. 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	13				X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 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 (see instructions). 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. 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. 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20a X 20a Did the organization attach a copy of its audited financial statements to this return? 20b			14a		X
fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 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 (see instructions). 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. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III. 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20 Did the organization attach a copy of its audited financial statements to this return?		fundraising, business, investment, and program service activities outside the United States, or aggregate			
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			14b		X
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	15				v
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			15		X
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 (see instructions)	16		16		x
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	47		10		
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	17		17	х	
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18				
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	.0		18		X
If "Yes," complete Schedule G, Part III	19				
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		If "Yes," complete Schedule G, Part III	19		
		Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990	(2011)

Page 4

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	į		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	ļ		
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	l .]	
	Part VI		ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O		X	(2044)

Form 990 (2014)

Page 5

	Check if Schedule O contains a response or note to any line in this Part V			\Box
		IMPAGE	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	2000
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	64608	43 58	2884
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 2			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	5503465
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	10 E	C 19 43	97250
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		(505)
	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)?	4a		Х
	If "Yes," enter the name of the foreign country: ▶			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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 as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	X	
	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	Para at com		
	required to file Form 8282?	7c	A DOUGLA	STATE OF THE PARTY OF
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	31000000	19657
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		116000
	Sponsoring organizations maintaining donor advised funds.		TENEZ	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		-
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		16/16/05
)	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Initiation fees and capital contributions included on Part VIII, line 12			
2	Section 501(c)(12) organizations. Enter:			
1	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.)			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	NAMES OF STREET	A THOUSE AND
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	100		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	海莲		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-18 76	Note. See the instructions for additional information the organization must report on Schedule O.	NAME OF	H.S	S S S S S S S S S S S S S S S S S S S
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		MA	
С	Enter the amount of reserves on hand			
_	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
4a	bid the diganization receive any payments for indoor tarining services during the tax year?			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	and	for a	"No"
	Check if Schedule O contains a response or note to any line in this Part VI			
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
7a	one or more members of the governing body?	7a		х
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b		7b		x
_	stockholders, or persons other than the governing body?	7.0		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	х	
а	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	80		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		Х
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<u> </u>	
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	COG	Yes	No
		10a		x
10a	Did the organization have local chapters, branches, or affiliates?	I Ua		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			x
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		ŀ	
	rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		-
13	Did the organization have a written whistleblower policy?	13	<u> </u>	X
14	Did 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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	<u> </u>	Х
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1	
	with a taxable entity during the year?	16a	<u> </u>	Х
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	ŀ		
	organization's exempt status with respect to such arrangements?	16b]	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5010	c)(3):	s only)
10	available for public inspection. Indicate how you made these available. Check all that apply.	(-/(-/	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the state of the	erest	polic	v. and
13	financial statements available to the public during the tax year.		F	,, .
20	State the name, address, and telephone number of the person who possesses the organization's books and record	is: ▶		
40	PETER MELLMAN ORGANIZATION'S ADDRESS , 646-415-8429			
ISA		Eam	990	(2014)

UIIII 990 (201	~)										1 LG U
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								_

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor	any related	orga	niza	tion	COI	npen	sate	d any current offic	er, director, or trus	tee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	ot ch unles	s pe	ition more rson irect	n the state of the	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			ě			ated				
OIRECTOR/CHAIRMAN	40.00	x		х				291,700.	6,300.	
(2)ERIC SCHMELTZER	20.00							· · · · · · · · · · · · · · · · · · ·		
DIRECTOR/SEC RESIGNED 06/1/15	20.00	Х		X				126,500.	9,000.	
(3)PETER GRANATO	1.00									
DIRECTOR/TREASURER	1.00	Х		X			<u> </u>	0	0	
(4)CLAYTON WUKICH	1.00					1		_		
DIRECTOR/SEC BEGAN 6/1/15		Х		X	L			0	0	
_(5)										
										•
(10)										
(11)									_	
(12)										
(13)										
(14)										

Form **990** (2014)

JSA.

Page 8

Pai	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and F	lig	hest Compensat	ed Employ	ees (co	ontinued)
	(A) Name and title	(B) Average hours per	0.0000000000000000000000000000000000000		(C) (D) Position Reportable compensation		(E) Reportable compensation from		(F) Estimated amount of			
		week (list any hours for related organizations below dotted line)					Highest compensated		from the organization (W-2/1099-MISC)	related organizat (W-2/1099-	ions	other compensation from the organization and related organizations
											222	
С	Sub-total	ection A .						A	418,200.		,300. 0	0 0
2	Total (add lines 1b and 1c)	limited to t	hose	iste	ed a	bov	e) who	o re				
3	Yes No											
4	The state of the s											
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co es," comple	mper te Sci	sat hed	ion ule .	fror J foi	n any such	ur pei	nrelated organizati rson	on or indiv	dual 	5 X
Se	ction B. Independent Contractors											
1	Complete this table for your five highest comcompensation from the organization. Report of year.	pensated i compensat	ndepo ion fo	end r the	ent e ca	con	tracto dar ye	ear (that received more ending with or wit	than \$100 hin the orga),000 o anization	f n's tax
	(A) Name and business ad	dress							(B) Description of se	ervices	С	(C) ompensation

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

Form 990 (2014)

ATTACHMENT 1

JSA 4E1055 1.000 4QQ0MX 7165 V 14-7.16

Form 990 (2014)		VOTEVETS A	ACTION FUN	ID, INC	51-059635	
Part VIII	Statement of	Revenue				

		Check if Schedule O contains a response or note	to any line in this Part V	/III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations				
ontribution nd Other S	e f g	All other contributions, gifts, grants, and similar amounts not included above . 1f 5,548 Noncash contributions included in lines 1a-1f: \$,299.			
	h	Total. Add lines 1a-1f	. ▶ 5,548,299.		The state of the state of	
nue		Business	Code			
Program Service Revenue	2a b c					
E	u					
ogra	f	All other program service revenue				
<u>-</u>	g	Total. Add lines 2a-2f	. • 0	The Alternative Control		
	3	Investment income (including dividends, interand other similar amounts). ATTACHMENT 2 Income from investment of tax-exempt bond proceeds	2,556.			2,556.
	5	Royalties				
	6a b	Gross rents				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory (i) Securities (ii) Oth	er			
	b	Less: cost or other basis and sales expenses Gain or (loss)				
	d	Net gain or (loss)	. ▶ 0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a				
her	b	Less: direct expenses b				
ŏ	c 9a	Net income or (loss) from fundraising events Gross income from gaming activities.	. • 0			4 (1)
	b	See Part IV, line 19				
	c	Net income or (loss) from gaming activities	. ▶ 0			
	10a	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold b Net income or (loss) from sales of inventory	>			
		Miscellaneous Revenue Business	THE CASE AND ADDRESS OF THE PARTY OF THE PAR			
	11a	REIMBURSED EXPENSES/REFUNDS				
	b					
	С	:				
	d	All other revenue	0			
	12	Total Add lines 11a-11d				2,556.

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).

	Check if Schedule O contains a respo	ense or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,000.	25,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	o			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	632,269.	481,059.	25,202.	126,008.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	00			
7	Other salaries and wages	226,257.	89,402.	78,203.	58,652.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	13,904.	5,494.	4,806.	3,604.
10	Payroli taxes	13, 304.	3,434.	4,000.	370011
	Fees for services (non-employees):	d			
	Management	11,000.	7,684.	817.	2,499.
	Legal	36,939.	25,804.	2,743.	8,392.
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17.	165,605.			165,605.
	Investment management fees	0			
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule (3), ATCH . 3.	4,161,515.	4,005,513.		156,002.
12	Advertising and promotion	73,221.	73,221.		
13	Office expenses	42,452.	20,186.	2,146.	20,120.
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0	26.062		
17	* * * * * * * * * * * * * * * * * * * *	36,863.	36,863.		
18	Payments of travel or entertainment expenses	o			
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	- 0			
20	Interest	0			
21 22	Depreciation, depletion, and amortization	2,874.	2,008.	213.	653.
23	Insurance	0			
24					
	above (List miscellaneous expenses in line 24e. If	1			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	DATABASE	26,434.	26,434.		
	DIRECT MAIL	96,002.	96,002.		
•	INDEPENDENT EXPENDITURES	2,011,673.	2,011,673.		
	·				
	All other expenses	7,562,008.	6,906,343.	114,130.	541,535.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here		0,300,010.	221,2000	
JSĀ	following SOP 98-2 (ASC 958-720)	<u> </u>			Form 990 (2014)

JSA 4E1052 1.000

PAGE 10

Part X Balance Sheet

	_	Obselvit Cabadula O santaina a sananana	1 -	An annulling in this Day	-4 V		
		Check if Schedule O contains a response o	r note	to any line in this Pai		• • • •	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,785,452.	1	417,153.
	2	Savings and temporary cash investments			732,708.	2	1,090,264.
İ	3	Pledges and grants receivable, net	• • •	· · · · · · · · · · · ·	C	3	0
	4	Accounts receivable, net	• • •		C	4	Ö
į	5	Loans and other receivables from current and	forme	or officers, directors.			
		trustees, key employees, and highest c		•			
		Complete Bort II of Schodule I	-		O	5	0
		Loans and other receivables from other disqualified pers					
		4958(f)(1)), persons described in section 4958(c)(3)(B)					
		and sponsoring organizations of section 501(c)(9) volu- organizations (see instructions). Complete Part II of Sche	untary edule L	employees beneficiary	C	6	0
st		Notes and loans receivable, net			O	7	0
Assets	8	Inventories for sale or use	• • •		C	8	0
7		Prepaid expenses and deferred charges			C	9	0
1		Land, buildings, and equipment: cost or		[
		other basis. Complete Part VI of Schedule D	10a	14,373.		l I	
	b	Less: accumulated depreciation	10b	7,280.	9,967.	10c	7,093.
1	1	Investments - publicly traded securities			0	11	0
1		Investments - other securities. See Part IV, line 11			0	12	0
1	3	Investments - program-related. See Part IV, line 1	C	13	0		
1		Intangible assets		1	C	14	0
1	5	Other assets. See Part IV, line 11			2,000.	15	4,000.
1	6	Total assets. Add lines 1 through 15 (must equal	l line 3	34) <u></u>	3,530,127.	16	1,518,510.
1	7	Accounts payable and accrued expenses			C	17	0
1	8	Grants payable	<u>_</u>	18	0		
1	9	Deferred revenue			C	19	0
2	0	Tax-exempt bond liabilities			C	20	0
g 2	1	Escrow or custodial account liability. Complete P				21	0
Liabilities	2	Loans and other payables to current and f					
abi		trustees, key employees, highest comper	nsated	employees, and]	•
7		disqualified persons. Complete Part II of Schedule				22	0
2	23	Secured mortgages and notes payable to unrelate	ted thi	rd parties L		23	0
2	4	Unsecured notes and loans payable to unrelated				24	
2	25	Other liabilities (including federal income tax,	payal	oles to related third			
		parties, and other liabilities not included on lines	s 17-2	24). Complete Part X	10 145	ا ۔۔ ا	9,681.
- 1		of Schedule D			10,145.		9,681.
2	26	Total liabilities. Add lines 17 through 25			10,143.	26	3,001.
		Organizations that follow SFAS 117 (ASC 958)	, chec	k here ▶ X and			
ğ	_	complete lines 27 through 29, and lines 33 and			3,519,982	27	1,508,829.
	27	Unrestricted net assets			3,313,302	28	0
m 2	28	Temporarily restricted net assets				29	0
됩	29	Permanently restricted net assets				123	
띤		Organizations that do not follow SFAS 117 (ASC 958 complete lines 30 through 34.	s), cne	ck nere			
Net Assets or Fund Balances	20	Capital stock or trust principal, or current funds				30	
set	30 31	Paid-in or capital surplus, or land, building, or eq				31	
AS	32	Retained earnings, endowment, accumulated inc				32	
et	33	Total net assets or fund balances			3,519,982		1,508,829.
	34	Total liabilities and net assets/fund balances	 		3,530,127		1,518,510.
	·-		<u> </u>		<u></u>	-	Form 990 (2014)

VOTEVETS ACTION FUND, INC 51-0596352 Form 990 (2014) Page **12** Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI 5,550,855. Total revenue (must equal Part VIII, column (A), line 12) 7,562,008. 2 2 -2,011,153.3 3 3,519,982. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 ō 5 5 ō 6 6 ō 7 7 n 8 8 0 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 1,508,829. Part XII **Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Х If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis X 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Both consolidated and separate basis

Form 990 (2014)

X

2c

3a

3b

Separate basis

Schedule O.

Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

Schedule B (Form 990, 990-EZ,

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

or 990-PF)
Department of the Treasury
Internal Revenue Service

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization		Employer identification number				
VOTEVETS ACTION FUND,	INC	51-0596352				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ						
	4947(a)(1) nonexempt charitable trust not treated as a private for	ındation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private founda	tion				
	501(c)(3) taxable private foundation					
General Rule						
General Rule	(8), or (10) organization can check boxes for both the General Rule and a S					
	ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions property) from any one contributor. Complete Parts I and II. See instruction intributions.					
Special Rules						
regulations under sec 13, 16a, or 16b, and	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 stions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 that received from any one contributor, during the year, total contributions the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. C	or 990-EZ), Part II, line s of the greater of (1)				
contributor, during th	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
contributor, during the contributions totaled during the year for an General Rule applies	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year					
_	not covered by the General Rule and/or the Special Rules does not file S answer "No" on Part IV, line 2, of its Form 990; or check the box on line	•				

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 2 Name of organization VOTEVETS ACTION FUND, **Employer Identification number** 51-0596352 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 1 Person **Payroll** 100,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person **Payroll** 55,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (d) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** 150,000. Noncash (Complete Part II for noncash contributions.) (d) (c) (a) (b) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 5 Person **Payroli** 10,000. Noncash (Complete Part II for noncash contributions.) (d) (c) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No.

Person Payroll

Noncash (Complete Part II for noncash contributions.)

25,000.

6

			rayo
Name of organization	VOTEVETS ACTION FUND,	INC	Employer identification number 51-0596352

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
7-		\$398,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
8_		\$110,000.	Person Payroil Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
9 _		\$200,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
10		\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
11		\$75,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 12 _		\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 2 VOTEVETS ACTION FUND, Name of organization **Employer identification number** 51-0596352 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 13 Person **Payroll** 200,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 14 Person **Payroll** 805,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 15 Person **Payroll** 12,500. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 16 Person **Payroll** 500,000. Noncash (Complete Part II for noncash contributions.) (d) (c) (b) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 17 Person **Payroll** 35,000. Noncash (Complete Part II for noncash contributions.) (d) (c) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 18 Person **Payroll**

PAGE 16

Noncash
(Complete Part II for noncash contributions.)

10,000.

Name of organization	VOTEVETS	ACTION	FUND,	INC

Employer	identification	number
	51-05963	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 19_		\$300,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 20		\$270,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 22 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 23 _		\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 24 _		\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 2 Name of organization VOTEVETS ACTION FUND, INC **Employer identification number** 51-0596352 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 Person **Payroll** 20,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 26 Person **Payroll** 735,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. 27 Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (d) (c) (b) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 28 Person **Payroll** 14,000. Noncash (Complete Part II for noncash contributions.) (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. 29 Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (d) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4

Person Payroll

Noncash (Complete Part II for noncash contributions.)

5,000.

30

Name of organization VOTEVETS ACTION FUND, INC

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
_ 31 _		\$150,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35_		\$50,000.	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$200,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization VOTEVETS ACTION FUND, INC

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 37		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38_		\$335,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39_		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40_		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41_		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 42 _		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	VOTEVETS	ACTION	FUND,	INC

Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 44 _		\$14,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46_		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47_		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization VOTEVETS ACTION FUND, INC

Part I	Contributors (see instructions). Use duplicate copies of Par	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$20,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 51		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52_		\$164,799.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization VOTEVETS ACTION FUND, INC

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is nee	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

	(Form 990, 990-EZ, or 990-PF) (2014) rganization VOTEVETS ACTION FUND,	INC		Page 4 Employer Identification number 51-0596352
Part III	Exclusively religious, charitable, etc that total more than \$1,000 for the y following line entry. For organizations contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	year from any one one of sompleting Part III, e year. (Enter this in	contributor. Comp enter the total of e formation once. So	eribed in section 501(c)(7), (8), or (10) lete columns (a) through (e) and the exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	nship 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) Trans	fer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship 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) Trans		walth of the state
	Transferee's name, address, a		Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Section 527 organizations: Complete Part I-A only.

Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

if the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

 Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** VOTEVETS ACTION FUND, INC 51-0596352 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV. 3,078,566. Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955. ▶\$ Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ \$ Yes No Yes No b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function 3,078,566. activities......▶\$_ Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL. 3,078,566. X Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from (e) Amount of political (b) Address (c) EIN (a) Name filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2) (3) (4) (5) (6)

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

Schedule C (Form 990 or 990-EZ) 2014

Sch	nedule C (Form 990 or 990-EZ) 2014	OTEVE	TS ACTIO	ON FUND, INC		51-0)596352 Page 2
Pa	art II-A Complete if the org section 501(h)).	anizati	on is exen	npt under sectio	n 501(c)(3) and	filed Form 5768 (ele	
Α	name, address, E	IN, exp	enses, and	share of excess I	obbying expend	•	roup member's
<u>B</u>	Check ▶ if the filing organ	<u>nizatior</u>	checked b	oox A and "limited	control" provisi	ons apply.	
	Limits ((The term "expenditu		ying Expendence		.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	a Total lobbying expenditures to ir	nfluence	public opini	on (grass roots lob	bying)		
Ł	Total lobbying expenditures to in	nfluence	a legislative	body (direct lobby	ing)		
C	: Total lobbying expenditures (add	d lines 1	a and 1b) .		[
	d Other exempt purpose expendit					-	
	Total exempt purpose expenditu						
f	Lobbying nontaxable amount. I	Enter the	e amount fi	rom the following	table in both		
	columns.						
	If the amount on line 1e, column (a)	or (b) is:	The lobbyin	g nontaxable amount	is:		
	Not over \$500,000		20% of the a	amount on line 1e.			,
	Over \$500,000 but not over \$1,000	,000	\$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,50	00,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,0		\$225,000 pl	us 5% of the excess	over \$1,500,000.		
	Over \$17,000,000		\$1,000,000.				
	Grassroots nontaxable amount	(enter 2	5% of line 1f)				
Ì	h Subtract line 1g from line 1a. If:	zero or le	ess, enter -0				
	Subtract line 1f from line 1c. If z						
j	If there is an amount other that	an zero	on either li	ine 1h or line 1i,	did the organiza	tion file Form 4720	
٠	reporting section 4911 tax for th						Yes No
			4-Year Aver	aging Period Unde	r Section 501(h)		
	(Some organizations that	made a	section 50	1(h) election do no	t have to compl	ete all of the five colum	nns below.
		See	the separat	te instructions for	lines 2a through	2f.)	
_		Lobi	oying Exper	nditures During 4-Y	ear Averaging Pe	riod	1
	Calendar year (or fiscal year beginning in)	(a	2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
28	a Lobbying nontaxable amount						
	b Lobbying ceiling amount (150% of line 2a, column (e))						
_	c Total lobbying expenditures						
_	d Grassroots nontaxable amount						
_	e Grassroots ceiling amount (150% of line 2d, column (e))						
1	f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2014

Page 3

	, _ (a)		(Ł	<u>')</u>	
For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No		Amo	unt	
During the year, did the filing organization attempt to influence foreign, national, state or loca legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
 a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i) 	<u>;</u>					
c Media advertisements? d Mailings to members, legislators, or the public?	•					
e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i Other activities?						
j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	.					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 5		, or s	ectio	n		
501(c)(6).					Yes	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year Part III-B Complete if the organization is exempt under section 501(c)(4), section 5					<u> </u>	X
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." 1 Dues, assessments and similar amounts from members		· 	rt III- <i>i</i>		3, is	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include an political expenses for which the section 527(f) tax was paid).	ounts			_	,035	. 51(
· · · · · · · · · · · · · · · · · · ·			20	4	, 000	, 010
a Current year	• • • •	• • •	2a 2b	4		510
a Current year b Carryover from last year				4	, 035	
a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) If notices were sent and the amount on line 2c exceeds the amount on line 3, what port	 lues on of t	 	2b	4	,035 ,716	
a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what port excess does the organization agree to carryover to the reasonable estimate of nondeductible	lues on of t	ne	2b 2c	4	,716	,054
 a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what port excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 	lues on of t	ne	2b 2c 3	4		,054
a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what port excess does the organization agree to carryover to the reasonable estimate of nondeductible	lues on of t lobbyi	ne ng	2b 2c 3 4 5	4	,716 -680	,054
a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what port excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliation)	lues on of t lobbyi	ne ng	2b 2c 3 4 5	4	,716 -680	,054
a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what port excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	dues on of the lobbying ted gro	ne ng	2b 2c 3 4 5	4	,716 -680	,054
b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what port excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART 1-A LINE 1	dues on of the lobbying ted gro	ne ng	2b 2c 3 4 5	4	,716 -680	,054
a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what port excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART 1-A LINE 1 VOTEVETS ACTION FUND, INC. MADE INDEPENDENT EXPENDITURES AND MEDI	dues on of the lobbying ted gro	ne ng	2b 2c 3 4 5	4	,716 -680	,05

Schedule C (Form 990 or 990-EZ) 2014

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements
► Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public

	al Revenue Service	► Information about Schedule	D (Form 990) and its instruc	tions is at www.irs		Inspection
	of the organization				Employer identific	ation number
rov	EVETS ACTION				51-05963	352
Pa	d Organizat	tions Maintaining Donor Adv	sed Funds or Other Si	milar Funds or	Accounts.	
	Complete	if the organization answered	"Yes" to Form 990, Par	t IV, line 6.		
			(a) Donor advised	funds	(b) Funds and	d other accounts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5		on inform all donors and donor	advisors in writing that	the assets held	in donor advised	
		nization's property, subject to the				Yes No
6	-	on inform all grantees, donors, a				
	•	purposes and not for the bene		-		
	conferring imperm	issible private benefit?		· · · · · · · · · · · ·		Yes No
Pa		tion Easements.				
		if the organization answered				
1	Purpose(s) of cons	servation easements held by the	organization (check all tha	<u>t</u> apply).		
	Preservation	n of land for public use (e.g., rec	reation or education)	Preservation	of a historically in	portant land area
	Protection o	f natural habitat		□ Preservation ∈	of a certified histo	oric structure
		n of open space				
2	Complete lines 2a	through 2d if the organization he	eld a qualified conservation	n contribution in	the form of a cor	nservation
	easement on the la	ast day of the tax year.			Held at the	End of the Tax Year
а	Total number of co	onservation easements			2a	
b	Total acreage rest	tricted by conservation easements	3		2b	
C		vation easements on a certified			2c	
d	Number of conser	rvation easements included in (d	c) acquired after 8/17/06,	and not on a		
	historic structure li	isted in the National Register			2d	
3	Number of conser	rvation easements modified, trai	nsferred, released, extingu	iished, or termin	ated by the orga	inization during the
	tax year ▶					
1	Number of states	where property subject to conse	rvation easement is locate	d ▶ _		
5	Does the organiz	ation have a written policy re	garding the periodic mo	nitoring, inspec	tion, handling of	
	violations, and enf	orcement of the conservation ea	sements it holds?			Yes No
6	Staff and voluntee	r hours devoted to monitoring, in	nspecting, and enforcing o	conservation eas	ements during the	year
	>					
7	Amount of expens	es incurred in monitoring, inspec	cting, and enforcing conse	ervation easemer	nts during the yea	r
	> \$					
8	Does each conser	rvation easement reported on lin	e 2(d) above satisfy the re	equirements of se	ection 170(h)(4)(B)	(i)
	and section 170(h))(4)(B)(ii)?				└─ Yes └ No
9	In Part XIII, descri	be how the organization reports	conservation easements	in its revenue and	d expense stateme	ent, and
		d include, if applicable, the text		inization's financ	ial statements tha	t describes the
		counting for conservation easeme	ents.		- 0111 1	
Pá	rt III Organiza	tions Maintaining Collections	of Art, Historical Trea	sures, or Othe	r Similar Asset	5.
		e if the organization answered				
1a	If the organization works of art, hist public service pro	n elected, as permitted under S torical treasures, or other simil ovide, in Part XIII, the text of the f	FAS 116 (ASC 958), not ar assets held for public ootnote to its financial sta	to report in its exhibition, edu tements that des	revenue stateme cation, or resea cribes these item	nt and balance sheet rch in furtherance of s.
b	If the organization works of art, hist public service, pro	n elected, as permitted under torical treasures, or other simil wide the following amounts relat	SFAS 116 (ASC 958), to ar assets held for public ing to these items:	o report in its re exhibition, edu	evenue statemer cation, or resea	nt and balance shee rch in furtherance of
	(i) Revenue inclu	ded in Form 990. Part VIII, line 1			▶	\$
	(ii) Assets include	ed in Form 990, Part X			> :	\$
2	If the organizatio	n received or held works of a	rt, historical treasures, o	r other similar	assets for financ	ial gain, provide the
_		s required to be reported under				-
а	Revenue included	in Form 990, Part VIII, line 1		-	▶	\$

Schedule D (Form 990) 2014 Page 2

Par	t III	Organizations Maintainir	ng Colle	ctions of	Art,	Histo	rical T	reasur	es, c	or Oth	er Simila	r Asse	ts (cor	tinue	ed)
_		Alta and a standard and a second state				.									
3	_	the organization's acquisitio		sion, and o	other re	ecord	s, cneci	c any o	f the	tollow	ing that ar	e a sign	ificant	use o	t its
_	Collec	tion items (check all that appl	iy):				Loon								
a	H	Public exhibition Scholarly research			đ	\vdash		or excha							
b	H	Preservation for future general	rotiono		е		Other								
С 4	Provide	te a description of the organ		collections	s and c	volai	n how	boy fur	thor	tha ar	anization's	ovomni	t nurnor	o in	Dort
4	XIII.	de a description of the organ	iization 5	Collections	s and e	xpiaii	II IIOW	iney iui	uiei	me or	gariizations	exemp	t puipo:	9C 111	ган
5		g the year, did the organizatio	n solicit d	or receive (donatio	ns of	art hist	orical tr	easur	es or o	other simila	ır			
		s to be sold to raise funds rath										_	Yes		No
Par	t IV	Escrow and Custodial Ar													ne 9.
		or reported an amount or	_		•									•	
1a	Is the	organization an agent, truste	e, custoc	dian or othe	er inter	media	ary for c	ontribut	tions (or othe	r assets not				_
	includ	ed on Form 990, Part X?										[Yes		No
b	If "Ye	s," explain the arrangement i	n Part XII	I and com	plete th	e follo	wing tal	ole:							
											Ar	nount			
C	_	ning balance							-						
d		ons during the year													
0		butions during the year													
f		g balance										··· o 1	-132		T.:
		ne organization include an am										_	Yes	\vdash	No
		s," explain the arrangement in													Ь.
Par	t V	Endowment Funds. Com					-						(e) Fou		haal.
4.	D!		(a) Cui	rrent year	(D) Prior	year	(C) IW	o year	s back	(d) Three ye	BEIS DECK	(8) FOU	years	Dack
		ning of year balance			<u> </u>										
		ibutions			-										
C		osses													
4		s or scholarships			 										
		expenditures for facilities			 										
٠		rograms											ļ		
f		nistrative expenses			<u> </u>										
		of year balance				-						, ,,,,,	ļ -		
2		de the estimated percentage	of the cur	rent year e	end bala	ance	(line 1g	column	ı (a))	held as	:				
а		d designated or quasi-endown			%										
b	Perm	anent endowment	<u>~</u>												
C		porarily restricted endowment		%											
		ercentages in lines 2a, 2b, a													
3a	Are th	nere endowment funds not in	the poss	ession of t	he orga	nizat	ion that	are hel	d and	d admir	nistered for	the			
	_	nization by:											(a	Yes	No
		related organizations											3a(i)		<u> </u>
	(ii) re	lated organizations	• • • • •				0-61-1				• • • • • •	• • • •	3a(ii)		
		s" to 3a(ii), are the related or							• • •	• • • •	• • • • •		3b_		L
4		ribe in Part XIII the intended u	uses of tr	ie organiza	ation's e	Bridow	vment iu	nas.							
Pa	t VI	Land, Buildings, and Equ Complete if the organiza	ition ans	wered "Ye	es" to f	orm	990, P	art IV,	line 1	11a. S	ee Form 9	90, Par	t X, line	10.	
		Description of property		(a) Cost o	r other ba		(b) Cost	or other ba		(c) Acc	cumulated eciation		d) Book v		
1a	Land			(inve	stment)	-+	((other)	\dashv	aepr	eciation				
b		ings				-+			+						
c		ehold improvements							\dashv						
d		oment			-	\dashv		14,3	73.		7,280	·-		7,	093.
6											-				
Tota	I. Add	lines 1a through 1e. (Column	(d) musi	t equal Fon	m 990,	Part >	<, colum	n (B), lir	ne 10	(c).)				7,	093.

Schedule D (Form 990) 2014

	0 - - - - - - -		D-17/1: 441-0-5-000 D-17/1: 44
			Part IV, line 11b. See Form 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financia	al derivatives		
	held equity interests		
/ / 			
(B)			
(C)			
(D)			
_(E)			
_ <u>(F)</u>			The second secon
_(G)			
_(H)			
	(b) must equal Form 990, Part X, col. (B) line 12.)		The state of the s
Part VIII	Investments - Program Related.		Det IV lies 44s Oss Farm 000 Det V lies 4
		red "Yes" to Form 990,	Part IV, line 11c. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. Complete if the organization answe	red "Yes" to Form 990.	Part IV, line 11d. See Form 990, Part X, line 1
		Description	(b) Book val
(4)			
4.71.1	(-)		· ·
(1)	1-7		
(2)	1-7		
(2) (3)	1-7		
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col. (B) line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	umn (b) must equal Form 990, Part X, col. (B) line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	umn (b) must equal Form 990, Part X, col. (Part IV, line 11e or 11f. See Form 990, Part X
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the columnati	umn (b) must equal Form 990, Part X, col. (Other Liabilities. Complete if the organization answe line 25.		, Part IV, line 11e or 11f. See Form 990, Part X
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Columnation)	umn (b) must equal Form 990, Part X, col. (a) Other Liabilities. Complete if the organization answe line 25. (a) Description of liability	red "Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnation)	umn (b) must equal Form 990, Part X, col. (color Liabilities. Complete if the organization answel line 25. (a) Description of liability ral income taxes	red "Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columerat X	umn (b) must equal Form 990, Part X, col. (a) Other Liabilities. Complete if the organization answe line 25. (a) Description of liability	red "Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columerate X	umn (b) must equal Form 990, Part X, col. (color Liabilities. Complete if the organization answel line 25. (a) Description of liability ral income taxes	red "Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Columna X) Part X	umn (b) must equal Form 990, Part X, col. (color Liabilities. Complete if the organization answer line 25. (a) Description of liability real income taxes	red "Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columbra X (1) Feder (2) PAYR (3) (4) (5)	umn (b) must equal Form 990, Part X, col. (color Liabilities. Complete if the organization answer line 25. (a) Description of liability real income taxes	red "Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnation X (1) Feder (2) PAYR (3) (4) (5) (6)	umn (b) must equal Form 990, Part X, col. (color Liabilities. Complete if the organization answer line 25. (a) Description of liability real income taxes	red "Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnation X (1) Feder (2) PAYR (3) (4) (5) (6) (7)	umn (b) must equal Form 990, Part X, col. (color Liabilities. Complete if the organization answer line 25. (a) Description of liability real income taxes	red "Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Feder (2) PAYR (3) (4) (5) (6) (7) (8)	umn (b) must equal Form 990, Part X, col. (color Liabilities. Complete if the organization answer line 25. (a) Description of liability real income taxes	red "Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (Colum	umn (b) must equal Form 990, Part X, col. (color Liabilities. Complete if the organization answer line 25. (a) Description of liability real income taxes	red "Yes" to Form 990 (b) Book valu	, Part IV, line 11e or 11f. See Form 990, Part X

Schedule D (Form 990) 2014 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments b Donated services and use of facilities Recoveries of prior year grants 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Δa b Other (Describe in Part XIII.) c Add lines 4a and 4b Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

4E1271 1 000

Part XIII Supplemental Information (continued)

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

ame of the organization					Employer identification	n number
OTEVETS ACTION FUND, INC					51-0596352	
Form 990-EZ filers are not				"Yes" to Form 9	90, Part IV, line	17.
1 Indicate whether the organization rais	sed funds through	any of the	following	activities. Check a	Ill that apply.	
a Mail solicitations	е	X Solid	citation of i	non-government g	rants	
b Internet and email solicitations	f	Solid	itation of	government grants	3	
c Phone solicitations	g	Spec	cial fundra	ising events		
d X In-person solicitations						
 Did the organization have a written of or key employees listed in Form 990 If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	, Part VII) or entity ividuals or entities	in connec	tion with p	professional fundrai	sing services?	X Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(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		····	
1 GROSS CONTRIBUTIONS				1		
2201 WISC AVE WASH DC			x	5,548,299.		5,548,299.
2 BONNER GROUP INC						
455 MASS AVE #640 WASH DC	LARGE DONOR	l	Х		145,605	-145,605.
3 STRAUS/BAKER LLC						
928 BROADWAY NY, NY	LARGE DONOR		Х		20,000.	-20,000.
4						
5						
6						
7						
8						
9						
10						
otal		<u> </u>		5,548,299		L
3 List all states in which the organiza registration or licensing.	ition is registered o	or license	d to solicit	t contributions or	has been notified	it is exempt from
	· · ·					
				<u>-</u>		···
		<u> </u>				

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

	4
Dage	•

	_		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through	
		j	(event type)	(event type)	(total number)	col. (c))	
Kevenue							
9	1	Gross receipts					
١-	2	Less: Contributions					
	3	Gross income (line 1 minus					
4		line 2)					
l	4	Cash prizes					
-	•						
1	5	Noncash prizes			······		
8	_	Dont/focility costs					
	6	Rent/facility costs					
3	7	Food and beverages					
Direct Expenses							
5	8	Entertainment					
1	9	Other direct expenses				Ì	
	Ĭ			. ' '''			
ŀ	10		through 9 in column (d)			
ŀ	11	Net income summary. Subtract line 1	0 from line 3, column (c	<u>(" </u>		l. ,	
-						MAC MATA	
⊃a.	rt	Gaming. Complete if the organism \$15,000 on Form 990-E	anization answered "` :Z. line 6a.	res" to Form 990, Par	t IV, line 19, or repo	ortea more	
_	rt	Gaming. Complete if the orgathan \$15,000 on Form 990-E	Z, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add	
_	rt	Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "` Z, line 6a. (a) Bingo		(c) Other gaming	(d) Total gaming (add	
_		than \$15,000 on Form 990-E	Z, line 6a. (a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add	
_	1	than \$15,000 on Form 990-E	Z, line 6a. (a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add	
Revenue	_1	than \$15,000 on Form 990-E	Z, line 6a. (a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add	
Kevenue		than \$15,000 on Form 990-E Gross revenue	Z, line 6a. (a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add	
Kevenue		than \$15,000 on Form 990-E	Z, line 6a. (a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add	
ct Expenses Revenue	2	than \$15,000 on Form 990-E Gross revenue	Z, line 6a. (a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add	
ct Expenses Revenue	2	than \$15,000 on Form 990-E Gross revenue	Z, line 6a. (a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add	
ct Expenses Revenue	1 2 3 4	than \$15,000 on Form 990-E Gross revenue	Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)	
c Expenses	1 2 3 4	than \$15,000 on Form 990-E Gross revenue	Z, line 6a. (a) Bingo	(b) Puil tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c	
c Expenses	1 2 3 4	than \$15,000 on Form 990-E Gross revenue	Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c	
c Expenses	1 2 3 4 5	than \$15,000 on Form 990-E Gross revenue	Z, line 6a. (a) Bingo Yes9	(b) Puil tabs/instant bingo/progressive bingo	(c) Other gaming Yes%	(d) Total gaming (add col. (a) through col. (c	
c Expenses	1 2 3 4 5	than \$15,000 on Form 990-E Gross revenue	Yes No	(b) Puil tabs/instant bingo/progressive bingo	(c) Other gaming Yes% No	(d) Total gaming (ad col. (a) through col. (c	
c Expenses	1 2 3 4 5	than \$15,000 on Form 990-E Gross revenue	Yes No	(b) Puil tabs/instant bingo/progressive bingo	(c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c	
Direct Expenses Revenue	1 2 3 4 5 6	than \$15,000 on Form 990-E Gross revenue	Yes	(b) Puil tabs/instant bingo/progressive bingo Yes% No No	(c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c	
• Direct Expenses Revenue	1 2 3 4 5 6 7 8 E	than \$15,000 on Form 990-E Gross revenue	Yes	(b) Pull tabs/instant bingo/progressive bingo Yes% No No ctivities:	(c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c	
b Co Direct Expenses Revenue	1 2 3 4 5 6 7 8 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	than \$15,000 on Form 990-E Gross revenue	Yes	(b) Pull tabs/instant bingo/progressive bingo Yes% No No ctivities: h of these states?	(c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c	
b Direct Expenses Revenue	1 2 3 4 5 6 7 8 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	than \$15,000 on Form 990-E Gross revenue	Yes	(b) Pull tabs/instant bingo/progressive bingo Yes% No No ctivities: h of these states?	(c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c	
a t	1 2 3 4 5 6 7 8 E 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	than \$15,000 on Form 990-E Gross revenue	Yes	(b) Puil tabs/instant bingo/progressive bingo // Yes% No blumn (d) ctivities:	(c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c	
Direct Expenses Revenue	1 2 3 4 5 6 7 8 E 1: 1: 1	than \$15,000 on Form 990-E Gross revenue	Yes	(b) Puil tabs/instant bingo/progressive bingo Yes% No No ctivities: h of these states? ended or terminated duri	(c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c	

Sched	dule G (Form 990 or 990-EZ) 2014	Page 3
11	Does the organization conduct gaming activities with nonmembers?	res No
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?	res No
13	Indicate the percentage of gaming activity conducted in:	_
а	The organization's facility	%
b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	∕es No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	
	amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ▶	-
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶\$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а		Yes No
	retain the state gaining accides,	Tes No
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 > \$	and
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	on

Schedule G (Form 990 or 990-EZ) 2014

SCHEDULE I (Form 990)

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization						Employer identificat	ion number
VOTEVETS ACTION FUND, INC						51-059635	2
Part I General Information on Grants and	d Assistance						
 Does the organization maintain records to state the selection criteria used to award the grant Describe in Part IV the organization's proced 	ts or assistano dures for mon	e?itoring the use	of grant funds in the	United States.			X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient to	omestic Orceived	janizations ai more than \$5	nd Domestic Gov ,000. Part II can b	ernments. Com be duplicated if a	nplete if the organizated additional space is r	ation answered "Y needed.	es" to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FALLS, ME 04623	20-8362270	501 (C) (3)	25,000.				GENERAL SUPPORT
(2)		002_(0)(0)					
(3)							
(4)							
(5)				-			
(6)							
(8)	_						
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations							1.

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

Schedule I (Form 990) (2014)

Part III

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2014)

PART I LINE 2

VOTEVETS ACTION FUND, INC MAINTAINS ONGOING CONTACT WITH ITS GRANTEES AND

THUS IS ABLE TO MONITOR THE USE OF ITS GRANTS.

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

VOTEVETS ACTION FUND, INC

Employer identification number 51-0596352

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			İ
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	ll		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
_				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract	:		
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		x
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	If 100 to any of mice the percent and provide the approximation			İ
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			ŀ
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the revenues of:			
а	The organization?	5a		х
b		5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			i
·	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
U	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
•	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject		_	
0	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9	ľ	

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

Page 2

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & incent compensation compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
JONATHAN SOLTZ	(i)	291,700.	(d c	C	291,700.	
1 DIRECTOR/CHAIRMAN	(11)	6,300.		3	d c	C	6,300.	0
	(1)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(0)							
	(i)						 	
5	(ii)							
	(0)	· •						
6	(ii)	·				-		
	(1)							
7	(ii)							
	(1)							
8	(ii)							
	(1)							
9	(ii)			ļ				
	(0)			<u> </u>				
_10	(ii)							
	(i)			ļ				
_11	(ii)				-			
	(0)							
_12	(ii)							
	(i)			ļ				
	(ii)			ļ	<u> </u>			
	(1)							
14	(0)							
	(i)							
15	(ii)							
	(i)				1			
	(ii)		L	<u> </u>	1	L		adula 1 (Farm 000) 2014

VOTEVETS ACTION FUND, INC

Page 3

Schedule J (Form 990) 2014

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2014

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Employer Identification number

51-0596352

Name of the organization

VOTEVETS ACTION FUND, INC

POLICIES

THE 990 TAX RETURN IS PREPARED BY AN OUTSIDE CPA FIRM. PRIOR TO FILING THE TAX RETURN, IT IS MADE AVAILABLE TO THE ORGANIZATION'S GOVERNING BODY.

DISCLOSURE

THE ORGANIZATION PROVIDES THE FORM 990 UPON REQUEST.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
WATERFRONT STRATEGIES INC 3050 K STREET NW SUITE 100 WASHINGTON, DC 20007	MEDIA SERVICES	3,500,183.
BUYING TIME LLC 650 MASSACHUSETTS AVE NW STE 210 WASHINGTON, DC 20001	MEDIA SERVICES	1,329,450.
SWAY 4311 LELAND STREET CHEVY CHASE, MD 20815	COMMUNICATIONS/MEDIA	1,189,662.
GRASSROOTS CAMPAIGNS INC PO BOX 120557 BOSTON, MA 02112	FIELD SERVICES	625,000.
PRISM COMMUNICATIONS 1000 POTOMAC STREET STE 420 WASHINGTON, DC 20007	COMMUNICATIONS/MEDIA	510,245.

Schedule O (Form 990 or 990-EZ) 2014 Name of the organization VOTEVETS ACTION FUND, INC			Employer identifica 51-05963	
VOIEVELS ACTION FOND, INC			ATTACHMENT 2	
FORM 990, PART VIII - INVESTMENT INCOME	=			
	(A) TOTAL	(B) RELATED OR	(C) UNRELATED	(D) EXCLUDED
DESCRIPTION	REVENUE E	EXEMPT REVENUE	BUSINESS REV	REVENUE
INTEREST INCOME	2,556.			2,556.
TOTALS	2,556.	- !		2,556.
		- F	ATTACHMENT 3	3
FORM 990, PART IX - OTHER FEES		<u> </u>	ATTACHMENT 3	3
	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT	(D) FUNDRAISING EXPENSES
DESCRIPTION		(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION_COMMUNICATIONS/MEDIA	TOTAL FEES	(B) PROGRAM SERVICE EXP. 2,709,003.	(C) MANAGEMENT	(D) FUNDRAISING EXPENSES 6,817.
DESCRIPTION COMMUNICATIONS/MEDIA STRATEGIC SERVICES	TOTAL FEES 2,715,820.	(B) PROGRAM SERVICE EXP. 2,709,003. 601,573.	(C) MANAGEMENT	(D) FUNDRAISING EXPENSES
FORM 990, PART IX - OTHER FEES DESCRIPTION COMMUNICATIONS/MEDIA STRATEGIC SERVICES FIELD SERVICES WEB SERVICES	TOTAL FEES 2,715,820.	(B) PROGRAM SERVICE EXP. 2,709,003. 601,573.	(C) MANAGEMENT	(D) FUNDRAISING EXPENSES 6,817.

4,161,515.

4,005,513.

TOTALS

156,002.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

20**14**

Open to Public Inspection

VOTEVETS ACTION FUND, INC

Name of the organization

Employer Identification number 51-0596352

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.							
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
	_						
	(a)	(a) (b)	(a) (b) (c) Name address and FIN (if applicable) of disregarded entity Primary activity Legal domicile (state	Name address, and FIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income	(a) (b) (c) (d) (e) Name address and FIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets		

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1) VOTEVETS	71-099	3645						
PO BOX 70980	WASHINGTON, DC 2002	POLITICAL	DC	527		VVAF	_ X	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

ldentification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		
		country)		sections 312-314)			Yes	No		Yes	No	
(1)												
(2)	-											
(3)												
(4)										_		
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(1: controlle entity?
								Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

JSA

4E1308 1.000

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V	Transactions With Related	Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, o	or 36.
--------	----------------------------------	---	--------

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	X
	Gift, grant, or capital contribution to related organization(s)				1b	X
	Gift, grant, or capital contribution from related organization(s)				1c	X
4	Loans or loan guarantees to or for related organization(s)				1d	X
	Loans or loan guarantees to or lot related organization(s)				1e	X
е	E Loans of loan guarantees by related organization(s)					超 多级性
						24073
f	Dividends from related organization(s)				1f	X
g	Sale of assets to related organization(s)				1g	X
h	Purchase of assets from related organization(s)				1h	17.5
i	Exchange of assets with related organization(s)				1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X
1	Performance of services or membership or fundraising solicitations for related organization(s)				11	X
·	n Performance of services or membership or fundraising solicitations by related organization(s)				1m	X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n 2	ζ
	Sharing of paid employees with related organization(s)				10	ζ
0	5 Sharing of paid employees with related organization(s)					
					1 n	X
	Reimbursement paid to related organization(s) for expenses				1p	$\frac{x}{x}$
q	Reimbursement paid by related organization(s) for expenses			• • • •	1q	Λ
						至學的
	Other transfer of cash or property to related organization(s)				1r	X
s	Other transfer of cash or property from related organization(s)				1s	<u> </u>
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this	s line, including cove	red relationships and transa	ction thre	sholds.	
	(a)	(b)	(c)		(d)	
	Name of related organization	Transaction type (a-s)	Amount involved		of determi	
		type (a c)		4		_
(1)	NO TRANSACTIONS BETWEEN RELATED ORGANIZATIONS					
U						
(2)	EACH ORGANIZATION PAYS ITS OWN PAYROLL,					
(2)	Dion Onomizzanzan zina zia om zinazaj					
٠.,	CONSULTANTS, AND VENDORS DIRECTLY.					
(3)	COMBULIANTS, AND VENDORS DIRECTLI.					
(4)						
(5)						
	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		I			

JSA 4E1309 1.000

(6)

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	<u> </u>
<u> </u>	-												
)					-					_			
)	_		_								-		
)													
<u> </u>				1								 	
)											ļ		
)				1									
)							<u> </u>						
)				 -				1					
)													
)				1									
2)								1					
3)													
3)							:						
5)													
5)								-					

ISA

4E1310 1.000

Schedule R (Form 990) 2014

Page 5

Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

VOTEVETS ACTION FUND, INC

ldentifying number 51-0596352

Busi	ness or activity to which this form relates		-						
G	ENERAL DEPRECIATION								
Pa	rt I Election To Expense Ce	rtain Property U	nder Secti	on 179					
	Note: If you have any list	ed property, com	plete Part	V before y	ou comple	ete Part I.			
1	Maximum amount (see instructions)							1	
2	Total cost of section 179 property pla	ced in service (see in:	structions)					2	
3	Threshold cost of section 179 propert	-						3	
4	Reduction in limitation. Subtract line 3	from line 2. If zero or	r less, enter -()-				4	
	Dollar limitation for tax year. Subtract line 4 from separately, see instructions		U+. If married filling					5	
6	(a) Description of	of property		(b) Cost (bus	siness use only	(c) Electe	ed cost		
						-			
				l	T -				
7	Listed property. Enter the amount from Total elected cost of section 179 prop	n line 29		inon 6 and 7	; · · · <u> </u>			8	
8		•						9	
9	Tentative deduction. Enter the smaller Carryover of disallowed deduction fro							10	
10 11	Business income limitation. Enter the							11	<u> </u>
12	Section 179 expense deduction. Add							12	
13	Carryover of disallowed deduction to						• • • •		
	e: Do not use Part II or Part III below for	listed property. Instea	d. use Part V	<u>/.</u>		<u> </u>			
Pa	rt II Special Depreciation A	llowance and Ot	her Depre	ciation (D	o not includ	e listed prope	rty.) (See	instructions.)
14	Special depreciation allowance for	r qualified property	(other that	an listed p	property) pla	ced in servic	e		
14	during the tax year (see instructions)							14	
15	Property subject to section 168(f)(1) 6	election						15	
	Other depreciation (including ACRS)	<u> </u>	<u>.</u>	<u> </u>	<u> </u>			16	2,132.
Pa	art III MACRS Depreciation (D	o not include liste	d property.)	(See instr	uctions.)				
			Sec	tion A				,	
17	MACRS deductions for assets placed	l in service in tax yea	rs beginning l	pefore 2014				17	742
18	If you are electing to group any a	ssets placed in ser	vice during	the tax yea	ar into one	or more genera	al		
	asset accounts, check here				<u> </u>	<u>.</u> ▶		<u> </u>	
	Section B - Assets		During 201	4 Tax Yea	r Using the	General Dep	reciat	ion S	ystem
	(a) Classification of property	(b) Month and year placed in service	i (business/in	vestment use nstructions)	(d) Recovery period	(e) Convention	(f) M	ethod	(g) Depreciation deduction
19a	a 3-year property						ļ		
	b 5-year property						 		
	c 7-year property	1					├		
_	d 10-year property						 		
	e 15-year property	_							
	f 20-year property	1	ļ		25.00		-	/L	
!	g 25-year property				25 yrs.	MM		/L	
1	h Residential rental				27.5 yrs.				
					27 5 vre	MAN	1 8	./1	1
1	property				27.5 yrs.	MM	+	/L	
	i Nonresidential real				27.5 yrs. 39 yrs.	ММ	S	/L	
	Nonresidential real property	Placed in Service [During 2014	Tay Year	39 yrs.	MM MM	S	/L /L	System
_	Nonresidential real property Section C - Assets P	laced in Service I	During 2014	Tax Year	39 yrs.	MM MM	S	/L /L	System
208	I Nonresidential real property Section C - Assets F a Class life	Placed in Service (During 2014	Tax Year	39 yrs. Using the	MM MM	S spreci	/L /L ation	System
208	Nonresidential real property Section C - Assets Pa Class life b 12-year	laced in Service (During 2014	Tax Year	39 yrs.	MM MM	S spreci	/L /L ation	System
208	I Nonresidential real property Section C - Assets P a Class life b 12-year c 40-year		During 2014	Tax Year	39 yrs. Using the	MM MM Alternative De	S spreci	/L i/L ation i/L i/L	System
208	Nonresidential real property Section C - Assets F Class life 12-year 40-year At IV Summary (See instructions)	ons.)			39 yrs. Using the 12 yrs. 40 yrs.	MM MM Alternative De	S spreci	/L i/L ation i/L i/L	System
20a	Nonresidential real property Section C - Assets F Class life 12-year 40-year At IV Summary (See instruction Listed property. Enter amount from line	ons.)			39 yrs. Using the 12 yrs. 40 yrs.	MM MM Alternative De	S S S S S S	/L iation i/L i/L	
20a	I Nonresidential real property Section C - Assets Pa Class life b 12-year c 40-year art IV Summary (See instruction Listed property. Enter amount from line Total. Add amounts from line 12, 1 and on the appropriate lines of your manufactures.	ions.) ne 28	lines 19 an	d 20 in col	39 yrs. Using the 12 yrs. 40 yrs. umn (g), and structions	MM MM Alternative De	S S S S S S S S	/L iation i/L i/L	System 2,874
20a	Section C - Assets P Class life b 12-year c 40-year art IV Summary (See instruction Listed property. Enter amount from line 12, 1 and on the appropriate lines of your results.	ions.) ne 28	lines 19 and S corporate the current	d 20 in col tions - see in	39 yrs. Using the 12 yrs. 40 yrs. umn (g), and structions , ter the	MM Alternative De	S S S S S S S S	ation b/L b/L b/L b/L b/L	

	AE62 (2014)											51	-0596	352	
	rt V Listed Pro	perty (Include a	automobiles	s cer	tain of	her ve	hicles	CEI	tain air	craft ce	rtain	comp	uters	and nr	Page 2
· u	used for er	ntertainment, reci	reation, or a	amuse	ment.)							•	•	•	•
	24b, column	any vehicle for wh as (a) through (c) of	Section A, a	ll of Se	ction B	and Se	ction C	if ap	plicable.				· •		ly 24a,
		Depreciation and				T		$\overline{}$				_		T	1
:4a	Do you have evidend	 		ent use	claimed?	Ye	8 (e)	No	24b f "Y				<u>. ' I</u>	Yes	No
	(a) Type of property (list	(b) Date placed	(c) Business/	l	(d)	Basi	s for depre	ciation	(f) Recovery	(g) Metho		(I Depre	h)	(i) Elected se	•
	vehicles first)	in service	investment use percentage	Cost	or other ba	ISIS (bus	iness/inve		period	Conver			ction	COS	
25	Special depreciati	on allowance for sed more than 50%								<u>' </u>	25				
26	Property used mo					(000.				<u></u>	1				
			%	6											
			%	6					_						
			%	<u> </u>											
27	Property used 50%	% or less in a qualifi	ed business	use:											
			%			_				S/L -					
			9/							S/L -					
		<u> </u>	9/	<u> </u>						S/L -	T				
	Add amounts in co										28	L	- 00		
29	Add amounts in co	olumn (I), line 26. E									• • •	• • • •	. 29		
	nplete this section fo	na wahialaa waad bu	Section							er" or re	lated n	erson l	f vou n	rovided	vehicles
OIT O V	our employees, first ar	or venicles used by nswerthe auestions in	a sole propi	see if y	ou meet	an exce	ption to	comp	leting this	section fo	r those	vehicles	, you p. 3.	01.000	70
				(a		(k			(c)	(d)			9)	(f	7)
30	Total business/inv	estment miles driv	en during	Vehi	•	Vehi	de 2	V	ehicle 3	Vehicle 4		Vehide 5		Vehi	de 6
	-														
	Total commuting r		mmuting)												
32	•	•													
22	Total miles drive		ear Add												
JJ		12												_	
34	Was the vehicl			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		y hours?	1												
35	Was the vehicle					ł									
		related person?								ļļ					
36	Is another vehic									1					
					l	<u>. </u>				<u> </u>		<u> </u>	<u> </u>		
	Se	ection C - Questi	ons for Em	ploye	rs Who	Provi	de Vel	nicles	s for Use	e by The	ir Em	ploye	es		
Ans	swer these questio	ns to determine if	you meet a	n exce	ption to	comp	leting S	Section	on B for v	ehicles	used t	y emp	loyees v	who are	not
	re than 5% owners													Yes	No
37	Do you maintain												ng, by		
20	your employees?. Do you maintain	a writton policy		hat nr	ohihits	nerson	 al use	of v	 ehicles e	except c	ommu	tina. by	v vour		
J 0	employees? See t	the instructions for	vehicles use	ed by c	ornorat	e office	rs. dire	ctors.	or 1% or	more ov	ners		, ,		
39	Do you treat all us														
40	Do you provide	more than five ve	hicles to yo	our en	nployee	s, obta	in info	matic	on from	your em	ploye	es abo	ut the		
	• •	s, and retain the inf													
41	Do you meet the r	requirements conc	erning qualifi	ied aut	omobil	e demo	nstratio	n use	? (See in:	struction	s.)				<u> </u>
	Note: If your answ	wer to 37, 38, 39, 4	10, or 41 is "	Yes," d	o not c	omplete	Sectio	n B fo	or the cov	ered veh	icles.	_		ļ	
Pá	art VI Amortiza	tion										. т			
	(a) Description	of costs	(b) Date amorti		Ar	(c) mortizable	amount		(d) Code s			ization od or	Amortiz	(f) ation for t	his year
			begins			1 4 ···	A! = = - '	<u>l</u>			perce	ntage			
42	Amortization of co	osts that begins du	ring your 20	14 tax	year (s	ee instri	uctions): 		<u> </u>					
			-		<u> </u>			\dashv							
42	Amortization of co	nete that hadan ha	fore your 20	14 tay	veer							43		-	
	Total. Add amour						nort		• • • • •	• • • •	• • • •	44			
	TOTAL AUG AITIOUI	its in column (i). Si	oo ale iliadd	50113	10116		, , , , , , , , , , , , , , , , , , ,	• • •		• • • •	• • • •	<u> </u>	Fo	m 456	2 (2014

Description of Property GENERAL DEPRECIATION DEPRECIATION Ending MA Current-year Date Unadjusted 179 exp. Beginning Accumulated Accumulated Me-ACRS CRS 179 Current-year reduction **Basis** Basis for placed in Cost Bus. Reduction depreciation | depreciation | thod |Conv. Life class class expense depreciation or basis in basis depreciation Asset description service 5.000 1,838. 1,227. 1,595. 368. 03/01/2011 1,838. 100.000 APPLE MACBK PRO 644. 204 333. 5.000 129 11/17/2012 100.000 APPLE IPAD 32GB MS 644. 5.000 632. 200. 326. SL 126. APPLE IPAD 32GB GR 11/17/2012 632. 100.000 11/17/2012 643. 100.000 643. 204. 333. SL 5.000 129. APPLE IPAD 32GB RH 257. 419. SL 5.000 162. 11/17/2012 812. 100.000 812. APPLE IPAD 32GB PM 318. SL 5.000 123. 100.000 616. 195. 11/17/2012 616. APPLE IPAD 32GB JS 197. 321. SL 5,000 124 622. APPLE IPAD 32GB PA 11/17/2012 622. 100.000 5.000 11/16/2012 1,695. 100.000 1,695. 537. 876. SL 339. APPLE MBAIR JS 5.000 787. 249. 406. SL 157. 11/16/2012 787. 100.000 APPLE IPHONE 5 JS SL 5.000 439. 170. 11/16/2012 849. 100.000 849. 269. APPLE IPHONE 5 PM 5.000 380. SL 01/02/2013 761. 100.000 761. 228. 152. APPLE IPAD 64GB ES 5.000 268. 421. SL 153. 09/17/2012 767. 100.000 767. LENOVO LAPTOP RH 100.000 2,659. 266. 798. SL HY 5.000 532. APPLE MCBK PRO 15* 01/08/2014 2,659. 315. HY 5.000 210. 100.000 1,048 105. 05/07/2014 1,048. APPLE THUNDERBOLT Less: Retired Assets 14,373. 4,406. 7.280. 2,874 14,373 **Listed Property** Less: Retired Assets 14,373. 4,406. 7,280. 2,874. 14,373 **AMORTIZATION** Date Cost Endina Accumulated Accumulated Current-year placed in OL amortization amortization Code Life amortization service basis Asset description

*Assets Retired

JSA 4X9024 1.000