Citizen Audit.org

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Department of the Treasury

JSA 0E1010 1 000 4QQ0MX 7165

A For the 2010 calendar year, or tax year beginning 07/01, 2010, and e	ending 06	5/30, 20 11
B Check if applicable NOME NETTON FILED THE	D Employer identifi	
VOIEVEIS ACTION FUND, INC	51-059635	02
change Doing Business As	E Tolonhore numbe	
	· ·	
Initial return C/O G&W 2201 WISCONSIN AVE NW #320 City or town, state or country, and ZIP + 4	(646) 415-8	3429
Terminated City of town, state of country, and 219 4 4 Amended WASHINGTON, DC 20007	G. Cross recounts &	7,550,69
Application F Name and address of principal officer JONATHAN SOLTZ	G Gross receipts \$ H(a) is this a group retu	
SEE ABOVE ADDRESS ,	affiliates?	
	H(b) Are all affiliates inc	duded? Yes instructions)
Tax-exempt status	1	
	H(c) Group exemption r rear of formation 2006 M State	
	rear or formation 2000 M State	of legal domicile D
1 Briefly describe the organization's mission or most significant activities ADVOCATE FOR INTERESTS OF TROOPS AND VETERANS OF IR	AO AND AFCHANTSTAN	
WARS	AV AND ALGHANISIAN	
WARS 2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of mo		
		•
Number of voting members of the governing body (Part VI, line 1a)	3	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2010 (Part V, line 2a) Total number of volunteers (estimate if necessary)	_	······································
	6	
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34		
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	10,690,655.	7,432,820
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	(
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-255.	647
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		117,040
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,550,50
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		366,250
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	(
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	455,826.	1,130,25
16 a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D)-line 25) 822,468.	0.	441,93
b Total fundraising expenses (Part IX, column (D), line-25) 8.22, 468.		
17 Other expenses (Part IX, column (A), lines 1 a-11d, Rf240 EIVED.	10,400,029.	5,364,582
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,055,855.	7,303,022
19 Revenue less expenses Subtract line 18 from line 12,000.	-305,372.	247,485
O WAI 130 ZUIZ 0	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	598,502.	845,582
21 Total liabilities (Part X, line 26)	405.	(
22 Net assets or fund balances Subtract line 21 from line 20	598,097.	845,582
Part II Signature Block		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has	ements, and to the best of my knowle	edge and belief, it is true
correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer ha	as any knowledge	
Sign \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	102 N	log, 12
Here Signature of officer	Date	Υ
1 harman		
Type or print name and title	· · · · · · · · · · · · · · · · · · ·	
Print/Type preparer's name Preparer's signature Date		PTIN
Paid My C. GIBER There CA!	S・と・1と self- employed ▶ □	P00956578
Preparer GILBERT & WOLFAND, P.C.		-1263814
Use Only Firm's name ► GIBBERT & WOLFAND, F.C. Firm's address ► 2201 WISCONSIN AVE, NW SUITE 320 WASHINGTON, DC 20007		2-342-6000
May the IRS discuss this return with the preparer shown above? (see instructions)	, 110.110 2.02	
For Paperwork Reduction Act Notice, see the separate instructions.	• • • • • • • • • • • • • • • • • • • •	X Yes N

V 10-8.3

Form **990** (2010)

Form 990 (2010)

Form 9	90 (2010) 51-0596352		F	⊃age 3
Part				
`			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			l
	complete Schedule A	1	- ,,	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		x	
	candidates for public office? If "Yes," complete Schedule C, Part I	3	_^	
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 II	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	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
Ū	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	İ		
	complete Schedule D, Part I	6		Х
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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	44-	х	
	Schedule D, Part VI	11a	Λ	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	446		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	11c		х
a	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a		Х
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, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			.,
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV · ·	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	ا ۔ ا		x
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		_^
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	4.6	i	Х
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	17	х	1
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	''	••	
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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	19		X
20 a	•	20a		Х
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form			
		20b		

Form 9	\$90 (2010) \$51-0596352		f	Page 4
Part	IV Checklist of Required Schedules (continued)			
-			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		х	
	employees? If "Yes," complete Schedule J	23		
24 a	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			v
	through 24d and complete Schedule K. If "No," go to line 25	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		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			v
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	27		х
20	If "Yes," complete Schedule L, Part III	27		
28	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		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
	Schedule L. Part N	28b		Х
С	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 N	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		X
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, Parts II, III,	2.4	x	
35	IV, and V, line 1	34	X	
ээ a	Did the organization receive any payment from or engage in any transaction with a	33		
•	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2			
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O		Х	
		Form	aan .	(2010)

	Check if Schedule O contains a response to any question in this Part V		Yes	No
4 .	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	110
	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?	1 c	X	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
•	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 6			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u></u>	
,	S .	20		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3 a		X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 b	-	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
а	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	40		Х
	account)?	4a		- 1
)	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			X
	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?	5 b		<u> </u>
	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	٠.	x	
	organization solicit any contributions that were not tax deductible?	6a		
1	If "Yes," did the organization include with every solicitation an express statement that such contributions or	~ L	\mathbf{x}	
	gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).		ł	
	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		
	if "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7 c		
	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?	7 e		
	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?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		1	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9 a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12		1	
•	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt intérest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	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			
	Enter the amount of reserves on hand			
;				X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
а		14b	990	

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7th for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, of Schedule O. See instructions.	belo r cha	ow, a inge	and s in
	Check if Schedule O contains a response to any question in this Part VI			X
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			
b	Enter the number of voting members included in line 1a, above, who are independent			ļ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ļ.,
	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	_		v
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its 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	Does the organization have members or stockholders?	6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7.		x
	of the governing body?	7a 7b		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	/ D		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		Х	
а	The governing body?	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	ΦĐ		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	i	x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	.)	
OCCU	On B. 1 Onoics (17110 Section B requeste unarmation about penales net required by the internal recently		Yes	No
40-	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
112	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
· · a	form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	l		
•	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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			ļ.,
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	Щ	<u> </u>
	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 (501(c)(3)	s only)	
	available for public inspection. Indicate how you make these available. Check all that apply Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	est		
20	policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the	ne.		
20	organization PETER MELLMAN ORGANIZATION'S ADDRESS ,			
	646-415-8429			

PAGE 6

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A.	Officers, Directors,	Trustees, K	Kev Employees.	and Highest Compensat	ed 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

(A) Name and Title	(B) Average							(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual tru or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) JONATHAN SOLTZ PRESIDENT/DIRECTOR	, 40.00	х		х				336,416.	11,316	0
(2) ERIC SCHMELTZER SECRETARY/DIRECTOR	40.00	х		х				86,100.	8,400	0
(3) PETER GRANATO 7/1/10-3/31/11. TREASURER/DIRECTOR	40.00	х		х				72,360.	0.	0
(4) PETER GRANATO 4/1/11-6/30/11 TREASURER/DIRECTOR	1.00	Х		х				0.	0.	0
(5)										
(6)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)						·				
(14)						-				
(15)										
(16)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B) (C) Average Position (check all that apply							(D)	(E)			(F)	
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	ndividual trustee P or director	institutional trustee	chec Officer	Key employee	a Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportabl compensat from relate organizatio (W-2/1099-N	sation amount lated other ations compens			
(17)													
(18)													
(19)	,												_
(20)													_
(21)	,										· ,		
(22)			-										
(23)													
(24)													
(25)	ı												_
(26)													
(27)													
(28)						·							
1b Sub-total							>	494,876.	19,	716.			0.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .						>	494,876.	19,	716			0.
2 Total number of individuals (including but not reportable compensation from the organization)	limited to t n ▶	hose :	liste 1	d a	bov	e) wh	o re	eceived more than	\$100,000 in				
												Yes N	10
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3		x
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	nan \$	150	0,00	0?	If "Y	es,'	" complete Sched	ule J for su	uch	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mper	ısatı	on	fron	n any	un	related organization	on or individ	ual	5		x
Section B. Independent Contractors													
Complete this table for your five highest compensation from the organization	compensa	ted ir	ndep	enc	deni	t con	trac	ctors that received	d more than	n \$10	0,000	of	
(A) Name and business add	ress							(B) Description of se	rvices	C	(C) ompens	ation	
ATTACHMENT 1							+						
							+						—
	,						1						
2 Total number of independent contractors (i	ncluding b	ut no	t lin	nite	d to	o thos	⊥ se I	listed above) who	received				
more than \$100,000 in compensation from th						5		,					

Par	t VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
হ ম	1a	Federated campaigns 1a					
	ь	Membership dues 1b					
g,e	c	Fundraising events 1c					
ar a	d	Related organizations 1d					
S, C	٠	Government grants (contributions) . 1e		1			}
ioi	,	Cotonimont grants (contributions)					
but	ľ	All other contributions, gifts, grants,	7,432,820.				
nt.		and diffinial afficients flot modeled above		İ			
Contributions, gifts, grants and other similar amounts	9	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f		7,432,820.			
	h		usiness Code	7,432,020.			
enn		<u> </u>	usiness code				- }
Program Service Revenue	2a						
SeF	b						-
Ž	С					· · · · · · · · · · · · · · · · · · ·	
Se	d						
am.	е						
ogi	f	All other program service revenue L				 	
<u>~</u> _	g	Total. Add lines 2a-2f	<u></u> ▶	0.			
	3	Investment income (including dividends, interest,	and				
		other similar amounts). ATTACHMENT 2	🖊	831.			831.
	4	Income from investment of tax-exempt bond proc	eeds ▶	0.			
	5	Royalties · · · · · · · · · · · · · · · · · · ·	<u>.</u> ▶	0.			
		(i) Real	(II) Personal				1
	6a	Gross Rents					1
	ь	Less rental expenses					
		Rental income or (loss)					
	d	Net rental income or (loss)	▶	0.			
	_	(i) Securities	(II) Other			-	
	7 a	Gross amount from sales of assets other than inventory	0.				
	Ь	Less cost or other basis					
	"		184.	•			1
		and sales expenses Gain or (loss)	-184.				
	d	Net gain or (loss)	•	-184.			-
a		<u>-</u>					
	8a	Gross income from fundraising			•		
ē		events (not including \$					
Š		of contributions reported on line 1c)					
7		See Part IV, line 18 a					
Other Revenu	1	Less direct expenses b		0.			-
0	C	` '	· · · · · · •	0.			+
	9a	Gross income from gaming activities					
		See Part IV, line 19 a					
	b	Less direct expenses b					<u> </u>
	C	Net income or (loss) from gaming activities		0.			1
	10a						1
	1	returns and allowances a					
	Ь						
	<u>c</u>	Net income or (loss) from sales of inventory Miscellaneous Revenue	usiness Code	0.		-	-
	-			116,900.	116,900.		_
	11a	REIMBURSED EXPENSES		110,900.	116,900.		-
	Ь	WEB ADVERTISING INCOME		140.	140.		
	C						
	d	All other revenue		117,040.			
	e	Total. Add lines 11a-11d		-	117.000		1 22
	12	Total revenue. See instructions	<u> •</u>	7,550,507.	117,040.		831.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 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 governments and organizations in the U.S. See Part IV, line 21	366,250.	366,250.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments, organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	723,269.	402,306.	60,769.	260,19
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	342,886.	184,591.	113,068.	45,22
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9	Other employee benefits	35,161.	21,048.	10,125.	3,98
0	Payroli taxes	28,939.	17,327.	8,355.	3,25
1	Fees for services (non-employees).				
	Management	15,538.	8,848.	1,564.	5,12
	Legal	16,946.	9,649.	1,707.	5, 59
	Accounting	0.	7,047.	1,707.	3,33
	Lobbying	441,935.			441,93
	Professional fundraising services See Part IV, line 17 Investment management fees	0.			
g	Other	0.			
9 12	Advertising and promotion	0.			· · ·
13	Office expenses	46,161.	26,284.	4,649.	15,22
4	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	50,775.	50,775.		
8	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
9	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	1,199.	683.	121.	39
23	Insurance	0.			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O)				
2	COMMUNICATIONS/MEDIA	1,128,791.	1,128,791.		
	CONSULTING	855,355.	832,734.	6,422.	16,19
	ELECTIONEERING COMMUNICATION	858,004.	858,004.		
	FUNDRAISING EXPENSES	25,329.			25,32
е	INDEPENDENT EXPENDITURES	2,366,484.	2,366,484.		
f	All other expenses		6.050.55		
25	Total functional expenses. Add lines 1 through 24f	7,303,022.	6,273,774.	206,780.	822,40
26	Joint Costs. Check here ▶ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,			
JSA 52 1	000 4QQ0MX 7165	V 10-8.3	3		Form 990 (20 PAG

Part X			 		
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		37,902.	1	292,317.
2	Savings and temporary cash investments	[547,315.	2	548,136.
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		-	4	·
5	Receivables from current and former officers, directors, trust	ees, key			
	employees, and highest compensated employees Complete F	Part II of			
	Schedule L	5			
6	Receivables from other disqualified persons (as defined under section 4958(f)(1	l)), persons	-		
	described in section 4958(c)(3)(B), and contributing employers and sponsoring organization			- 1	
	section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
\$ 7	Notes and loans receivable, net			7	
Assets 8 2	Inventories for sale or use			8	
۷ g	Prepaid expenses and deferred charges			9	
1 -	a Land, buildings, and equipment cost or	-			
'''	other basis Complete Part VI of Schedule D 10a	7,432.		i	
.	b Less accumulated depreciation		1,484.	100	5,129.
				11	0/1251
11	Investments - publicly traded securities			12	
12	Investments - other securities See Part IV, line 11			13	
13	Investments - program-related See Part IV, line 11				
14	Intangible assets		11,801.	14	0.
15	Other assets See Part IV, line 11		598,502.		845,582.
16	Total assets. Add lines 1 through 15 (must equal line 34)		390,302.		043,302.
17	Accounts payable and accrued expenses	r-		17	·
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
စ္က 21	Escrow or custodial account liability Complete Part IV of Sc			21	
Liabilities 52	Payables to current and former officers, directors, truste			1	
g	employees, highest compensated employees, and disqualified	t e			
	Complete Part II of Schedule L	_		22	
23	Secured mortgages and notes payable to unrelated third parties .			23	
24	Unsecured notes and loans payable to unrelated third parties		405	24	
25	Other liabilities Complete Part X of Schedule D		405.	25	0.
26	Total liabilities. Add lines 17 through 25	<u></u>	405.	26	0.
Sec	Organizations that follow SFAS 117, check here $ ightharpoonup$ and collines 27 through 29, and lines 33 and 34.	mplete			
E 27	Unrestricted net assets		598,097.	27	845,582.
B 28	Temporarily restricted net assets			28	
모 29	Permanently restricted net assets			29	
Net Assets or Fund Balances 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Organizations that do not follow SFAS 117, check here ▶ complete lines 30 through 34.	and			
g 30	Capital stock or trust principal, or current funds			30	
% 31	Paid-in or capital surplus, or land, building, or equipment fund	_		31	
¥ 32	Retained earnings, endowment, accumulated income, or other fun			32	
₹ 33	Total net assets or fund balances	<u> </u>	598,097.	33	845,582.
-1-5	Total liabilities and net assets/fund balances		598,502.	34	845,582.

Form **990** (2010)

Pa	Reconciliation of Net Assets: Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)			507.
2	Total expenses (must equal Part IX, column (A), line 25)			022.
3	Revenue less expenses Subtract line 2 from line 1	2	47,	485.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))4	5	98,	097.
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	8	45,	582.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	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		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b		

Form **990** (2010)

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

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

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
- 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

 Section 501(c)(4), (5), or (6) org 	anizations: Complete Part III			
Name of organization			Employer identif	ication number
VOTEVETS ACTION FUND,			51-05	
Part I-A Complete if the o	rganization is exempt under s	section 501(c) or is	s a section 527 organ	ization.
candidates for public office i	organization's direct and indirect p n Part IV			
				3,333,301.
3 Volunteer hours				
Part I-B Complete if the o	rganization is exempt under so	ection 501(c)(3).		
1 Enter the amount of any exc	cise tax incurred by the organization	n under section 495	5 ▶ \$	
2 Enter the amount of any exc	cise tax incurred by organization ma	anagers under section	on 4955 ▶ \$	
	a section 4955 tax, did it file Form			
4a Was a correction made?b If "Yes," describe in Part IV				L Yes L No
Part I-C Complete if the o	rganization is exempt under s	section 501(c), ex	cept section 501(c)(3)	
•	spended by the filing organization t			3,305,501.
activities				3,303,301.
	g organization's funds contributed t es		. .	250,000.
3 Total exempt function expe	nditures Add lines 1 and 2 Ente	r here and on Fom	n 1120-POL,	
				3,555,501.
5 Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? s and employer identification numbers. For each organization listed, entributions received that were prompted or a political action committee (F	ber (EIN) of all sect er the amount paid otly and directly deli	tion 527 political organ from the filing organiza vered to a separate poli	izations to which filing tion's funds Also enter tical organization, such
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1) PATRIOT MAJORITY	PO BOX 11714 WASHINGTON, DC 20008	20-3985568	250,000.	0.
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2010

JSA 0E1264 0 040

Schedule	C (Form 990 or 990-EZ) 2010				31-03	190332	Page 2
Part I	-A Complete if the o section 501(h)).	rganizatio	on is exen	npt under sectio	n 501(c)(3) and	filed Form 5768 (ele	ction under
A Che B Che				an affiliated groupox A and "limited		ons apply.	
	Limi	ts on Lobb	ying Expen			(a) Filing organization's totals	(b) Affiliated group totals
1a Tot	tal lobbying expenditures to	influence	public opını	on (grass roots lob	bying)		
	tal lobbying expenditures to		•	· -			
	tal lobbying expenditures (•	• •			
	ner exempt purpose expen						
	tal exempt purpose expend						
f Lol	bbying nontaxable amount						
	umns ne amount on line 1e, column	(a) or (b) is:	The lobbyin	g nontaxable amount	is:		
	over \$500,000			amount on line 1e			
Ove	er \$500,000 but not over \$1,0	00,000	\$100,000 pl	us 15% of the excess	over \$500,000		
Ove	er \$1,000,000 but not over \$1	,500,000	\$175,000 pl	us 10% of the excess	over \$1,000,000		
Ove	er \$1,500,000 but not over \$1	7,000,000	\$225,000 pl	us 5% of the excess	over \$1,500,000		
Ove	er \$17,000,000		\$1,000,000				
g Gra	assroots nontaxable amou	nt (enter 25	% of line 1f				
	btract line 1g from line 1a					:	
	btract line 1f from line 1c.						
	here is an amount other th						
se	ction 4911 tax for this year	?	<u> </u>		<u></u>	 	Yes No
		ations that	t made a se ow. See the	instructions for li	on do not have to nes 2a through 2		ve
	-	Lobi	ying Expe	nditures During 4-	/ear Averaging Pe	riod	
Ca	lendar year (or fiscal year beginning in)	(a) 2	2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobi	bying nontaxable amount						
	bying ceiling amount 0% of line 2a, column (e))						
c Tota	al lobbying expenditures						
d Gra	ssroots nontaxable amount						
	ssroots ceiling amount 0% of line 2d, column (e))		r				
f Gra	ssroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (F	orm 990 or 990-EZ) 2010	51-0596352		
Part II-B	Complete if the organization is exempt under sec (election under section 501(h)).	tion 501(c)(3) and has NOT file	ed For	rm 5768
			(a)	(b
		Yes	No	Amo

		(8	a)		(b)	
		Yes	No	A	mount	
 t	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
b c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?					
f	Oranio 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? If "Yes," describe in Part IV					
j	Total Add lines 1c through 1ı					
a a	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					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			. <u></u>		
d				Ĺ		
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection		
				_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1 X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			🗀	2	X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?				3	X
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501					
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A	line	3 is a	ınswere	d	
	"Yes."					

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year		
	Total		
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information PART 1-A LINE 1

POLITICAL EXPENDITURES

VOTEVETS ACTION FUND, INC. CONTRIBUTED TO A 527 ORGANIZATION AS LISTED IN

PART 1-C LINE 5; MADE INDEPENDENT EXPENDITURES; AND ELECTIONEERING

COMMUNICATIONS.

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010

Part IV Supplemental Information (continued)

Page 4

SCHEDULE D (Form 990)

Supplemental Financial Statements

201

2010

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Name of the organization

VOTEVETS ACTION FIND INC

Employer identification number

<u>vo:</u>	TEVETS ACTION FUND, INC	51-0596352
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Fund organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	
	funds are the organization's property, subject to the organization's exclusive legal control	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant used only for charitable purposes and not for the benefit of the donor or donor advisor, or	or for any other
	purpose conferring impermissible private benefit?	· · · · · · · · · · · Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes"	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		on of an historically important land area
		ion of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year	Held at the End of the Tax Year
	Tital and a selection and a second and a second and a	
a	Total number of conservation easements	1 1
b	Total acreage restricted by conservation easements	I I
C	Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
d	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or te	
,	tax year	minated by the organization during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	
•	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easi	ements during the year
	▶ \$	• ,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)
	(i) and 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenu	
	balance sheet, and include, if applicable, the text of the footnote to the organization's file	nancial statements that describes the
	organization's accounting for conservation easements	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in works of art, historical treasures, or other similar assets held for public exhibition, public service, provide, in Part XIV, the text of the footnote to its financial statements that	its revenue statement and balance sheet education, or research in furtherance of t describes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in works of art, historical treasures, or other similar assets held for public exhibition, public service, provide the following amounts relating to these items.	
	(i) Revenues included in Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other sim	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these	-
а	Revenues included in Form 990, Part VIII, line 1	▶\$
b	A	

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

Schedule D (Form 990) 2010

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3. Using the organizations acquision, accession, and other records, check any of the following that are a significant use of its collection inters (check all that apply) a Public exhibition	Sched	lule D (Form 990) 2010				51-0	596352			F	Page 2
collection ferms (check all that apply) a	Par	t III Organizations Maintainin	g Collections	of Art, Histo	rical Treasu	res, or	Other Similar A	ssets (c	ontinue	₹d)	
a Public exhibition d Clarent research	3			d other recor	ds, check an	y of the	e following that a	re a sigr	nificant i	use c	of its
b Scholarly research c Other representation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part X/V 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection?			')		.						
Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	а			d	-1						
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV. Initial Provide Amount of Part IV Initial Provided Amount on Form 990, Part X, line 21. Initial Initial Provided Amount on Form 990, Part X, line 21. Initial Initial Provided Amount on Form 990, Part X, line 21. Initial Provided	b			e	Other _			_			
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization?	С										
assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV. line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIV and complete the following table. 2 Beginning balance 3 Beginning balance 4 Destributions during the year 5 Ending balance 4 Destributions during the year 5 Ending balance 6 Destributions during the year 6 Destributions during the year 1 Destributions during the year 1 Destributions during the year 1 Destributions during the year 1 Destributions during the year 1 Destributions during the year 1 Destributions during the year 1 Destributions during the year 1 Destributions during the year 2 Destributions during the year 2 Destributions during the year 2 Destributions 3 Destributions 3 Destributions 4 Destributions 5 Destributions 6 Destributions 7 Destributions 6 Describe in Part XIV the intended uses of the organization that are held and administered for the organization by 9 Describe in Part XIV the intended uses of the organization that are held and administered for the organization by 10 Unrelated organizations 10 Describe in Part XIV the intended uses of the organization of sendowment funds 10 Describe in Part XIV the intended uses of the organization of sendowment funds 10 Describe in Part XIV the intended uses of the organization of sendowment funds 10 Describe in Part XIV the intended uses of the organization of sendowment funds 10 Describe in Part XIV the intended uses of the organization of sendowment funds 10 Describe in Part XIV the intended uses of the orga	4		zation's collection	ons and expla	in how they	further	the organization!	s exemp	t purpos	e in	Part
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes	5	During the year, did the organization	solicit or receiv	e donations o	f art, historica	al treasu	ires, or other simila	ar			
line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?		assets to be sold to raise funds rather	er than to be mai	intained as pa	rt of the orgai	nızatıon	's collection? · · ·	[Yes		No
1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7	Par	t IV Escrow and Custodial Ar	rangements. C	omplete if t	he organizat	tion ans	swered "Yes" to	Form 99	0, Part	ĪV,	
included on Form 990, Part X?		line 9, or reported an am	ount on Form 9	990, Part X, I	ine 21.						
b If "Yes," explain the arrangement in Part XIV and complete the following table. c Beginning balance	1 a	Is the organization an agent, trustee	, custodian or ot	her intermedi	ary for contrib	outions	or other assets no	t			
c Beginning balance		included on Form 990, Part X?						[Yes		No
c Beginning balance	b	If "Yes," explain the arrangement in	Part XIV and con	nplete the foll	owing table.			_			
d Additions during the year							Α	mount			
d Additions during the year	С	Beginning balance				- 1c					
e Distributions during the year											
f Ending balance		<u> </u>									
Did the organization include an amount on Form 990, Part X, line 21? If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back Beginning of year balance (b) Contributions (c) Contributions (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (e) Fo		- -					, ,				
Bound Fire Form Funds Complete Form Funds Complete Form Funds F		=							Yes	\top	No
Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. Complete the second (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years bac		-		-,							
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back				ration answe	red "Yes" to	Form	990 Part IV line	10			
1a Beginning of year balance	ı aı	Endownione Lando: Com							(e) Four	vears	back
b Contributions	1a	Beginning of year balance	(-,	(4)		,	(-,,,,,,,,,,		(-,	,	
c Net investment earnings, gains, and losses				 						-	
and losses		⊢		 							
d Grants or scholarships											
e Other expenditures for facilities and programs	А	L.	-	 							
and programs		¥		1							
f Administrative expenses	U	1									
g End of year balance											
Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment ▶		·									
Board designated or quasi-endowment b Permanent endowment c Term endowment % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations 5a(ii) 1f "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation b Buildings c Leasehold improvements d Equipment 7,432 7,432 7,303 5,129. e Other Other 6 Term endowment Yes No (a) Acity (ii) related organizations (iii) related organizations listed as required on Schedule R? 3b (iii) related organizations 3a(ii) (iii) related organizations 3a(ii) (iii) related organizations (iii) related org	_	<u>-</u>	£45	<u> </u>	L						
b Permanent endowment ▶% c Term endowment ▶% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations											
c Term endowment ▶	-										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations			%								
organization by (i) unrelated organizations			/o ·	£ 4h	44 -4	L-14	d - d	41			
(i) unrelated organizations	Ja		ne possession o	the organiza	ition that are	neid an	a administered for	tne	_	V	NI.
(ii) related organizations		· ·	1							res	NO
b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		• • • • • • • • • • • • • • • • • • • •							, · · ·		
4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (other) (d) Book value (other) (d) Book value (d) Book value (other) (d) Book value (other) (d) Book value (other) (d) Book value (other) (d) Book value (d) Book value (other) (d) Book value (d) Book va		• • •									
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) (other) (c) Accumulated depreciation (d) Book value (other) (other) (c) Accumulated depreciation (d) Book value (other) (other) (d) Book value (other) (other) (d) Book value (other) (other) (other) (d) Book value (other) (other) (d) Book value (other) (other) (d) Book value (d) Book value (d)	_			•					30		
Description of investment (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value 1a Land									-		
(investment) (other) depreciation 1a Land	Par	t VI Land, Buildings, and Equ	<u>ipment. See Fo</u>	orm 990, Pa	rt X, line 10.						
b Buildings		Description of investment	1			er basis		(0	i) Book va	iue	
c Leasehold improvements	1 a	Land									
d Equipment	b	Buildings									
e Other	C	Leasehold improvements									
	d	Equipment			7	,432	2,303			5,1	29.
	_ е	Other									
	Tota	I. Add lines 1a through 1e (Column	(d) must equal F	orm 990, Part	X, column (B)	, line 10	(c)) ▶			5,1	29.

Part VII	Investments - Other Securities. See F	<u>orm 990, Part X, Iin</u>	e 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		
(2) Closely-	held equity interests		
(3) Other			
(B)	·		
(D)			
(E) (F)			
(G)			
(H)	·		
(I)			
	n (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII		orm 990, Part X, lin	ne 13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
(10)			
	n (b) must equal Form 990, Part X, col (B) line 13)		
Part IX	Other Assets. See Form 990, Part X, I	ine 15.	
	(a)	Description	(b) Book value
(1)			
(2)			
(3)	·		
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)		·	
	n (b) must equal Form 990, Part X, col (B) line 15)		
Part X	Other Liabilities. See Form 990, Part >		
1.	(a) Description of Irability	(b) Amount	
(1) Feder	al income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8) (9)	•		
(10)	· · · · · · · · · · · · · · · · · · ·		
(11)			
	nn (b) must equal Form 990, Part X, col (B) line 25,)	
	ASC 740) Ecotosto la Bort XIV assurda the		

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Schedul	e D (Form 990) 2010 51-0596352		Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	_	
b	Donated services and use of facilities		
C	Recoveries of prior year grants 2c	_	
d	Other (Describe in Part XIV)	⊣	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIV)	_ _	
	Add lines 4a and 4b		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
•	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R		
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
C	Other losses Other (Describe in Part XIV) 2d	\dashv \sqcup	
d		⊢ , ,	
e	Add lines 2a through 2d Subtract line 2e from line 1	· 2e	
3		. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a			
b		- Ac	
С 5	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 4c	
	XIV Supplemental Information	. 5	
Comp Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa , line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp iditional information	lete this pai	

Schedule D (Form 990) 2010

Part XIV Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete If the organization answered "Yes" to Form 990, Part IV, Ilines 17, 18, or 19, or if the

OMB No 1545-0047

	2010
	Open To Public
	Inspection
ficati	lon number
635	52

itemal Revenue Service		Attach to Form 990 or i			1 990-E스, line 6a. parate instructions.		Inspection
ame of the organization						Employer Identification	
OTEVETS ACTION						51-059635	
2 S F R	•	plete if the organ			"Yes" to Form 9	90, Part IV, line	17.
Form 990-		required to comp					
1 Indicate whether th	ne organization rais	sed funds through a		_			
a Mail solicitation	ns	е			non-government g		
b Internet and e	mail solicitations	f			government grants	3	
c Phone solicita	tions	g	Spec	cial fundra	ising events		
d X In-person solu	citations						
2a Did the organization							
or key employees	listed in Form 990	, Part VII) or entity	in connec	tion with p	rofessional fundra	ising services?	X Yes No
b If "Yes," list the ter			fundraiser	s) pursuar	nt to agreements i	ander which the fun	draiser is to be
		I	1			(v) Amount paid to	
(I) Name and address	s of individual	' (II) A atuatu		draiser have	(iv) Gross receipts	(or retained by)	(vi) Amount paid to
or entity (fund	raiser)	(ii) Activity		r control of outlons?	from activity	fundraiser listed in col (i)	(or retained by) organization
 		f	Yes	No		cor (i)	
1 GROSS CONTRIB	UTTONS		169	140			
2201 WISC AVE WA				x	7,432,820.		7,432,820.
2 LESLIE MACDON			 	41	774327020		1,432,020
1 GOLDFINCH NAN		LARGE DONOR		x		264,000.	-264,000
3 SOLIDARITY ST		DANGE DONOR				204,000	204,000
POB 52092 WASH D		LARGE DONOR		x		120,400.	-120,400
4 BONNER GROUP,		DARGE DONOR		Λ.		120,400	120,400
729 15TH ST WASH		LARGE DONOR		l x		57,535.	-57,535
5		Elikob bollott	 	**		37,3331	37,033
•							
6							
-			-				
7							
8			<u> </u>				
9							
10							
							_
Total	<u> </u>	<u> </u>	<u>.</u>	.,.▶	7,432,820.	441,935.	6,990,885
3 List all states in w	hich the organiza	tion is régistered o	r licensed	to solicit	contributions or	has been notified	it is exempt from
registration or licei		-					·
		-					
							
	- -						
· 	-						
	- -						
	- -						

	gross receipts greater than \$5,00	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events (add col (a) through
		(event type)	(event type)	(total number)	col (c))
1 2	Gross receipts				
2	Less Charitable				
١,	contributions				
L	line 2)				
4	Cash prizes				
	- Oddin prized				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages	<u> </u>			
8	Entertainment				
	·				
9	Other direct expenses		<u> </u>	<u></u> .	
4.	Direct expense summary. Add lines 4	through 9 in column (d)	_	1,
111		tinough a m column t	u)		11
	Net income summary Combine line 3	3, column (d), and line	10 . <u></u>	<u></u> ▶	
11	Net income summary Combine line 3 Gaming. Complete if the org	3, column (d), and line janization answered	10 . <u></u>	<u></u> ▶	orted more
11	Net income summary Combine line 3	3, column (d), and line panization answered EZ, line 6a.	10 . <u></u>		(d) Total gaming (add
11	Net income summary Combine line 3 Gaming. Complete if the org	3, column (d), and line janization answered	10	<u></u> ▶	(d) Total gaming (add
11 art	Net income summary Combine line 3 III Gaming. Complete if the orgenteem \$15,000 on Form 990-	3, column (d), and line panization answered EZ, line 6a.	"Yes" to Form 990, Pa		orted more (d) Total gaming (add col (a) through col (c)
11	Net income summary Combine line 3 Gaming. Complete if the org	3, column (d), and line panization answered EZ, line 6a.	"Yes" to Form 990, Pa		(d) Total gaming (add
11	Net income summary Combine line 3 III Gaming. Complete if the orgenteem \$15,000 on Form 990-	3, column (d), and line janization answered EZ, line 6a. (a) Bingo	"Yes" to Form 990, Pa		(d) Total gaming (add
11	Net income summary Combine line 3 Gaming. Complete if the orgen than \$15,000 on Form 990-1 Gross revenue	3, column (d), and line janization answered EZ, line 6a. (a) Bingo	"Yes" to Form 990, Pa		(d) Total gaming (add
11 art	Net income summary Combine line 3 Gaming. Complete if the org than \$15,000 on Form 990- Gross revenue	3, column (d), and line janization answered EZ, line 6a. (a) Bingo	"Yes" to Form 990, Pa		(d) Total gaming (add
111	Net income summary Combine line 3 Gaming. Complete if the orgen than \$15,000 on Form 990-1 Gross revenue	3, column (d), and line janization answered EZ, line 6a. (a) Bingo	"Yes" to Form 990, Pa		(d) Total gaming (add
art	Net income summary Combine line 3 Gaming. Complete if the orgen than \$15,000 on Form 990-1 Gross revenue	3, column (d), and line janization answered EZ, line 6a. (a) Bingo	"Yes" to Form 990, Pa		(d) Total gaming (add
111	Net income summary Combine line 3 Gaming. Complete if the orgen than \$15,000 on Form 990-1 Gross revenue	3, column (d), and line lanization answered EZ, line 6a. (a) Bingo	"Yes" to Form 990, Pa		(d) Total gaming (add col (a) through col (c
111 art	Net income summary Combine line 3 Gaming. Complete if the orgen than \$15,000 on Form 990-1 Gross revenue	3, column (d), and line lanization answered EZ, line 6a. (a) Bingo	"Yes" to Form 990, Pa	(c) Other gaming	(d) Total gaming (add col (a) through col (c
111	Net income summary Combine line 3 Gaming. Complete if the orgen than \$15,000 on Form 990-1 Gross revenue	B, column (d), and line lanization answered EZ, line 6a. (a) Bingo	10	(c) Other gaming Yes%	(d) Total gaming (add col (a) through col (c
111 art	Set income summary Combine line 3 Gaming. Complete if the orgen than \$15,000 on Form 990-1 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2	3, column (d), and line lanization answered EZ, line 6a. (a) Bingo Yes No	"Yes" to Form 990, Pa (b) Pull tabs/Instant bingo/progressive bingo "Yes% No	(c) Other gaming Yes% No	(d) Total gaming (add col (a) through col (c
art	Net income summary Combine line 3 Gaming. Complete if the orgen than \$15,000 on Form 990-1 Gross revenue	3, column (d), and line lanization answered EZ, line 6a. (a) Bingo Yes No	"Yes" to Form 990, Pa (b) Pull tabs/Instant bingo/progressive bingo "Yes% No	(c) Other gaming Yes% No	(d) Total gaming (add col (a) through col (c
art	Saming. Complete if the org than \$15,000 on Form 990- Gaming. Complete if the org than \$15,000 on Form 990- Gross revenue	Yes No through 5 in column (a. animal sine 1, column d. a.	10	(c) Other gaming Yes% No	(d) Total gaming (add col (a) through col (c
art	Seming. Complete if the orgen than \$15,000 on Form 990-1 Gross revenue	Yes No through 5 in column (a aming a gaming activities in each	"Yes" to Form 990, Pa (b) Pull tabs/instant bingo/progressive bingo "Yes% No d)	(c) Other gaming Yes% No	(d) Total gaming (add col (a) through col (c
art	Gaming. Complete if the organization licensed to operate of the organization licensed to operate of the organization," explain	Yes No 2 through 5 in column (, aming a gaming activities in each	"Yes" to Form 990, Pa (b) Pull tabs/Instant bingo/progressive bingo "Yes% No "No activities th of these states?	Yes% No	(d) Total gaming (add col (a) through col (c)
a b	Seming. Complete if the orgen than \$15,000 on Form 990-1 Gross revenue	Yes No 2 through 5 in column (, aming activities in each	"Yes" to Form 990, Pa (b) Pull tabs/instant bingo/progressive bingo % Yes% No d) activities th of these states?	Yes%	(d) Total gaming (add col (a) through col (c

Schedu	ule G (Form 990 or 990-EZ) 2010
1 1	Does the organization operate gaming activities with nonmembers?
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?
	Indicate the percentage of gaming activity operated in
	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records.
	Nama 🏲
	Name ►
	Address ►
15a	
	revenue? Yes 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 ▶ \$
C	If "Yes," enter name and address of the third party
	·
	Name ►
	Addrson N
	Address ►
16	Gaming manager information
•	
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
þ	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 > \$
Part	Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this
	part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2010

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Servoe

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

OMB No 1545-0047 2010

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

Open to Public

Inspection

Name of the organization	Employer identification number
VOTEVETS ACTION FUND, INC	51-0596352
Part General Information on Grants and Assistance	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	assistance, and
the selection criteria used to award the grants or assistance?	X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	on answered "Yes" to
Form 990 Bart IV line 31 for any recinient that received more than \$5,000. Check this box if no one recinient received more than \$5,000.	eived more than \$5 000

ž

Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	recipient that	at received m	nore than \$5,000 Check this box if	Check this box if	no one recipient r	eceived more than	\$5,000. Part
1 (a) Name and address of organization or government	(b) EIN		(d) Amount of cash grant, (e) Amount of non-cash assistance	(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) AMERICA VOTES 1155 CONN. AVE NW #600 WASHINGTON, DC 20036	26-4568349	501 C 4	20,000.				GENERAL SUPPORT
(2) NDN 729 15TH STREET, NW WASHINGTON, DC 20005	20-2100126	501 C 4	45,000.				GENERAL SUPPORT
(3) WOMEN'S VOICES. WOMEN VOTE ACTION FD 1640 RHODE ISLAND WASHINGTON, DC 20036	03-0554750	501 C 4	45,000.				GENERAL SUPPORT
(4) PATRIOT MAJORITY PAC PO BOX 11714 WASHINGTON, DC 20008	20-3985568	527	250,000.				VOTER EDUCATION
(5)							
(6)							
(7)							
[8]							
(6)							=
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government or3 Enter total number of other organizations	overnment or	rganizations					

OE1288 2 400 OMX 7165

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

Schedule I (Form 990) (2010)

51-0596352

Page 2

Schedule ! (Form 990) (2010)

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. Part III

	י מון זון כמון כל מקווסמוכת וו מממווים כלום כל ויספקים:	505000				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisa, other)	(f) Description of non-cash assistance
-						
. ~						
, m						
4						
r.					•	
9						
7						,
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	is part to prov	vide the informa	tion required in	Part I, line 2, and any	other additional information.

PART I LINE 2

VOTEVETS ACTION FUND, INC MAINTAINS CONTACT WITH THE GRANTEES.

SCHEDULE J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public

Inspection

Department of the Treesury Internal Revenue Service Name of the organization

VOTEVETS ACTION FUND, INC

Questions Regarding Compensation

Employer Identification number 51-0596352

			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			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	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	1 b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply			
	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 from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4 b		X
C	and the second between the second and the second an	4 c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
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		X
b	Any related organization?	5 b		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			
	compensation contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6 b		Х
_	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		<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe	_		,,
_	ın Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		i

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

Schedule J (Form 990) 2010

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(R) Breakdown of W2 and	SIM-9901 1099-Wig	for 1099-MISC compensation				Ĺ
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(a)-(b)(b)	(r) Compensation reported in prior Form 990 or Form 990-EZ
	9	336,416.				0		101,028.
1 JONATHAN SOLTZ	E		0	0	0	0	11,316.	11,216.
	ε							
,5	€							
	ε		,			•		,
'n	: @		 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	· · · · · · · · · · · · · · · · · · ·	
	ε							
4	€	 	I					
	ε							
2	E							
	ε							
9	(ii)							
	Θ							
7	E							
	ε							
8	€	! ! !	ı	i				
	ε							
6	(ii)							
	ε							
10	(ii)							
	Ξ		1					
11	∄			_				
	ε		# # # # # # # #		1			
12	(E)							
	Θ		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
13	▣		- 1					
	ε		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	 	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
14	Ξ							
	ε				1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
15	▣							
	Ξ					!		
16	€							
							Sche	Schedule J (Form 990) 2010

PAGE 40

Schedule J (Form 990) 2010 Part III Supplemental Information

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

C C F

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

20**10**Open to Public

OMB No 1545-0047

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.

Inspection
Employer identification number

Name of the organization

VOTEVETS ACTION FUND, INC

51-0596352

POLICIES

PART VI, SECTION B, LINE 11B

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

PART VI, SECTION C, LINE 19

THE ORGANIZATION PROVIDES THE FORM 990 UPON REQUEST.

PROGRAM SERVICE ACCOMPLISHMENTS

PART III, LINE 2

THE ORGANIZATION MADE INDEPENDENT EXPENDITURES AND ELECTIONEERING

COMMUNICATIONS DURING THE 2010 ELECTION PERIOD.

ATTACHMENT	1	 	_

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
THE GLOVER PARK GROUP 1025 F STREET, NW 9TH FLOOR WASHINGTON, DC 20004	MEDIA SERVICES	259,784.
NEW PARTNERS CONSULTING 401 9TH STREET, NW, STE 725 WASHINGTON, DC 20004	CONSULTING	440,000.
BUYING TIME LLC 650 MASS AVE NW #210 WASHINGTON, DC 20001	MEDIA SERVICES	2,041,590.
GMMB 1010 WISCONSIN AVE NW #800	MEDIA SERVICES	9,617,903.

Name of the organization VOTEVETS ACTION FUND, INC Employer identification number

51-0596352

ATTACHMENT 1 (CONT'D)

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

WASHINGTON, DC 20007

THE NEW MEDIA FIRM, INC 1730 RHODE ISLAND AVE, NW, STE 410 WASHINGTON, DC 20036

MEDIA SERVICES

759,822.

TOTAL COMPENSATION

13,119,099.

FORM 990, PART VIII - INVESTMENT INCOME

(A) TOTAL (B)

(C)

ATTACHMENT 2

(D)

DESCRIPTION

REVENUE EXEMPT REVENUE

RELATED OR

UNRELATED BUSINESS REV.

EXCLUDED REVENUE

INTEREST INCOME

831.

831.

TOTALS

831.

831.

SCHEDULE R (Form 990)

VOTEVETS ACTION FUND, INC

Name of the organization Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

|--|

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

See separate instructions. ▼ Attach to Form 990.

Open to Public	Inspection

Employer Identification number

51-0596352

(f) Direct controlling entity 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.) (e) End-of-year assets (d) Total ıncome Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33) (c) Legal domicle (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of disregarded entity __(5)____ Part II Part I -(9) <u>(3)</u> (E) **6** <u>(</u>

(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chamty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) illed <i>f?</i>
						Yes	No
(1) VOTEVETS 71-0993645 PO BOX 70980	POLITICAL	DC	527		VVAF	Х	
(2)							
(3)							į
(4)							
(5)							
(9)							
(7)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedul	Schedule R (Form 990) 2010	990) 2010

51-0596352

Page 2

Schedule R (Form 990) 2010

Percentage ownership (k) Percentage ownership Ξ General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification 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.) end-of-year assets (g) Share of (i) Code V-UBI amount in box 20 Schedule K-1 (Form 1065) (f) Share of total income (h) Disproportorate allocatora? ŝ Yes (g) Share of end-of-year (e)
Type of entity
(C corp, S corp,
or trust) (d)
Direct controlling
entity (f) Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or
foreign country) (b) Primary activity (d) Direct controlling (c) Legal domicile (state or foreign (b) Primary activity (a)
Name, address, and EIN of related organization (a)
Name, address, and EIN
of related organization Part III Part IV 45 4 <u>(5)</u> [] Ξ <u>[2</u> 5 <u>(</u>9 <u>(5)</u> <u>[</u> <u>છ</u> 린 2 \mathbf{C}

Schedule R (Form 990) 2010

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Commission has a second contraction to be a Double III or N/ of this cohodule				20	2	
Note: Complete line 1 il any endry is listed ill raits il, ill, or iv or dissolieded	otal against patalar	Dorte II IV.				,
During the tax year, did the organization engage in any of the following transactions with one of miore related organizations listed in raits in-10 f	reigied Organizations iiste		4	_	×	٠,
Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity · · · · · · · · ·			:		: >	
Gift, grant, or capital contribution to other organization(s)		• • • • • • • • • • • • •	:		: ا	
Gift grant or capital contribution from other organization(s)			10		×	
interpretation of the control of the			1 _d		×	
Loans of toan gualantees to of for other organization(s)		•	-	_	×	
Loans or loan guarantees by other organization(s)			:		1	,-
Sale of assets to other organization(s)	•		=======================================	_	×	
Durbon of accept from other amazinate)			19	_	× —	
dictable of abbets field office of gameanories/			=	Ļ	×	١,
Excriange of assets	•		= : :	<u> </u>	×	
Lease of facilities, equipment, or other assets to other organization(s)			: <u> </u> : :	-		1
			4	-	×	_
Lease of facilities, equipment, or other assets from other organization(s)			= 	<u> </u>	: ×	
Performance of services or membership or fundraising solicitations for other organization(s)			<u>*</u>		: : 	
Derformance of services or membership or fundraising solicitations by other organization(s)			=		×	
CHOINTRAINCE OF SCHOOLS OF THE CHOINTRAINED OF TRAINED STORMS OF SCHOOL OF S			1m	χu		
olialing of facilities, equipment, maining lists, of outer assets.	· · · · · · · · · · · · · · · · · · ·		=	×		
Snaring of paid employees			<u> </u> :	_		
			1	1	 *	
Reimbursement paid to other organization for expenses			<u>-1</u> :		: >	
Reimbursement paid by other organization for expenses					<	,-
Other transfer of cash or property to other organization(s)			19	1	×	
Other transfer of cash or property from other organization(s).		•	1-	_	×	
If the asswer to any of the above is "See the instructions for information on who mist complete this line including covered relationships and transaction thresholds	this time including cover	red relationships and transact	ction threshol	<u>پ</u>		1
	uns mic, modeling cover	co reactionality and daily	5	3		
(a) Name of other organization	Transaction type (a-r)	(c) Amount involved	Method of determining amount involved	stermin	Bu _	
			į			
	-		Schedule R (Form 990) 2010	066 EL	0) 201(
1309 1000 4 QQUMX /165			PAGE	40		

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

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 entrty	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3)	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(9) Code V-UBI amount in box 20 of Schedule K-1	(h) General or managing partner?
			Yes No		Yes No	(Form 1065)	Yes No
(1)							
(2)			-				
(3)					ı		
(4)				1	,		
(5)							,
(9)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
						Schedule R (Form 990) 2010	1 990) 2010

PAGE 47

Schedule R (Form 990) 2010

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)

INC

OMB No 1545-0172

Attachment Sequence No

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

VOTEVETS ACTION FUND,

Business or activity to which this form relates

► See separate instructions. ► Attach to your tax return.

> Identifying number 51-0596352

GENERAL DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions)..... 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If marned filing separately, see instructions (a) Description of property 6 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11. Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 1,199 Part III MACRS Depreciation (Do not include listed property) (See instructions) 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (a) Depreciation deduction period only - see instructions) 3-year property b 5-year property 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L ММ S/L 27 5 yrs h Residential rental ММ property 27.5 yrs S/L 39 yrs. ММ S/L i Nonresidential real ММ property Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L c 40-year S/L Part IV Summary (See instructions.) 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 1,199. and on the appropriate lines of your return Partnerships and S corporations - see instructions. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs. 23

r	ווט	111	4	J	0	٠,	(2)	U	'	J)
ı	٠.		ŧ	١	,				ī	ì

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A all of Section B, and Section C if applicable

	24b, colun	nns (a) through (c) (of Section A	, all of	Section	B, and	Section	Cıf a	p <u>p</u> licable)					
	Section A -	Depreciation and	Other Info	rmatior	ı (Caut	ion: Sec	the in	structi	ons for I	imits fo	r passe	nger au	itomobil	les)	
24a	Do you have evidenc						s		24b f "\					Yes	No
	(a)	(b)	(c)				(e)		(f)	(g)	(h)	(1	i)
	Type of property (list	Date placed in	Business/	Cost	(d)		is for depr		Recovery		hod/	1	ciation		section
	vehicles first)	service	investment us percentage	e Cost	or other b	asis (bu	sıness/inve use only		period	Сопи			ction	179	cost
	0		<u> </u>							·					
25	Special depreciation year and used more to														
					i i sti uctic	٠ . (۱۱۵)		• • • •			. 25	L		L	
20	Property used more t	nan 50% in a quaime						—т		т		Τ			
				%											
				%					-						
	 			%						ļ					
27	Property used 50% o	r less in a qualified bu												,	
				%						S/L -					
				%						S/L -					
				%						S/L -					
28	Add amounts in colu	mn (h), lines 25 thro	ugh 27 Ente	er here a	nd on lin	ne 21, pa	ne 1				28				
	Add amounts in colu												. 29		
						ation o									
C 05	nplete this section for	vehicles used by a								related	nerson	If you n	rovided	vahicles	to your
	ployees, first answer the												ovided	vernues	to you
		- 4000000			a)	T	b)	1	(c)		1)	T	e)		f)
30	Total business/inv	estment miles o	driven ,		ide 1		ide 2	Ve	hicle 3		cle 4		cle 5		de 6
	during the year (do														
	miles)					ļ		-			-				
31	Total commuting mil	es driven during the	year							.					
32	Total other per	rsonal (noncomm	utıng)												
	miles driven														
33	Total miles driven														
	lines 30 through 32														
34	Was the vehicle			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	Νo
	use during off-duty ho	•		,											
35	Was the vehicle														
-	more than 5% ow						Ì								
26	Is another vehicle					 									
30		•													
	use?	•				<u> </u>						<u> </u>	l		
		Section C - Que								•					
	swer these question				eption	to com	pleting	Section	on B tor	vehicle	s used	by em	ployees	whoa	ire not
mo	re than 5% owners o	or related persons	(see Instruc	tions)											
37	Do you maintain					•					_	muting,	by	Yes	No
	your employees?														
38	Do you maintain a	written policy statei	ment thạt pi	ohibits	persona	al use of	vehicle	s, exce	ept comm	nuting, b	y your				
	See the instructions f	or vehicles used by c	orporațe offic	cers, dire	ectors, o	r 1% or r	nore ow	ners							
39	Do you treat all use of	of vehicles by employe	es as person	al use?											
40	Do you provide n	nore than five ve	hicles to y	our em						our emp	loyees	about	the		
	use of the vehicles, a	nd retain the informa	tion received	?											
41	Do you meet the re	equirements concern	ing qualified	autom	obile de	emonstra	ition use	? (See	ınstructı	ons)			• • • •		
	Note: If your answer t												• • • •		
Pa	art VI Amortizat	ion			•						-			L-,	
•	Amortizat	1011	I								(e	<u>a </u>			
	(a)		(b) Date amon	uzation		(c)			(d)		Amorti			(f)	
	Description of	of costs	begin		Ar	nortizable	amount		Code se	ection	perce		Amortiza	ition for th	ns year
42	Amortization of cont	te that begins direct	<u> </u>)))	inetrice	none)				perce	iidge			
42	Amortization of cost	s mar begins ourin	y your 2010	J Lax ye	aı (see	mstruct	(81101				ı	<u> </u>	_		
					 - -			-+							
_			<u> </u>												
	Amortization of costs	•										43			
44	Total, Add amounts i	n column (f) See th	e instructions	for whe	re to rer	ort						1 44			

JSA 0X2310 4 000 2010

51-0596352

VOTEVETS ACTION FUND, INC

85.1 85. 170. 225. 85. 85. 123. 85. 1,199. 1,199. Current-year depreciation Current-year amortization Current-year 179 expense MA CRS class ACRS (class c 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 Lıfe Life Ending
Accumulated Medepreciation thod Conv Code 85. SL ' 85. SL 85. SL 1,024. SL 731. SL $_{\rm SI}$ SL SL Ending Accumulated amortization (123. 85. 85. 2,303. 2,303. Beginning Accumulated A depreciation Accumulated amortization 768. 1,274. 496. 506. 496. 1,274. Basis for depreciation 7,432. 1,281. 1,123. 638. 850. 1,838. 638. 638. 638. 638. 850. 7,432. Basis Reduction 179 exp reduction in basis 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 638, 100.000 Bus % 638. 638. Unadjusted Cost or basis 1,281. 1,123. 850. 1,838. 638. 638. 850. 7,432. 7,432. Cost or basis Date placed in service 04/11/2008 11/15/2010 11/15/2010 11/15/2010 11/15/2010 07/12/2007 07/18/2007 03/01/2011 11/15/2010 Date placed in service Less Retired Assets Subtotals Asset description Description of Property Asset description GENERAL DEPRECIATION TOTALS.... **AMORTIZATION** DEPRECIATION EMACHINE COMPUTER Less Retired Assets Listed Property INSPIRON LAPTOP APPLE MACBK PRO IPAD WIFI 32GB IPAD WIFI 32GB IPAD WIFI 32GB IPAD WIFI 32GB IPAD WIFI 32GB APPLE MACBOOK TOTALS. .

Assets Retired

JSA 0X9024 1 000

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

OMB No 1545-0184 Attachment Sequence No 27

Identifying number

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

► Attach to your tax return.

► See separate instructions.

vo	TEVETS ACTION FUND, I	NC					51-0	0596352
1	Enter the gross proceeds from sa							
	substitute statement) that you are in	ncluding on line 2	, 10, or 20 (see	instructions)	. <u></u>		1	
Ρā	art I Sales or Exchanges of	f Property Use	ed in a Trade	or Business ar	nd Involuntary C	onversio	ns Fro	m Other
	Than Casualty or The	ft - Most Prop	erty Held Mo	re Than 1 Year			т	
2	(a) Description of property	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, pl improvement expense o	lus its and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	ATTACHMENT 1	 		· · ··	- Loquisiion	CAPONICO O		-184.
-	HITACIII-BNI I	 						
		 						
-								
3	Gain, if any, from Form 4684, line 4	12		<u> </u>		·	3	· · · · · ·
4	Section 1231 gain from installmen	t sales from Form					4	
5	Section 1231 gain or (loss) from III	ke-kind exchanges	from Form 8824	1 · · · · · · · · · · · · · · · · · · ·			5	
6	Gain, if any, from line 32, from other	er than casualty or	theft				6	
7	Combine lines 2 through 6 Enter t	the gain or (loss)	here and on the	appropriate line as fo	ollows		7	-184.
	Partnerships (except electing lar instructions for Form 1065, Schedu	ge partnerships)	and S corpor	ations. Report the	e gain or (loss) foll	owing the		
	Individuals, partners, S corporation	on shareholders,	and all others.	If line 7 is zero or	a loss, enter the an	nount from		
	line 7 on line 11 below and skip li losses, or they were recaptured in Schedule D filed with your return ar	an earlier vear.	enter the gain	from line 7 as a	long-term capital ga	ain on the		
8	Nonrecaptured net section 1231 lo	•					8	
9	Subtract line 8 from line 7. If zero of		,					
3	9 is more than zero, enter the am-		-	•				
	capital gain on the Schedule D filed						9	
Ρā	art II Ordinary Gains and Los							
10	Ordinary gains and losses not incli	uded on lines 11	through 16 (incli	ude property held 1 y	year or less)			
							, i	
					1			
11	Loss, if any, from line 7						11	(184)
12	Gain, if any, from line 7 or amount	from line 8, if app	licable				12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684,	, lines 34 and 41a					14	
15	Ordinary gain from installment sale	es from Form 625	2, line 25 or 36				15	
16	Ordinary gain or (loss) from like-kir	nd exchanges from	n Form 8824				16	
17	Combine lines 10 through 16						17	-184.
18	For all except individual returns, en and b below. For individual returns,	nter the amount fr	om line 17 on ti	he appropriate line	of your return and s	kip lines a		
ε	a If the loss on line 11 includes a los	s from Form 4684	t, line 38, colum	ın (b)(ıı), enter that	part of the loss here	Enter the		
	part of the loss from income-produ	ucing property on	Schedule A (Fo	orm 1040), line 28,	and the part of the	loss from		
	property used as an employee o See instructions						18a	
ŀ	b Redetermine the gain or (loss) on li						18b	
	Paperwork Reduction Act Notice,						,	Form 4797 (2010)

(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	property			(b) Date acquired (mo , day, yr)		(c) Date sold (mo , day, yr)
<u>A</u>							
В	·	 				_	
<u>c </u>						_	
D							
		Property A	Property B		Property C		Property D
These columns relate to the properties on lines 19A through 19	>		,				
Gross sales price (Note: See line 1 before completing)	20						
Cost or other basis plus expense of sale	21				 		
Propreciation (or depletion) allowed or allowable	22						
Adjusted basis Subtract line 22 from line 21	23						
Total gain Subtract line 23 from line 20	24						
	24		<u> </u>				
If section 1245 property:							
a Depreciation allowed or allowable from line 22							
b Enter the smaller of line 24 or 25a	23D					+	
used, enter -0- on line 26g, except for a corporation subject to section 291							
a Additional depreciation after 1975 (see instructions).	26a						
b Applicable percentage multiplied by the smaller of							
line 24 or line 26a (see instructions)	26b						
c Subtract line 26a from line 24 If residential rental property							
or line 24 is not more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976							
e Enter the smaller of line 26c or 26d	26e						
f Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f							
If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)							
a Soil, water, and land clearing expenses	27a						
b Line 27a multiplied by applicable percentage (see instructions)	27 b						
c Enter the smaller of line 24 or 27b	27c						
If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a						
b Enter the smaller of line 24 or 28a	28b						
If section 1255 property:							
a Applicable percentage of payments excluded from			1			1	
income under section 126 (see instructions)	29a						
b Enter the smaller of line 24 or 29a (see instructions)							
ummary of Part III Gains. Complete proper		umns A through	D through line	29b	before going to	o line	30.
unimary of Part III Gains. Complete proper	ty COI	unins A unough	D timough line	230	Detole going to		30.
Total gains for all properties Add property columns						30	
1 Add property columns A through D, lines 25b, 26g,	27c, 28	3b, and 29b Enter he	re and on line 13			31	
Subtract line 31 from line 30 Enter the portion from	casua	ilty or theft on Form	684, line 36 Enter	the p	oortion from		<u> </u>
other than casualty or theft on Form 4797, line 6						32	
Part IV Recapture Amounts Under Secti (see instructions)	ons 1	79 and 280F(b)	2) When Busi	ness	Use Drops to	50%	or Less
(5555555)		·· <u>-</u> ·			(a) Section 179		(b) Section 280F(b)(2)
2 Continu 170 ovnome doduction of description and	uable :-	n prior veces	1	2.2	1,0	-	2001 (5)(2)
Section 179 expense deduction or depreciation allow				33			
Recomputed depreciation (see instructions)				34	<u> </u>		
5 Recapture amount Subtract line 34 from line 33 S	aa tha i	netri intione for whore	to roport	35		- 1	

INC	l Detail
FUND,	797 Part
ACTION	Form 4
VOTEVETS	Supplement to

Date Acquired
- 1
1
- 1

Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return

 If you are 	filing for an Automatic 3-Month Extension, of filing for an Additional (Not Automatic) 3-Month Part II unless you have already been gra	onth Exter	nsion, complete only Part II (on page	e 2 of this form)	
a corporation 8868 to reconstructions)	iling (e-file). You can electronically file Form in required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Personal For more details on the electronic filing of the tomatic 3-Month Extension of Time. Or	nal (not au forms liste il Benefit nis form, vi	itomatic) 3-month extension of time ed in Part I or Part II with the exce Contracts, which must be sent to sit www.irs.gov/efile.and.click.on.e-fi	You can electronicall ption of Form 8870, I the IRS in paper fo	ly file Form Information ormat (see
	n required to file Form 990-T and requesting			ov and complete	
•				ox and complete	
Part Tonly					
	, , , , , , , , , , , , , , , , , , , ,	ips, rciviit	Ss, and trusts must use Form 7004 to	request an extension o	ıı ume
	Name of exempt organization			Employer identification	numbor
Type or					
print	VOTEVETS ACTION FUND, INC			51-0596352	
File by the	Number, street, and room or suite no. If a P.O. bo	•	ctions		
due date for	C/O G&W 2201 WISCONSIN AVE N				
filing your return See	City, town or post office, state, and ZIP code For	a foreign ac	idress, see instructions		
instructions	WASHINGTON, DC 20007				
Enter the Re	eturn code for the return that this application	is for (file a	a separate application for each return)	. 01
Application		Return	Application		Return
ls For		Code	ls For		Code
Form 990		01	Form 990-T (corporation)		07
Form 990-B		02	Form 1041-A		08
orm 990-E		03	Form 4720		09
Form 990-Pf		04	Form 5227		10
					
	(sec_401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telephon If the orga If this is for the whole	e No 646 415-8429 anization does not have an office or place of lor a Group Return, enter the organization's for e group, check this box	business in ur digit Gro f it is for pa	oup Exemption Number (GEN)	If the	
	est an automatic 3-month (6 months for a cor		equired to file Form 990-T) extension	of time	
untıl for the ▶	•	exempt or	ganization return for the organization		dension is
	ax year entered in line 1 is for less than 12 m Change in accounting period	onths, che	ck reason Initial return	Final return	
3a If this	application is for Form 990-BL, 990-PF, 99	0-T, 4720	or 6069, enter the tentative tax	less any	
	undable credits See instructions			3a \$	
	application is for Form 990-PF, 990-T,	4720. OI	r 6069, enter any refundable cre		
	ted tax payments made Include any prior year			3ы\$	
	te Due. Subtract line 3b from line 3a Include				
j	onic Federal Tax Payment System) See instru		.c min and form, it roquired, by us	3c \$	
	you are going to make an electronic fund v		with this Form 8868 see Form 8		79-FO for
		wittiurawai	with this Form 6000, see Fulli 6	TOUTED AND FURN 66	19-EO 101
payment ins	rk Reduction Act Notice, see Instructions.			Form 8868 ((Rev 1-2011)

Note. Only	e filing for an Additional (Not Automatic) 3-N	nonth Exter	nsion, complete only Part II and che	ck this box	🏲 🛂
	complete Part II if you have already been gra			viously filed Form 8868	
	e filing for an Automatic 3-Month Extension,	complete o	only Part I (on page 1)		
⊿Part II	Additional (Not Automatic) 3-Month E	extension	of Time. Only file the original (no		
Type or	Name of exempt organization			Employer identification	
print	VOTEVETS ACTION FUND, INC			51-0596352	
File by the	Number, street, and room or suite no If a P.O b		ctions		
extended due date for	C/O G&W 2201 WISCONSIN AVE		<u> </u>		
filing your return See	City, town or post office, state, and ZIP code. For	or a foreign ac	ldress, see instructions		
instructions	WASHINGTON, DC 20007				
Enter the R	eturn code for the return that this application	is for (file a	a separate application for each return)	0
Application	1	Return	Application		Retu
Is For	•	Code	is For		Code
Form 990		01	都是是他的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	模型的多类的现在分词	and the same
Form 990-E	81	02	Form 1041-A	the room has a real and the complete of	08
Form 990-E		03	Form 4720		09
Form 990-P		04	Form 5227		10
	(sec 401(a) or 408(a) trust)	05	Form 6069		11
	(trust other than above)	06	Form 8870		12
STODI DO -	not complete Part II if you were not already			previously filed Forn	
	ks are in the care of ▶ PETER MELLMAN			<u> </u>	
 If the org 	ne No ► 646 415-8429 ganization does not have an office or place of for a Group Return, enter the organization's for	business ir			
 If the org If this is for the who list with the For ca I requ State 	panization does not have an office or place of for a Group Return, enter the organization's foliogroup, check this box	business ir bur digit Ground digit Ground Gr	the United States, check this box oup Exemption Number (GEN) art of the group, check this box	If thin and attained attained and attained and attained and attained attained and attained att	s is ach a
If the orgenia in the second is the second in the second	ganization does not have an office or place of for a Group Return, enter the organization's for a Group, check this box	business in business in business in bur digit Ground in the store partial business in the store	the United States, check this box pup Exemption Number (GEN) art of the group, check this box 05/15 cart of the United States of the United States cart of the United St	If thin and attained and attained and any life the and attained and and any life the and and any life the and any life the and any life the and any life the and any life the and any life the and any life the and any life the and any life the and any life the and any life the and any life the and any life the and any life the and any life the and any life the and any life the and attained and any life the and attained and any life the and attained and any life the and attained attained and attained att	s is ach a
• If the org • If this is for the who list with the 1	ganization does not have an office or place of for a Group Return, enter the organization's for a Group, check this box	business in bur digit Ground di	the United States, check this box pup Exemption Number (GEN) art of the group, check this box 05/15 ; 07/01 20 10 , and ending the reason Initial return TIME IS NEEDED TO GATHER AND ACCURATE TAX RETURN 0, or 6069, enter the tentative tax everpayment allowed as a credit then with this form, if required, by us and Verification	If thin and attained and attained and any less any less and lead and and and and any less sections. If the less and less	s is ach a

•