COMMITTEE ON NATURAL RESOURCES

113th Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Subcommittee on Public Lands and Environmental Regulation Legislative Hearing on **H.R. 3976** (**Ruiz**), the "*Wounded Veterans Recreation Act.*" April 4, 2014

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:

For Witnesses Representing Organizations:
1. Name: Garett Reppenhagen
2. Name of Organization(s) You are Representing at the Hearing: Vet Voice Foundation
3. Business Address: 1590 Spruce St., Denver, CO., 80220
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

For all Witnesses

Name/Organization: Garett Reppenhagen/Vet Voice Foundation
Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on **H.R. 3976 (Ruiz)**, the "Wounded Veterans Recreation Act."
April 4, 2014

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

I served as a Cavalry Scout Sniper in the US Army 1st Infantry Division in a 9 month peacekeeping mission in Kosovo in 2002-3 and completed a combat deployment in OIF II in the Diyala Province of Iraq. I worked as an advocate for veterans transitioning into the civilian workforce and higher education since being honorably discharged in June of 2005. I have dedicated my career to helping my fellow service members and have witnessed the healing effect our outdoors has on service members, veterans and their families. Vet Voice Foundation's programs directly introduce veterans to the outdoors and help engage them in issue based campaigns to develop community leaders.

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

NA

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

I currently serve as the Program Director for the Vet Voice Foundation. VVF is a non-profit, non-partisan organization that works with veterans throughout the United States and offers comprehensive programs which expose veterans to the outdoors as a means of healing as well as utilizing their voices in campaigns to protect our public lands and initiate grassroots efforts and outreach to lawmakers in support of robust federal conservation funding.

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

NA

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

NA

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

NA

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

NA

Witnesses Representing Organizations

Name/Organization: Garett Reppenhagen/Vet Voice Foundation Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on H.R. 3976 (Ruiz), the "Wounded Veterans Recreation Act." April 4, 2014

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

VVF is testifying in support of Rep. Ruiz's bill, HR 3976.

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

NA

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

NA

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

NA

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

A F	or th	e 2010 calendar year, or tax year beginning , 2010,	and ending		, 20
Вс	heck if ap	C Name of organization VET VOICE FOUNDATION, INC.		D Employer identifica	ation number
	Addres	SS Doing Business As		26-4627222	
	7		Room/suite	E Telephone number	
	Initial	return C/O G&W, PC, 2201 WISCONSIN AVE, NW SUITE	320	(917) 723-29	998
	Termin	City or town, state or country, and ZIP + 4			
	Amen			G Gross receipts \$	454,769.
	Applic	F Name and address of principal officer: PETER MELLMAN		H(a) Is this a group return affiliates?	of for Yes X No
		SEE ABOVE ,		H(b) Are all affiliates inclu	ided? Yes No
200		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a list.	(see instructions)
J	Websit	te: ▶ VETVOICEFOUNDATION.ORG		H(c) Group exemption nu	mber >
K	Form o	of organization: X Corporation Trust Association Other	L Year of fo	rmation: 2009 M State of	of legal domicile: DC
Pa	rt I	Summary			
	1	Briefly describe the organization's mission or most significant activities:			
ø		BUILDING A NEW MODEL FOR THE VETERANS' MOVEMENT			
anc	ı	EDUCATION AND MOBILIZATION OF VETERANS ON THE I			
ern	l	FACE, SUCH AS HEALTH CARE, JOBS, THE ENVIRONMEN			
Governance		Check this box if the organization discontinued its operations or disposed		1 1	2
య	3	Number of voting members of the governing body (Part VI, line 1a)		3	3.
Activities	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	2.
tivi		Total number of individuals employed in calendar year 2010 (Part V, line 2a)			0.
A	6	Total number of volunteers (estimate if necessary)		6	
		Total gross unrelated business revenue from Part VIII, column (C), line 12			
_	b	Net unrelated business taxable income from Form 990-T, line 34			Current Veer
		0 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	283,625.	454,769.
ine	8	Contributions and grants (Part VIII, line 1h).	FOR	203,023.	0.
Revenue	9	Program service revenue (Part VIII, line 2g) PUBLIC INS	PECTION		0.
Re	10	investment income (Part VIII, Column (A), lines 3, 4, and 70)		-	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		283,625.	454,769.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		203,023.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	• • • • • -		0.
	4.5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15,000.	65,644.
Expenses	162			20,000	0.
ber	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶			
ñ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		22,688.	245,829.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	⊢	37,688.	311,473.
	10. 00.00	Revenue less expenses. Subtract line 18 from line 12		245,937.	143,296.
or				Seginning of Current Year	End of Year
land	20	Total assets (Part X, line 16)		245,937.	389,233.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		0.	0.
Fet	22	Net assets or fund balances. Subtract line 21 from line 20		245,937.	389,233.
	rt II	Signature Block		*	
Une	der pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and complete. Declaration of preparer (other than officer) is based on all information of which pre	and statements, a	and to the best of my knowled	dge and belief, it is true,
_		de destriptions section and property (extrem than others) to be seed on all fill of minority of which pro-	parci nas arry kii		
	ign	, w sour		6-14	-
Н	ere	Signature of officer		Date	
		17551. reasuret			
_		Type or print name and title	Data	Obert "	LOTIN
Paid	i	Print/Type preparer's name Preparer's signature	Date . 10.	Check if self-	PTIN
	parer	AMY C. GILBERT	10.	ompiojed P	P00956578
Use	Only	Firm's name			1263814
May	the II	Firm's address 2201 WISCONSIN AVE, NW SUITE 320 WASHINGTON, DC 20 RS discuss this return with the preparer shown above? (see instructions)			-342-6000
		rwork Reduction Act Notice, see the separate instructions.			X Yes No
. 01	. apei	more reduction not notice, see the separate monutations.			Form 990 (2010)

TE 3



Department of the Treasury Internal Revenue Service Ogden UT 84201

For assistance, call: 1-877-829-5500

Notice Number: CP211A Date: May 23, 2011

Taxpayer Identification Number:

26-4627222 Tax Form: 990

Tax Period: December 31, 2010

044811.850463.0130.003 1 AT 0.365 375

VET VOICE FOUNDATION INC % GILBERT WOLFAND PC 2201 WISCONSIN AVE NW STE 320 WASHINGTON DC 20007-4105957



)44811

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is August 15, 2011.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 209,203.

Form 990 (2010)

Form 9	90 (2010) 26-4627222		F	Page 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,"		_	
•	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
2				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		х
	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)		v	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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			
J	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes,"</i>			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
10	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
		10		DESCRIPTION OF THE PERSON OF T
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.		Laborator C	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			v
	Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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		X
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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
J		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
40	TOTAL STATE OF THE PROPERTY OF	13		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	4.0		Х
	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	4-		v
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	Spanner I		
2240a4	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	50000		
	If "Yes," complete Schedule G, Part III	19		X
		20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form			
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form 9	990 (2010) 26-4627222		ı	Page 4
Par	V 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		Х
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			,
	employees? If "Yes," complete Schedule J	23		X
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			Х
	through 24d and complete Schedule K. If "No," go to line 25	24a		
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	24-		
	to defease any tax-exempt bonds?	24c 24d	-	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		
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	234		
	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
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?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	,		
	Schedule L, Part N	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			х
	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		х
	Part I	-		
32	complete Schedule N, Part II	32		х
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
J4	IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2			1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1		
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	1	,,	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

	90 (2010) 26-4627222			Page
Part	V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V			ĿL
30 a	1.1	19025094	Yes	١
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and		X	155
	reportable gaming (gambling) winnings to prize winners?	1 c	Λ	180
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	otatements, filed for the calculat year ending with or within the year covered by this return.	STATISTICS.		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	198416	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	_	┝
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		H
	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	4-		
	account)?	4a		100
	If "Yes," enter the name of the foreign country: ►			8000
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Eo		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		H
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		-
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30	-	t
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		l
	organization solicit any contributions that were not tax deductible?	Ua	-	t
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6 b		
	gifts were not tax deductible?	OB		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	E BONG	ľ
	and services provided to the payor?	7 b		t
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			t
	required to file Form 8282?	7 c		
	If "Yes," indicate the number of Forms 8282 filed during the year		150.00	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	THE REAL PROPERTY.	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		t
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		Ť
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		t
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		S Silver	
	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	The second second	ľ
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		Γ
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		T
	Section 501(c)(7) organizations. Enter:		100	
	Initiation fees and capital contributions included on Part VIII, line 12			ı
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			ı
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			۱
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	Equa		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		ſ
	Note. See the instructions for additional information the organization must report on Schedule O.			I
b	Enter the amount of reserves the organization is required to maintain by the states in which	40 King		۱
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	720		
	Did the consideration and the first of the f	14a		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	144	_	

26-4627222 Form 990 (2010)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and

 for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in
Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Sect	tion A. Governing Body and Management			
	1		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 Lab 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8 b	X	
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		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
U	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
115	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
ı ı a	form?	11a		х
b				
12a		12a	X	1
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		
G	describe in Schedule O how this is done	12c		x
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by	17		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		15a		
a	the organization of the control of t	15b		
D	Other officers or key employees of the organization	135		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
7 6 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	460		х
L	with a taxable entity during the year?	16a		
D	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	405		
Soot	the organization's exempt status with respect to such arrangements?	16b		
	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 Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	rest		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	te e		

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

Check if Schedule O contains a response to any question in this Part VII.......

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employ	Section A.	Officers, Directors,	Trustees, Key	Employees, and Hi	ghest Compensate	d Employees
---	------------	----------------------	---------------	-------------------	------------------	-------------

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

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

Check this box if neither the organization nor	any related	orga	niza	tion	COI	mpen	sate	ed any current offic	er, director, or trus	itee.
(A) Name and Title	(B) Average hours per	Posit		chec		that ap		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	Week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JON SOLTZ CHAIRMAN	1.00			х				9,500.	0.	0.
(2) J. ASHWIN MADIA SECRETARY	1.00			х				0.	0.	0.
(3)LINDSAY PATROSS TREASURER/VP	1.00			х				13,644.	0	0.
(4)PETER MELLMAN ASSISTANT TREASURER	5.00			х				42,500.	0.	0.
(5)										
(6)										
(8)										
(9)										
_(10)										
(12)										
(13)										
(14)										
(15)										
(16)										

JSA

Form 990 (2010)								26-4627222			Page 8
Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and F	ligl	nest Compensat	ed Employ	ees (c	ontinued)
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	m Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compensa from rela organizat (W-2/1099-	ation ated ions	Estimated amount of other compensation from the organization and related organizations
(17)						_					
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
(26)											
(27)											
(28)											
1b Sub-total	ection A .						A A	65,644. 65,644.		0.	0.
Total number of individuals (including but not reportable compensation from the organization)	limited to the	hose					o re			1	
 3 Did the organization list any former officemployee on line 1a? If "Yes," complete Schede 4 For any individual listed on line 1a, is the organization and related organizations individual	cer, directorule J for such the sum of greater the sum of the sum of the such the such the such that	ch ind repor an \$	tab 150	<i>ual</i> le c 0,00	om 0?	pensa	 itior es,"	and other com	pensation fule J for	from such	Yes No
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y Section B. Independent Contractors											5 X
Complete this table for your five highest compensation from the organization.	compensat	ted ir	ndep	end	dent	cont	rac	tors that received	d more tha	an \$10	0,000 of
(A) Name and business add	Iress							(B) Description of se	rvices	C	(C) Compensation
Total number of independent contractors (i more than \$100,000 in compensation from the contractors are contractors.)				nite	d to	thos	e li	sted above) who	received		

Pa	rt VII	Statement of Revenue		50000	No. and the second	5,896-03	0.29
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns 1a					
Jran	b	Membership dues 1b					
s, g amo	С	Fundraising events 1c					
gift	d	Related organizations 1d					
ns, imi	е	Government grants (contributions) 1e					
utio er s	f	All other contributions, gifts, grants,					
rib th		55 55 1	154,769.				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f: \$					
	770	Total. Add lines 1a-1f		454,769.			
Program Service Revenue		Busine	ess Code				
vel	2a						
8	b						
<u>Vi</u>	С						
Ser	d						
Ē	e						
gre	f	All other program service revenue			,		
Pro	g	Total. Add lines 2a-2f	▶	0.		SERVE TO THE ES	
	3	Investment income (including dividends, interest, and					
		other similar amounts)	▶	0.			
	4	Income from investment of tax-exempt bond proceeds		0.			
	5			0.			
	152	Royalties · · · · · · · · · · · · · · · · · · ·	ersonal	ALC: NO PARTY			
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	▶	0.			
	7.0	(i) Securities (ii)	Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	▶	0.			
ø	8a	Gross income from fundraising					
n n		events (not including \$				STATE OF STATE OF	
9,6		of contributions reported on line 1c).					
Ř		See Part IV, line 18 a					
Other Revenu	b	Less: direct expenses b					
=	С	Net income or (loss) from fundraising events	▶	0.			
_	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities	▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue Busine	ess Code				
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0.			A MAINTENANT CONTRACTOR
	12	Total revenue. See instructions	▶	454,769.			

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

7b,	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	0.			
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,		İ		
	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	65,644.	12,211.	14,433.	39,00
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	0.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
11	Fees for services (non-employees):				
а	Management	0.			
b	Legal	0.		4 471	
С	Accounting	4,471.		4,471.	
d	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
f	Investment management fees	0.			
g	Other	0.			
12	Advertising and promotion	0.		245	
13	Office expenses	1,793.	338.	345.	1,11
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	14,416.	14,416.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
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.)	01.050	2 500	605	00 10
	CONSULTING	31,250.	2,500.	625.	28,12
-	MEDIA/RESEARCH/WEBSITE	86,508.	86,508.	007	0.05
	TELEPHONE	4,808.	905.	927.	2,97
d	PERSONNEL COSTS	102,583.	92,325.	10,258.	
e					
	All other expenses	211 472	200 202	21 050	71 01
	Total functional expenses. Add lines 1 through 24f	311,473.	209,203.	31,059.	71,21
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	- · · · · · · · · · · · · · · · · · · ·	V 10-6.			Form 990 (20 PAGI

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	245,937.	1	389,233.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons			
- 1	described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of			
	section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets 8	Notes and loans receivable, net	-	7	
8 8	Inventories for sale or use		8	
٠ ع	Prepaid expenses and deferred charges		9	
"	Land, buildings, and equipment: cost or			
1.00	other basis. Complete Part VI of Schedule D 10a			
	Less: accumulated depreciation		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14			14	
15	Intangible assets		15	
1	Other assets. See Part IV, line 11	245,937.		389,233.
16	Total assets. Add lines 1 through 15 (must equal line 34)	240/337.	17	3037233.
17	Accounts payable and accrued expenses		18	
18	Grants payable		19	
19	Deferred revenue			
20	Tax-exempt bond liabilities		20	
Liabilities 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
温 22	Payables to current and former officers, directors, trustees, key			
협	employees, highest compensated employees, and disqualified persons.			
	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		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0.
Ses	Organizations that follow SFAS 117, check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets	245,937.	27	389,233.
E 28	Temporarily restricted net assets		28	
[29	Permanently restricted net assets		29	
Net Assets or Fund Balances 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
\$ 30	Capital stock or trust principal, or current funds		30	
9 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
8 32	Retained earnings, endowment, accumulated income, or other funds		32	
2 33	Total net assets or fund balances	245,937.		389,233.
34	Total liabilities and net assets/fund balances	245,937.		389,233.

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)	1				769.
2	Total expenses (must equal Part IX, column (A), line 25)	2				473.
3	Revenue less expenses. Subtract line 2 from line 1	3				296.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	45,	937.
5	Other changes in net assets or fund balances (explain in Schedule O)	5				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6		3	Q Q .	233.
D.	art XII Financial Statements and Reporting				09,	233.
Г	Check if Schedule O contains a response to any question in this Part XII				$\overline{}$	
	Thousand a contains a response to any question in this rate of the contains a response to any question in this rate of the contains a response to any question in this rate of the contains a response to any question in this rate of the contains a response to any question in this rate of the contains a response to any question in this rate of the contains a response to any question in this rate of the contains a response to any question in this rate of the contains a response to any question in this rate of the contains a response to any question in this rate of the contains a response to any question in this rate of the contains a response to any question in this rate of the contains a response to any question in the contains a response to t	$\stackrel{\cdot\cdot\cdot}{-}$			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		ſ			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
b	Were the organization's financial statements audited by an independent accountant?			2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh		[
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		1	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	n	[
	Schedule O.					1
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:					1
	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		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	. •				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		

Form **990** (2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection

OMB No. 1545-0047

VET V	OICE FOUNDATIO	ON, INC.							26-	4627222
Part I	Reason for Pub	lic Charity Status	s (All organizations mu	st con	plete	this pa	rt.) Se	e instru	ictions.	
The org	anization is not a priv	ate foundation bed	cause it is: (For lines 1 thr	ough 1	11, che	ck only	one box	c.)		
1	A church, convention	on of churches, or	association of churches of	lescrib	ed in s	ection '	170(b)(1)(A)(i).		
2	A school described	l in section 170(b)((1)(A)(ii). (Attach Scheduk	e E.)						
3	A hospital or a coo	perative hospital s	ervice organization descri	bed in	sectio	n 170(b)(1)(A)(iii).		
4	A medical researc	h organization ope	erated in conjunction wit	th a h	ospital	descri	bed in	section	170(b)(1)(A)(iii). Enter the
	hospital's name, cit	y, and state:								
5	An organization op	erated for the bei	nefit of a college or unive	ersity o	owned	or ope	rated b	y a gov	/ernmei	ntal unit described in
	section 170(b)(1)(/	A)(iv). (Complete P	Part II.)							
6	A federal, state, or	local government	or governmental unit desc	cribed i	n sect	ion 170	(b)(1)(<i>k</i>	4)(v).		
7 X	An organization the	at normally receive	es a substantial part of its	s supp	ort fro	m a go	vernme	ntal un	it or fro	m the general public
	described in sectio	n 170(b)(1)(A)(vi).	(Complete Part II.)							
8			on 170(b)(1)(A)(vi). (Com							
9			es: (1) more than 331/3%							
			exempt functions - subj							
			ome and unrelated busin						1 511	tax) from businesses
			e 30, 1975. See section							
10	An organization org	ganized and opera	ted exclusively to test for	public s	safety.	See se	ction 5	09(a)(4)).	
11	An organization of	rganized and ope	rated exclusively for the	benet	fit of,	to perfe	orm the	e functi	ions of,	or to carry out the
			pported organizations de							
			es the type of supporting					lines 11		
_	a ∐ Type I	b Type				ally inte		eo etka k		Type III - Other
е [the organization is not gers and other than one							
	•		gers and other than one	01 1110	ie pub	iliciy su	portec	organi	Zalions	described in section
	509(a)(1) or section		n determination from the	a IRS	that it	ie a Tv	me I T	vne II	or Type	III supporting
f	organization, check		ii determination nom til	5 1110	mat it	15 4 1	pc ., .	, po,	O , p.	, oupporting
~				or cor	 ntributi	on from	anv of	the	• • • • •	
g	following persons?		inzation doocpied any gire	0. 00.		011 11 0111	u, c.			
			ectly controls, either alon	e or t	ogethe	er with	person	s desci	ribed in	(ii) Yes No
			dy of the supported organ							11g(i)
			scribed in (i) above?		• •					11g(ii)
			son described in (i) or (ii) a	bove?						11g(iii)
h			out the supported organiza							
(i)	Name of supported	(ii) EIN	(iii) Type of organization	(iv)	is the		ou notify		s the	(vii) Amount of
	organization		(described on lines 1-9 above or IRC section	col. (i)	zation in listed in		nization . (i) of	organiz col. (i) o	zation in roanized	support
			(see instructions))		overning ment?		pport?	in the	Ŭ.S.?	
				Yes	No	Yes	No	Yes	No	
/A\				1		İ				
(A)				<u> </u>						
(B)										
(C)										
						<u> </u>	-			
(D)						}				
					 					
(E)					1					
				 	-			 		
Total										
	erwork Reduction Act	Notice, see the Instri	uctions for	Ь		<u></u>	<u></u>	Sc	hedule A	(Form 990 or 990-EZ) 2010
Form 9	90 or 990-EZ.									•

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				283,625.	454,769.	738,394.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		ESSENTIAL ESSENTIAL ESSENTE	DESCRIPTION OF THE PARTY OF THE	283,625.	454,769.	738,394.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)		25 (20)				
6	Public support. Subtract line 5 from line 4.			A CONTRACTOR OF THE PARTY OF TH			738,394.
Sec	tion B. Total Support			T			
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4				283,625.	454,769.	738,394.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		ar part of the	What states are			738,394.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here			nd, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶ X
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2010 (li					14	<u>%</u>
15		Schedule A, Pa	art II, line 14			15	%
16a	331/3% support test - 2010. If the o						65
	this box and stop here. The organizati						
b	331/3% support test - 2009. If the						
	check this box and stop here. The org	7		10000			
17a	10%-facts-and-circumstances test - 2 or more, and if the organization metal Part IV how the organization meets to	eets the "facts	-and-circumstar	nces" test, che	ck this box and	stop here. E	xplain in
b	organization	2009. If the or	ganization did r	not check a box		a, 16b, or 17a,	and line
	15 is 10% or more, and if the organization to the organization	on meets the "	facts-and-circur	mstances" test.	The organization	n qualifies as a	A Land Company of the
18	supported organization	on did not ched	ck a box on lin	e 13, 16a, 16b	o, 17a, or 17b,	check this box	
-						chadula A /Form 9	00 000 EZ\ 2040

Schedule A (Form 990 or 990-EZ) 201

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

<u>Sec</u>	tion A. Public Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						-
	sold or services performed, or facilities			ł			
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		 				
•	unrelated trade or business under section 513						
	· F		_				
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
_	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge L						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3	•				}	
h	received from disqualified persons Amounts included on lines 2 and 3						
U	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	persons that exceed the greater of 1 \$5,000 or 1% of the amount on line 13					 	
	for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)		<u> </u>				
<u>Sec</u>	tion B. Total Support						
C	alendar year (or fiscal year beginning in) 🕨 🛘	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,				l		
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less					İ	
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included in line 10b,						
	whether or not the business is regularly	•					
	carried on						
12	Other income. Do not include gain or					1	
	loss from the sale of capital assets					1	
42	(Explain in Part IV.)		<u> </u>	 	 	l	
13	Total support. (Add lines 9, 10c, 11,					1	
	and 12.)	Abi4i	l continue	Abind founds on	Sifth have seen a	1	(=)(2)
14	First five years. If the Form 990 is for	-					
	organization, check this box and stop here.						
	tion C. Computation of Public Sup			(A)		1451	0/
15	Public support percentage for 2010 (line 8,					15	<u>%</u>
16	Public support percentage from 2009 Sche					16	<u>%</u>
	tion D. Computation of Investmen			40		T 4 = 1	
17	Investment income percentage for 2010 (lin					17	<u>%</u>
18	Investment income percentage from 2009 S					18	<u>%</u>
19a	331/3% support tests - 2010. If the org						
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2009. If the orga						·
	line 18 is not more than 331/3%, check		•	•	•	• • •	. —
20	Private foundation, if the organization of	JIO DOI CHACK	a dox on line	14 148 OF 191	n check this bi	ny and see insti	TUCTIONS -

Page 4

Part IV Suppleme

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B

(Form 990, 990-EZ, or 990-PF)

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Employer identification number Name of the organization VET VOICE FOUNDATION, INC. 26-4627222 Organization type (check one): Section: Filers of: 501(c)(3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

ane	of	of Part

					. ಀೢಀಀ	· —
Name of organization	VET	VOICE	FOUNDATION,	INC.	 Employer identificat	ion number
					26-46	27222

Part	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_		\$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2_		\$150,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3_		\$50,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4_		\$20,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5_		\$50,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization VET VOICE FOUNDATION, INC.

Employer identification number 26-4627222

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7-		\$30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8 _		\$77,150.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9_		\$60,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10		\$119.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

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 Open to Public Inspection

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	e of organization			Employer identif	ication number
VET	VOICE FOUNDATION,	INC.		26-46	
Par	t I-A Complete if the o	rganization is exempt under s	section 501(c) or is	s a section 527 organ	ization.
1	Provide a description of the candidates for public office	organization's direct and indirect pin Part IV.	olitical campaign ac	tivities on behalf of or ir	opposition to
2	Political expenditures			▶ \$	
3	Volunteer hours				
Par	t I-B Complete if the o	rganization is exempt under s	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 m	anagers under section	on 4955 ▶ \$	
3 4a	Was a correction made?	a section 4955 tax, did it file Form			
b Par	If "Yes," describe in Part IV. t I-C Complete if the o	organization is exempt under s	section 501(c) ex	cent section 501(c)(3)	
1		xpended by the filing organization			·
•	· · · · · · · · · · · · · · · · · · ·				
2	Enter the amount of the filin	g organization's funds contributed t	to other organization	s for section	
	527 exempt function activiti	es		> \$	
3		enditures. Add lines 1 and 2. Ente		. •	
_					
5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? s and employer identification num s. For each organization listed, ent ributions received that were promption a political action committee (F	ber (EIN) of all sect er the amount paid otly and directly deli	ion 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)					
(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

Pa	art II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
		belongs to an affiliated group. checked box A and "limited control" provision	ons apply.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	0.	
b		a legislative body (direct lobbying)	0.	
C	· ·	a and 1b)		
d				
е		I lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter the	amount from the following table in both		
	columns.		0.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.]	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25	i% of line 1f)	0.	
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0	0.	
i	Subtract line 1f from line 1c. If zero or le		0.	
j	If there is an amount other than zero on	either line 1h or line 1i, did the organization file	Form 4720 reporting	
	section 4911 tax for this year?		<u> </u>	Yes No
		I-Year Averaging Period Under Section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period										
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total					
2 a Lobbying nontaxable amount				0.	0.					
b Lobbying ceiling amount (150% of line 2a, column (e))					0.					
c Total lobbying expenditures				0.	0.					
d Grassroots nontaxable amount				0.	0.					
e Grassroots ceiling amount (150% of line 2d, column (e))					0.					
f Grassroots lobbying expenditures				0.	0.					

Schedule C (Form 990 or 990-EZ) 2010

	(election under section 501(h)).	1.	(a) (b)				
		Yes	No		Amo	unt	
1	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:			İ			
а	Volunteers?			1			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1			
C	Media advertisements? Mailings to members, legislators, or the public?	<u> </u>					
d	Mailings to members, legislators, or the public?	<u> </u>		<u> </u>			
e	Publications, or published or broadcast statements?			<u> </u>			
f	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>		 			
g	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<u> </u>	 -			
h i			<u> </u>	 			
	Other activities? If "Yes," describe in Part IV	-					
j 2a	Total. Add lines 1c through 1i 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			1			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		1				
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	section	n		
	501(c)(6).						
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?					<u> </u>	ļ
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					-	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?					<u> </u>	
Ра	t 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						
	"Yes."	, 11116	J 15 (3119WC	reu		
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	politic	al				
	expenses for which the section 527(f) tax was paid).	•					
а	Current year			2a			
b	Carryover from last year			2b			
C				2c			
3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible I	obbyi	ng	1			
	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)			4			
5		<u></u>	<u></u>	5			
Pa	Supplemental Information						
Con	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C	, line	5; an	d Part	II-B, li	ne 1i	
Also	, complete this part for any additional information.						
							
			·				

Schedule C (Form 990 or 990-EZ) 2010

Page 4

Part IV Supplemental Information (continued)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

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.

Name of the organization

VET VOICE FOUNDATION, INC.

Employer identification number 26-4627222

POLICIES

PART VI, SECTION B, LINE 11

THE 990 TAX RETURN IS PREPARED BY AN OUTSIDE CPA FIRM. PRIOR TO FILING

THE TAX RETURN, IT IS REVIEWED BY THE ASSISTANT TREASURER.

DISCLOSURE

PART VI, SCTION C, LINE 19

THE ORGANIZATION PROVIDES THE FORM 990 AND 1023 PACKAGE UPON REQUEST.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2011 calendar year, or tax year beginning , 2011, and ending 20 D Employer identification number C Name of organization B Check if applicable: VET VOICE FOUNDATION, INC. Address 26-4627222 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change 320 C/O G&W, PC, 2201 WISCONSIN AVE, NW SUITE (917) 723-2998 Initial return City or town, state or country, and ZIP + 4 Terminated Amended WASHINGTON, DC 20007 G Gross receipts \$ 348,900. return Application pending H(a) Is this a group return for F Name and address of principal officer: PETER MELLMAN Yes X No SEE ABOVE , X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or Website: ▶ VETVOICEFOUNDATION.ORG H(c) Group exemption number L Year of formation: 2009 M State of legal domicile: Form of organization: X Corporation Trust Association Other > Summary Briefly describe the organization's mission or most significant activities: BUILDING A NEW MODEL FOR THE VETERANS' MOVEMENT IN THE 21ST CENTURY. Governance EDUCATION AND MOBILIZATION OF VETERANS ON THE IMPORTANT ISSUES THEY FACE, SUCH AS HEALTH CARE, JOBS, THE ENVIRONMENT, AND HOUSING. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 2. Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 454,769 348,900. Revenue COPY FOR Program service revenue (Part VIII, line 2g) 0 9 PUBLIC INSPECTION 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 454,769 348,900. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15,600. 65,644 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 245,829 340,937. 311,473. 356,537. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 143,296 -7,637.o **Beginning of Current Year End of Year** 389,233 381,596. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 381,596. 389,233. Net assets or fund balances. Subtract line 21 from line 20. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here eter Type or print name and title Print/Type preparer's name Check if self-Paid employed > P00956578 Preparer WOLFAND, ▶ 52-1263814 Firm's name Use Only Phone no. ▶ 202-342-6000 2201 WISCONSIN AVE, NW SUITE 320 WASHINGTON, DC 20007 Firm's address ▶

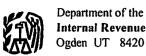
Form 990 (2010)

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

TAXPAYER COPY

A0132221 TE



4749

Department of the Treasury Internal Revenue Service Ogden UT 84201

> 014749.970819.0043.001 1 AT 0.374 373

VET VOICE FOUNDATION INC % GILBERT WOLFAND PC 2201 WISCONSIN AVE NW STE 320 DC 20007-4105 WASHINGTON

For assistance, call: 1-877-829-5500

Notice Number: CP211A Date: May 28, 2012

Taxpayer Identification Number:

26-4627222 Tax Form: 990

Tax Period: December 31, 2011

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is August 15, 2012.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

(Rev. January 2012)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

nternal Revenue Service ► File a		separate a	pplication for each return.				
If you are filing for an Automatic 3-Month Extension, o					▶\X		
If you are	filing for an	Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Pa	art II (on page 2 of this form).		
Do not comp	olete Part II u	ınless you have already been grar	nted an au	tomatic 3-month extens	sion on a previously filed Form 88	68.	
a corporation 8868 to red Return for instructions)	on required a quest an ex Transfers A c. For more o	You can electronically file Form to file Form 990-T), or an addition tension of time to file any of the associated With Certain Persona details on the electronic filing of the	nal (not au forms liste l Benefit nis form, vis	tomatic) 3-month exter ed in Part I or Part II w Contracts, which musi sit www.irs.gov/efile an	nsion of time. You can electronic ith the exception of Form 8870 t be sent to the IRS in paper d click on e-file for Charities & No	ally file Form , Information format (see	
		-Month Extension of Time. On					
A corporation	n required t	to file Form 990-T and requesting	an automa	atic 6-month extension	- check this box and complete	_	
Part I only						▶ 🔲	
All other col	rporations (including 1120-C filers), partnersh	ips, REMIC	Cs, and trusts must use I	Form 7004 to request an extensior	of time	
to file incom	-				Enter filer's identifying number,		
		cempt organization or other filer, see in	structions.		Employer identification number	er (EIN) or	
Type or				!			
print	VET VO	ICE FOUNDATION, INC.			X 26-4627222		
File by the		reet, and room or suite no. If a P.O. box	x, see instru	ctions.	Social security number (SSN)		
due date for	C/O G&	W, PC, 2201 WISCONSIN	AVE, NW	SUITE 320			
filing your return. See		or post office, state, and ZIP code. For					
instructions.	1	GTON, DC 20007	•				
Enter the Br		or the return that this application i	s for /file s	separate application fo	or each return)	. 01	
Elifei flie Ke	starri code i	or the return that this application i	101 (1110 6	soparate application to	, , , , , , , , , , , , , , , , , , , ,	•••	
Ali-stion			Return	Application		Return	
Application			Code	Is For		Code	
ls For			01	Form 990-T (corporat	tion)	07	
Form 990			02	Form 1041-A		08	
rm 990-B			01	Form 4720		09	
m 990-E						10	
<u>√rm 990-Pl</u>			04	Form 5227	11		
		a) or 408(a) trust)	05	Form 6069	12		
Form 990-T	(trust other	than above)	06	Form 8870		1 12	
Telephon • If the org	e No. ► anization do	care of ► PETER MELLMAN 917 723-2998 Description of the service	— ousiness ir			▶□	
• If this is f	or a Group f	Return, enter the organizati <u>on'</u> s foเ	ur digit Gro	oup Exemption Number ((GEN) If	this is	
for the whol	e group, ch	eck this box ▶	fit is for pa	art of the group, check t	this box ▶ 🔛 and a	ittach	
a list with th	e names an	d EINs of all members the extensi	on is for.				
1 I reque	est an auton	natic 3-month (6 months for a cor	poration re	equired to file Form 990	0-T) extension of time		
until		08/15 , 20 12 , to file the	exempt or	ganization return for the	e organization named above. The	extension is	
	for the organization's return for: X calendar year 2011 or						
ightharpoonup	tax vear be	eginning	, 20_	, and ending	, 20	•	
	,						
		ered in line 1 is for less than 12 m ecounting period	onths, che	ck reason: Initial r	eturn Final return		
3a If this	application	is for Form 990-BL, 990-PF, 99	90-T, 4720), or 6069, enter the	tentative tax, less any		
nonrefundable credits. See instructions.							
b If this	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
estimated tax payments made. Include any prior year overpayment allowed as a credit.			t. 3b \$				
c Baland	ce due. Sub	tract line 3b from line 3a. Include	your paym	ent with this form, if re	equired, by using EFTPS		
(Electr	ronic Federa	ıl Tax Payment System). See instru	ctions.		3c \$		
Caution. If	you are go	ing to make an electronic fund v	withdrawa	with this Form 8868	, see Form 8453-EO and Form	8879-EO for	

payment instructions.

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Par	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		v	
1221	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part 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? <i>If</i> "Yes,"			
Ū	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 temporarily restricted			
	endowments, permanent endowments, 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			
	Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	Carrence		٠,,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			Х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		Х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		••
1 Z a	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
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
D	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
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
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			100.00
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			0200
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	/5/28/07/7		
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Page 4

Pari	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	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			
	employees? If "Yes," complete Schedule J	23		Х
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
	through 24d and complete Schedule K. If "No," go to line 25	24a		x
b	· · · · · · · · · · · · · · · · · · ·	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
C	to defease any tax-exempt bonds?	24c		
	· ·	24d		
		24u		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25a		x
	The state of the s	23a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	l		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			x
	If "Yes," complete Schedule L, Part I	25b		_^
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	1		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26	.	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	İ		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	ĺ		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part N	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
••	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	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,			<u> </u>
34	IV, and V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
JJ a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	000		<u> </u>
U	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
2.0		330	 	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	2.0]	х
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	 	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			x
• •	Part VI	37		├ ^
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	38	X	J

Par				
	Check if Schedule O contains a response to any question in this Part V	• • •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			3-12
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1 c	X	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	BORDS STORY	Distriction of
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b		
4a	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	4a		Х
L	account)?	44		
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
u	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
~	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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?	7 a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7 c	SANTON CONT.	X
	If "Yes," indicate the number of Forms 8282 filed during the year	1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	e de la companya della companya della companya de la companya dell	
В	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8		Minuse.
	organization, have excess business holdings at any time during the year?	0	550 100	S S S S S
)	Sponsoring organizations maintaining donor advised funds.	9a	SERVINES	A COLUMN TO
	Did the organization make any taxable distributions under section 4966?	9 b		
21				
)	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	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.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	140	A STANKE	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	2000000	
	Note. See the instructions for additional information the organization must report on Schedule O.			125
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			100
C	Enter the amount of reserves on hand	11-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
SA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		990	(2011
40 1.0	00 4000DF 7165 V 11-4 6	FOIR		AGE

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. $\overline{\mathbf{x}}$ Check if Schedule O contains a response to any question in this Part VI.............

			-	1 1
sect	tion A. Governing Body and Management		Yes	No
4-	Enter the number of voting members of the governing body at the end of the tay year. If there are	\Box	100	
та	Enter the number of voting members of the governing body at the end of the tax year. If there are 1 - 1 - 1 - 1	1		
	material differences in voting rights among members of the governing body, or if the governing body			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O. Finter the number of voting members included in line 1a, above, who are independent	}		
b	Effect the number of voting members modes at time 12, above, who are independent 1.1.1.1.			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		х
	any other officer, director, trustee, or key employee?	-		
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		х
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		x
	one or more members of the governing body?	/ a		-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7 b		x
_	stockholders, or persons other than the governing body?	7.5		-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			ĺ
	the year by the following:		x	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
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	!	х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Code</u>	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			١
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed >			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01(c)	(3)s o	nly)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	f inte	rest p	olicy
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who p	ne		

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art VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contractors					_	·		

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(** <u>-</u>	organization and related organizations	
(1) JON SOLTZ											
CHAIRMAN	1.00			Х				0	0		_0
(2) J. ASHWIN MADIA	1 00			х				o	o		0
SECRETARY	1.00			A				<u> </u>	<u> </u>		
(3) LINDSAY PATROSS TREASURER/VP	1.00	'		х				15,600.	o		0
(4) PETER MELLMAN			Н								_
ASSISTANT TREASURER	5.00			х				o	o		0
(5)											_
<u>(6)</u>											_
(7)											
(8)											_
(9)											
								·			_
											_
											_

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and F	ligi	hest Compensat	ed Employ	ees (co	ontinued	()
(A) Name and title	(B) Average hours per week (describe	box, office	unle:	Pos heck ss pe	rson	e than o	an ee)	(D) Reportable compensation from the	(E) Reporta compensatio related organizat	on from d ions	Esti amo of comp	mated ount of ther ensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	·MISC)	orgar and	n the nization related izations
								15.600				
1b Sub-total	ection A .		· ·	· ·	· ·	· · ·	A A	15,600. 0 15,600.		0 0		0 0
2 Total number of individuals (including but not reportable compensation from the organization)			liste)	ed a	bov	e) who	o re	ceived more than	\$100,000	of 	—г	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3	Yes No
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	007	? //	"Yes	5, "	complete Schedu	le J for :	such	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	ion	fron	n any	un	related organizati	on or indivi	dual	5	Х
Section B. Independent Contractors	00, 00											
 Complete this table for your five highest com- compensation from the organization. Report of year. 												
(A) Name and business add	dress							(B) Description of se	ervices	С	(C) ompens	ation
					-		+					
2 Total number of independent contractors (i more than \$100,000 in compensation from the				nite	d to	thos 0	se I	isted above) who	received			

Pai	rt VII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e				
	f g	All other contributions, gifts, grants, and similar amounts not included above . 1f 348,900. Noncash contributions included in lines 1a-1f: \$				
		Total. Add lines 1a-1f	348,900.			
anı		Business Code				A SERVICE OF
Program Service Revenue	2a b c d					
gra	f	All other program service revenue				
Pro	g	Total. Add lines 2a-2f	0			
	3	Investment income (including dividends, interest, and other similar amounts)	0			
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties · · · · · · · · · · · · · · · · · · ·	0			
	6a b	Gross rents				
	C	Rental income or (loss)	0	alliana i a sello al residente la tra	the state of a consent has considered as	SHA LALDON CONTROL OF CONTROL OF
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of				
	b	Less: cost or other basis and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)	0			
Other Revenue	8a	events (not including \$ of contributions reported on line 1c).				
e_		See Part IV, line 18 a				
Ę	b	Less: direct expenses	0		The second second second	man and the second second second
0		Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses b				
	С	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory	0			
		Miscellaneous Revenue Business Code				
	11a		,			+
	b					
	С					+
	d	All other revenue	_	NEW CALCUMSTANCE		
	e	Total. Add lines 11a-11d	0			
	12	Total revenue. See instructions	348,900.			1

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX											
	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 United States. See Part IV, line 21 .	0										
2	Grants and other assistance to individuals in											
	the United States. See Part IV, line 22	0										
3	Grants and other assistance to governments,											
	organizations, and individuals outside the											
	United States. See Part IV, lines 15 and 16	0										
4	Benefits paid to or for members	0										
5	Compensation of current officers, directors,	15 600	15 600									
	trustees, and key employees	15,600.	15,600.									
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	<u> </u>										
8	Pension plan accruals and contributions (include section	o										
	401(k) and 403(b) employer contributions)	0										
9	Other employee benefits	0										
10	Payroll taxes				-							
11	Fees for services (non-employees):	0										
	Management	0										
	Legal	5,759.		5,759.								
	Accounting	3,739.		3,733.								
	Lobbying	0										
	Professional fundraising services. See Part IV, line 17	0			м							
	Investment management fees	0										
	Other	0										
12	Advertising and promotion	1,758.	1,562.	171.	25.							
13 14	Office expenses	0										
15	Information technology	0										
16	Occupancy	0										
17	Travel	34,033.	34,033.	***								
18	Payments of travel or entertainment expenses		· · · · · ·									
	for any federal, state, or local public officials	0										
19	Conferences, conventions, and meetings	0										
20	Interest	0										
21	Payments to affiliates	0										
22	Depreciation, depletion, and amortization	0										
23	Insurance	0										
24	Other expenses. Itemize expenses not covered											
	above (List miscellaneous expenses in line 24e. If											
	line 24e amount exceeds 10% of line 25, column											
	(A) amount, list line 24e expenses on Schedule O.)											
	CONSULTING	55,000.	42,100.	12,900.								
-	MEDIA/RESEARCH/WEBSITE	20,987.	20,987.									
C	PERSONNEL COSTS	223,400.	201,060.	17,872.	4,468.							
d												
	All other expenses	014 14-	215 215	0.0 0.0	4 455							
	Total functional expenses. Add lines 1 through 24e	356,537.	315,342.	36,702.	4,493							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs											
	from a combined educational campaign and											
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)	0										

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Part X				rage II
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	389,233.	1	381,596.
2	Savings and temporary cash investments	q	2	0
3	Pledges and grants receivable, net	q	3	0
4	Accounts receivable, net	q	4	0
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
6	Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	a q	5 6	0
\$ 8	Notes and loans receivable, net	d	7	0
Assets 8	Inventories for sale or use	C	8	0
9	Prepaid expenses and deferred charges	d	9	0
10a	Land, buildings, and equipment: cost or			
'''	other basis. Complete Part VI of Schedule D 10a			
l b	Less: accumulated depreciation	þ	10c	0
111	Investments - publicly traded securities	q	11	0
12	Investments - other securities. See Part IV, line 11		12	0
13	Investments - program-related. See Part IV, line 11		13	0
14	Intangible assets	··· ~	14	0
15	Other assets. See Part IV, line 11	q	15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)	389,233.	16	381,596.
17	Accounts payable and accrued expenses		17	0
18	Grants payable	d	18	0
19	Deferred revenue	A	19	0
20	Tax-exempt bond liabilities	d	20	0
တ္က 21	Escrow or custodial account liability. Complete Part IV of Schedule D	q	21	0
Liabilities 22	Payables to current and former officers, directors, trustees, key			
١٩	employees, highest compensated employees, and disqualified persons.		- 1	,
ڐ	Complete Part II of Schedule L	d	22	0
23	Secured mortgages and notes payable to unrelated third parties	q	23	0
24	Unsecured notes and loans payable to unrelated third parties	q	24	0
25	Other liabilities (including federal income tax, payables to related third			
ļ	parties, and other liabilities not included on lines 17-24). Complete Part X		1	
ł	of Schedule D	d	25	0
26	Total liabilities. Add lines 17 through 25	q	26	C
Sa	Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Ë 27	Unrestricted net assets	389,233.	27	381,596.
로 28	Temporarily restricted net assets	0	28	0
할 29	Permanently restricted net assets	q	29	0
or Fund Balances 65 8 2 2	Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
	Capital stock or trust principal, or current funds		30	
Net Assets 33 31 32 30 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds		32	
2 33	Total net assets or fund balances	389,233.	33	381,596.
34	Total liabilities and net assets/fund balances	389,233.	34	381,596.

For	n 990 (2011)		Pa	ige 1 Z
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)	3	48,	900.
2	Total expenses (must equal Part IX, column (A), line 25)	3	56,	537.
3	Revenue less expenses. Subtract line 2 from line 1		-7,	637.
_	·	3	89,	233.
4	Net assets of fund balances at beginning of year (must equal Fart A, line 33, column (A))	•		0
5	Other changes in her assets of 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))	3	81,	596.
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		2b		Х
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.			1
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			l
	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 OMR Circular A-1332	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
	required and the second control of the secon			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Name	of the organization							Employ	yer iden	tification number
VET	VOICE FOUND	ATION, INC.							26	-4627222
Part	Reason for	Public Charity Sta	t us (All organizations mu	ust con	nplete	this pa	ırt.) Se	e instru	uctions	•
The o	rganization is not	a private foundation b	ecause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)		
1	A church, con	vention of churches,	or association of churches	describ	ed in s	ection '	170(b)(1)(A)(i)	•	
2	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedu	le E.)						
3	A hospital or	a cooperative hospita	l service organization desci	ribed in	sectio	n 170(b)(1)(A)	(iii).		
4	A medical re	search organization	perated in conjunction w	rith a h	ospita	l descri	bed in	section	n 170(b)(1)(A)(iii). Enter the
	hospital's nam	ne, city, and state:								
5	An organizati	on operated for the b	enefit of a college or univ	ersity	owned	or ope	rated t	y a go	vernme	ntal unit described in
	section 170(b)(1)(A)(iv). (Complete	Part II.)							
6	A federal, sta	te, or local governme	nt or governmental unit des	scribed	in sect	tion 170	(b)(1)(A)(v).		
7 7	X An organizati	on that normally rece	ives a substantial part of i	ts supp	ort fro	m a go	vernme	ental un	it or fro	om the general public
	described in s	section 170(b)(1)(A)(v	i). (Complete Part II.)							
8	A community	trust described in sec	tion 170(b)(1)(A)(vi). (Con	nplete F	Part II.)					
9	An organizati	on that normally rece	ives: (1) more than 331/39	% of its	suppo	rt from	contrib	utions,	membe	ership fees, and gross
	receipts from	activities related to	its exempt functions - sub	ject to	certai	in excep	otions,	and (2)	no mo	re than 331/3% of its
	support from	gross investment in	come and unrelated bus	iness t	axable	income	e (less	section	n 511	tax) from businesses
_		_	une 30, 1975. See section							
10			rated exclusively to test for							
11			perated exclusively for the							
			supported organizations d							
	509<u>(a)(</u>3). Ch	eck the box that desc	ribes the type of supporting	g organ	ization	and co	mplete	lines 11	le th <u>ro</u> u	
_	a Type					ally inte	-		d	Type III - Other
e _			at the organization is no							
	persons other	r than foundation ma	nagers and other than one	or mo	re pub	olicly su	pported	dorgan	izations	described in section
	, ,, ,	ection 509(a)(2).								
f	If the organiz	ation received a write	ten determination from th	ne IRS	that it	is a Ty	ype I, 1	Type II,	or Type	e III supporting
	•	check this box								
g	_		panization accepted any git	ft or co	ntributi	ion from	any of	the		
	following pers									· [17] 14
	• •	•	irectly controls, either alo			er with	person	s desc	ribed in	
	, ,		ody of the supported organ	nization	?					· · · 11g(i)
			described in (i) above?							11g(ii)
	* *		erson described in (i) or (ii) a							[11g(iii)]
<u>h</u>	Provide the fo	ollowing information a	bout the supported organiz							
(1	 i) Name of supported organization 	d (ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) organi	ls the zation in		ou notify enization		is the zation in	(vii) Amount of support
	organization		above or IRC section	col. (i)	listed in overning	in col	. (i) of	col. (i) o	rganized	
			(see instructions))	docu	ment?	your su	' 		U.S.?	
				Yes	No	Yes	No	Yes	No	
(A)				}						
<u> </u>				+		 				
(B)										
				+						
(C)										
(D)										
				\bot				1		
(E)										
				 		 				
Total										

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

Schedule A (Form 990 or 990-EZ) 2011

Par	Support Schedule for Or (Complete only if you check Part III. If the organization f	ked the box or	n line 5, 7, or 8	3 of Part I or if	the organizati	on failed to qu	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			283,625.	454,769.	348,900.	1,087,294.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			283,625.	454,769.	348,900.	1,087,294.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						269,762.
6	Public support. Subtract line 5 from line 4.		(Sulversity Sulversity				817,532.
	tion B. Total Support	(-) 0007	//-> 2000	(-) 2000	(4) 2010	(a) 2011	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011 348,900.	(f) Total
7 8	Amounts from line 4			283,625.	454,769.	348,900.	1,067,294.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				· 为有种。由于2000年		1,087,294.
12	Gross receipts from related activities, etc. (12	POR POSSES CONT 000002-004
13	First five years. If the Form 990 is f organization, check this box and stop here						
	tion C. Computation of Public Sup			44(0)		44	%
14	Public support percentage for 2011 (li	ne 6, column (f) alviaea by line	11, column (I))	• • • • • • • •	14	
15	Public support percentage from 2010 331/3% support test - 2011. If the co	rappization did	not check the	hov on line 13	and line 14 is	331/3 % or mor	
104	this box and stop here. The organizati						
h	331/3% support test - 2010. If the						
	check this box and stop here. The org						
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part IV how the organization meets organization	2011. If the orgon meets the "father "facts-and-control or the "facts-and-control or the organization of t	ganization did nacts-and-circums circumstances" t	ot check a box stances" test, che est. The organiz	on line 13, 16a eck this box a zation qualifies	a, or 16b, and l nd stop here. E as a publicly s	ine 14 is xplain in
b	10%-facts-and-circumstances test - 15 is 10% or more, and if the org	2010. If the organization meets	ganization did r s the "facts-an	not check a box d-circumstances'	on line 13, 16 ' test, check t	a, 16b, or 17a, his box and st	op here.
18	Explain in Part IV how the organization supported organization Private foundation. If the organization						▶ 🔲

Schedule A (Form 990 or 990-EZ) 2011

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

2^-	tion A. Public Sunner	·					
	tion A. Public Support	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(a) 2011	(f) Total
	ndar year (or fiscal year beginning in)	(4) 2001	(6) 2000	(6) 2009	(4) 2010	(e) 2011	(1) 10(a)
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
,	·						
4	unrelated trade or business under section 513. Tax revenues levied for the) 					
4	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the						
6	organization without charge						
ı a	Amounts included on lines 1, 2, and 3 received from disqualified persons	!					
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year					_	
8 8	Add lines 7a and 7b	-					
Ü	line 6.)						1
Sec	tion B. Total Support		<u></u>		L	· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9			, ,		, , , , , , , , ,		
-	Gross income from interest, dividends,			· 			
	payments received on securities loans,						
	rents, royalties and income from similar sources						
h	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is regularly		1				
40	carried on						
12	loss from the sale of capital assets		1				
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>				
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501	(c)(3)
	organization, check this box and stop here	_					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2011 (line 8			mn (f)		15	%
16	Public support percentage from 2010 Scho					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2011 (li			13, column (f))		17	%
18	Investment income percentage from 2010					18	%
	331/3% support tests - 2011. If the or					e than 331/3%,	and line
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2010. If the orga						
_	line 18 is not more than 331/3 %, check						. —
20	Private foundation. If the organization		•	_			

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Schedule A (Form 990 or 990-EZ) 2011

Page 4

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

VET VOICE FOUNDATION,	TNC	Employer identification number						
VET VOICE FOUNDATION,	The.	26-4627222						
Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation						
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundar	lion						
	501(c)(3) taxable private foundation							
	ing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or econtributor. Complete Parts I and II.	or more (in money or						
Special Rules	e contributor. Complete Farts Farta II.							
under sections 509(a)	B) organization filing Form 990 or 990-EZ that met the 33 1/3 % support to (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the 200 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form I.	e year, a contribution of						
during the year, total	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
during the year, contri not total to more than year for an exclusively applies to this organiz	7), (8), or (10) organization filing Form 990 or 990-EZ that received from a butions for use <i>exclusively</i> for religious, charitable, etc., purposes, but the \$1,000. If this box is checked, enter here the total contributions that were religious, charitable, etc., purpose. Do not complete any of the parts unless ation because it received nonexclusively religious, charitable, etc., contributions.	ese contributions did e received during the ss the General Rule						
990-EZ, or 990-PF), but it must	not covered by the General Rule and/or the Special Rules does not file Sanswer "No" on Part IV, line 2, of its Form 990; or check the box on line Form 990; or check the box of line Form 990;	l of its Form 990-EZ or on						

JSA

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

Name of organization VET VOICE FOUNDATION, INC.

Employer identification number 26-4627222

Part I	Contributors (see instructions). Use duplicate copies of Part	l if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$40,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_		\$70,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$160,900.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$75,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$3,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization VET VOICE FOUNDATION, INC.

Employer identification number 26-4627222

ash Property (see instructions). Use duplicate copies	s of Part II if additional space is ne	eaea.
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given (b) (c) FMV (or estimate) (see instructions) (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions)

Name of organization VET VOICE FOUNDATION, INC.

Employer identification number 26-4627222

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) >\$

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Use o	luplicate copies of Part III if additional s	space is needed.		
i) No. rom Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and ZIP	+ 4	Relations	hip of transferor to transferee
				<u> </u>
No. m t I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
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		(e) Transfer of gift		
	Transferee's name, address, and ZIP	+ 4	Relations	thip of transferor to transferee
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		(e) Transfer of gift		
	Transferee's name, address, and ZIP	+ 4	Relations	ship of transferor to transferee
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m t I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
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		(e) Transfer of gift		
		(-) and and		
	Transferee's name, address, and ZIP	+4	Relations	ship of transferor to transferee
-				

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

► Attach to Form 990 or Form 990-EZ.

2011
Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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.

► Complete if the organization is described below.

• 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 35c (Proxy Tax), then

Section 501(c)(4) (5) or (6) organizations: Complete Part III

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Vame	of organization			Employer identif	fication number
/EΤ	VOICE FOUNDATION,	INC.		26-46	27222
Par	t I-A Complete if the or	rganization is exempt under s	ection 501(c) or is	s a section 527 organ	ization.
1	Provide a description of the	organization's direct and indirect p	olitical campaign ac	tivities in Part IV.	
2					0
•					
Par		ganization is exempt under se			
1	Enter the amount of any exc	ise tax incurred by the organization	n under section 4955	5 ▶ \$	0
2	Enter the amount of any exc	ise tax incurred by organization ma	anagers under section	on 4955 ▶ \$	
3		section 4955 tax, did it file Form			
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Par	I-C Complete if the o	rganization is exempt under s	section 501(c), exc	cept section 501(c)(3	<u> </u>
1		xpended by the filing organization			
	activities			▶ \$	· · · · · · · · · · · · · · · · · · ·
2	Enter the amount of the filin	g organization's funds contributed	to other organization	ons for section	
	527 exempt function activities	es		▶ \$	
3	Total exempt function expe	nditures. Add lines 1 and 2. Ent	er here and on Fo	m 1120-POL,	
					 _
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	Enter the names, addresses	and employer identification numb	er (EIN) of all sectio	n 527 political organiz	ations to which the filing
	organization made payments	s. For each organization listed, en	ter the amount paid	I from the filing organia	zation's funds. Also enter
	the amount of political cont	ributions received that were prom	ptly and directly de	livered to a separate po	olitical organization, such
	as a separate segregated fur	nd or a political action committee (PAC). If additional s	pace is needed, provide	information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				fullus. If florie, effici -0	delivered to a separate
					political organization. If none, enter -0
					Horic, criter -o
(1)					
(2)					
		-			
(3)					
(4)					
(5)					
(6)					
		<u> </u>	<u> </u>	Cahadul	C (Form 000 or 000 E7) 2044

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

Schedule C (Form 990 or 990-EZ) 201

JSA 1E1264 1.000

Schedule C (Form 990 or 990-EZ) 2011

c Total lobbying expenditures

e Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures

d Grassroots nontaxable amount

b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?		
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		
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 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? 	Yes	/es
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	1	_
	2	
Periallies. Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(5)$, or section		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
political expenses for which the section 527(f) tax was paid).		
a Current year 2a		
b Carryover from last year		
c Total 2c 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3		-
Aggregate amount reported in addition addition, in the addition and addition addition and addition and addition addition and additional additio		
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		
A land the second the		
5 Taxable amount of lobbying and political expenditures (see instructions)		
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; Part II-A; and I. Also, complete this part for any additional information.	Part ILR line	line

Schedule C (Form 990 or 990-EZ) 2011

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2011

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

VET VOICE FOUNDATION, INC.

Employer Identification number 26-4627222

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 REVIEWED BY THE ASSISTANT TREASURER.

DISCLOSURE

PART VI, SECTION C, LINE 19

THE ORGANIZATION PROVIDES THE FORM 990 AND 1023 PACKAGE UPON REQUEST.

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 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service , 2012, and ending A For the 2012 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable: VET VOICE FOUNDATION, INC. Address change 26-4627222 Doing Business As E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change C/O G&W, PC, 2201 WISCONSIN AVE, NW 320 (646) 415-8429 Initial return City or town, state or country, and ZIP + 4 Terminated Amended WASHINGTON, DC 20007 G Gross receipts \$ 688,398. return H(a) Is this a group return for Application pending F Name and address of principal officer: PETER MELLMAN Yes SEE ABOVE , H(b) Are all affiliates included? X | 501(c)(3) If "No," attach a list. (see instructions) Tax-exempt status: 501(c) ((insert no.) 4947(a)(1) or Website: ▶ VETVOICEFOUNDATION.ORG H(c) Group exemption number L Year of formation: 2009 M State of legal domicile: DC Form of organization: X Corporation Other > Part I Summary Briefly describe the organization's mission or most significant activities: BUILDING A NEW MODEL FOR THE VETERANS' MOVEMENT IN THE 21ST CENTURY. Activities & Governance EDUCATION AND MOBILIZATION OF VETERANS ON THE IMPORTANT ISSUES THEY FACE, SUCH AS HEALTH CARE, JOBS, THE ENVIRONMENT, AND HOUSING. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 1. Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 348,900 688,398. Revenue COPY FOR Program service revenue (Part VIII, line 2g) 0 **PUBLIC INSPECTION** 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). . . . 0 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 348,900 688,398. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 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) 15,600. 152,894. 16 a Professional fundraising fees (Part IX, column (A), line 11e) 43,514. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 131,054. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 340,937. 376,430. 356,537 572,838. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 115,560. -7,637.Revenue less expenses. Subtract line 18 from line 12 **End of Year Beginning of Current Year** 497,156. 381,596 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20. 381,596. 497,156. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer 13 11 ype or print name and title Print/Type preparer's name Date Check if PTIN Preparer's signatur Paid AMY C. GILBERT 10.29.13 P00956578 employed > Preparer GILBERT & WOLFAND, ▶ 52-1263814 Firm's name Use Only

2201 WISCONSIN AVE, NW SUITE 320 WASHINGTON, DC 20007

Form 990 (2012)

▶ 202-342-6000

X Yes

1576

Department of the Treasury Internal Revenue Service Ogden UT 84201 For assistance, call: 1-877-829-5500 FAX 801-620-5670

Notice Number: CP211A Date: September 16, 2013

Taxpayer Identification Number:

26-4627222 **Tax Form:** 990

Tax Period: December 31, 2012

VET VOICE FOUNDATION INC % GILBERT WOLFAND PC 2201 WISCONSIN AVE NW STE 320 WASHINGTON DC 20007-4105

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

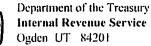
We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **November 15, 2013.**

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

For assistance, call: 1-877-829-5500 FAX 801-620-5670



Notice Number: CP211A Date: June 3, 2013

Taxpayer Identification Number:

26-4627222 Tax Form: 990

Tax Period: December 31, 2012

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VET VOICE FOUNDATION INC % GILBERT WOLFAND PC 2201 WISCONSIN AVE NW STE 320 WASHINGTON DC 20007-4105 WASHINGTON



18179

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is August 15, 2013.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

Form 8868

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print 26-4627222 VET VOICE FOUNDATION, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for C/O G&W, PC, 2201 WISCONSIN AVE, NW SUITE 320 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. WASHINGTON, DC 20007 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) Return Return **Application** Code Code Is For ls For 07 Form 990-T (corporation) 01 Form 990 or Form 990-EZ 80 02 Form 1041-A Form 990-BL 09 orm 4720- (individual) 03 Form 4720 04 Form 5227 10 Form 990-PF 05 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 Form 8870 06 Form 990-T (trust other than above) The books are in the care of ► PETER MELLMAN Telephone No. ▶ 917 723-2998 FAX No. ► . If this is If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 08/15 , 20 13 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X | calendar year 2012 or tax year beginning ______, 20_____, and ending If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a |\$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 1-2013)

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	90 (2012)		F	Page 3
Part	V Checklist of Required Schedules			
1020			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
	complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Λ.	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			.,
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_X
	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	Х	
	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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	200		
	VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	100000000	engenous.	and an exten
а		11a		Х
	complete Schedule D, Part VI			
a		11b		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	11c		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Λ.
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			х
	complete Schedule D, Parts XI and XII	12a		^
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			X
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	PE 19070		
	foreign investments valued at \$100,000 or more? 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			112121
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			678
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

in the United States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II. 21 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 27 if "Yes," complete Schedule I, Parts I and III. 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 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 through 24d and complete Schedule K. If "No," go to line 25. 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year? 27 Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 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 II. 28 Was a loan to or by a current or former officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 29 A Carrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 29 A Lamily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 29 A Lamily member of a current or former officer, director, trustee, or key	Pari	Checklist of Required Schedules (continued)			
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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 27 if "es," complete Schedule (, Parts and III	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
on Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III 22 IX 20 Idd the organization answer "Yes" to Part IVI, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 IX 24 IDd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 2º d and complete Schedule I. If No," go to line 2º d. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception". 24a		in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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with a disqualified person during the year? If "Yes," complete Schedule L, Part 1		• • • • • • • • • • • • • • • • • • •			
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 1. 25 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 2. 26 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IIV instructions for applicable filling thresholds, conditions, and exceptions): 27 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II. 20 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 21 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 22 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-29 If "Yes," complete Schedule R, Part II. III, or IV, and Part V, line 1. 23 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 24 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partn			25a		Х
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ7 If "Yes," complete Schedule L, Part I. It was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. It is the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 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 II. The organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II. The organization own 100% of an entity disregarded as separate from the organization under Regulations sections 501(c)(3)	b				
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substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27				$\overline{}$
entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21				
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or low entity of which a current or former officer director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key e			27		Х
Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28b X 28b X 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 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 II. 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 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 V, line 2 36 Did the organization conduct more than 5% of its activities through an e	20				
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b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) by the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II. 31 Did the organization seil, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 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 II. 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III. 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization orduct 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 V, line 2. 36 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	_		28a		Х
Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I . 31 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 . 31 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I I, III, or IV, and Part V, line 1 . 32 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 . 33 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, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O .					
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	D	·	28Ь		Х
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	_				
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	C		28c		Х
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Part I					
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32	31		31		х
complete Schedule N, Part II			<u> </u>		
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	32		32		Х
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		Complete Schedule IV, Part II	<u> </u>		
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	33	Did the organization own 100% of all entity disregarded as separate from the organization dide. Regulations	33		х
or IV, and Part V, line 1		sections 301.7701-2 and 301.7701-37 if Yes, complete Schedule N, Fait 1			
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	34		34		x
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		Did the exemptation have a controlled entity within the magning of section 512/h\/13\?		\vdash	Х
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			1000	-	
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	D	If tes to line 33a, did the organization receive any payment from or engage in any transaction with a	35h		
related organization? If "Yes," complete Schedule R, Part V, line 2			1000		
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	36		26		x
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			30	 	- :-
Part VI	37				
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O		·	27		x
19? Note. All Form 990 filers are required to complete Schedule O			31	 	
197 Note. All Form 990 mers are required to complete concedure O	38		20	x	
		197 Note. All Form 990 tilers are required to complete Schedule O			

	Check if Schedule O contains a response to any question in this Part V	• • •		<u></u>
			Yes	No
ı a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	+		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		X	
	reportable gaming (gambling) winnings to prize winners?	1c	A	STATE
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return.	and the same	Mas	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		grants:
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Σ
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	MARKET STATES	Σ
b	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.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Σ
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		2
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	1000000000	20000
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		2
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	0000		١.
	required to file Form 8282?	7с	-	Σ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		2
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No. of Contract	-
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		1.00	
	organization, have excess business holdings at any time during the year?	8	050000000000000000000000000000000000000	00000
9	Sponsoring organizations maintaining donor advised funds.		i de la composición dela composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela c	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	handa a sana	-
0	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	200		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		2
4 a				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Х Section 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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х Did the organization delegate control over management duties customarily performed by or under the direct Х supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: X 8a a The governing body?....... $\overline{\mathbf{x}}$ 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., No Yes X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 Did the organization have a written whistleblower policy?................ 13 Did the organization have a written document retention and destruction policy?...... 14 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? 15a Х 15b 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 Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? **Section C. Disclosure** List the states with which a copy of this Form 990 is required to be filed ▶______ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. | X | Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: PETER MELLMAN 4518 N KERBY AVENUE PORTLAND, OR 97217 917-723-2998 Form 990 (2012) JSA

2E1042 1.000

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

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

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

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

Check this box if neither the organization nor	any related	orgai	niza	tion	cor	npen	sate	d any current offic	er, director, or trus	tee.	_
(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck is pe	ck more than one person is both an director/trustee)			(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emptoyee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) JON SOLTZ	5.00			v				42 125	o		0
CHAIRMAN	1.00	ļ	_	Х				43,125.			
(2) J. ASHWIN MADIA SECRETARY	1.00			х				o	o		0
(3) LINDSAY PATROSS	5.00										_
TREASURER]		Х				22,769.	0		_0
(4) PETER MELLMAN	20.00										_
ASSISTANT TREASURER				X			<u> </u>	87,000.	0		_0
_(5)											
_(6)											_
_(7)											
_(8)											
(9)											
(10)											_
(11)											
(12)											
(13)											
(14)											

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plc	yee	es,	and H	ligi	nest Compensat	ed Employees	(continued)	_
	(A) Name and title	(B) Average hours per week (list any hours for related	box, office	unle:	ss pe d a d	ition more rson irect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation	
0		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
												_
												_
C	Sub-total Total from continuation sheets to Part VII, Se	ection A .						A	152,894. 0 152,894.		0	0 0
d 2	Total (add lines 1b and 1c)	limited to t	hose	liste	ed a	bov	e) who	o re			Yes	
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	or, or ch ind	trı Iivid	uste <i>ual</i>	e, 	key e	emp	loyee, or highes	t compensated		X
4	For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	50,0	000?	P II	"Yes	s, "	complete Schedu	le J for such	4	X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co es," comple	mpen te Scl	sati	ion ule J	fron <i>I for</i>	n any such	un per	related organizati	on or individual	5	X
	ction B. Independent Contractors											
1	Complete this table for your five highest comcompensation from the organization. Report of year.	pensated i compensati	ndepe on fo	ender the	ent e ca	con	tracto dar ye	ear e	hat received more ending with or wit	e than \$100,000 hin the organizat	of ion's tax	
	(A) Name and business add	dress							(B) Description of se	ervices	(C) Compensation	
_								+				
-								1				
2	Total number of independent contractors (in	ncluding b	ut no	t lir	nite	d to	tho	se I	isted above) who	received		

PAGE 8

26-4627222

Par	rt VIII	Statement of Revenue Check if Schedule O contains a response to any questi	ion in this Part VIII			
		Check if Schedule O Contains a response to any questi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns 1a				
Gra	b	Membership dues 1b				
ts, An	С	Fundraising events 1c				100
Gif	d	Related organizations 1d				
ons, Sirr	е	Government grants (contributions) 1e				
utic	f	All other contributions, gifts, grants,				
otlib		and similar amounts not included above . 1f 688,398.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$	600 200		17.5	
17-5	h	Total. Add lines 1a-1f	688,398.			
Program Service Revenue	200	Business Code		10.000000000000000000000000000000000000		
Rev	2a					-
Se	b					
e _Z	C					
S E	d					
graı	e	All all as a second and a second				
ro	g	All other program service revenue	0			
	3	Investment income (including dividends, interest, and				
	,	other similar amounts)	0			
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties · · · · · · · · · · · · · · · · · · ·	0			
	"	(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses				
	c	Rental income or (loss)			ACT TO SERVICE SERVICES	1
	d	Net rental income or (loss)	0			
		(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less: cost or other basis				
	_	and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)	0			
<u>e</u>	8a	Gross income from fundraising				
JL.		events (not including \$				
ě		of contributions reported on line 1c).				
ĸ		See Part IV, line 18 a				
Other Revenue	b	Less: direct expenses b				
ŏ	С	Net income or (loss) from fundraising events ▶	0			
	9a	Gross income from gaming activities.			The second second	
		See Part IV, line 19 a	The make			
	b	Less: direct expenses b	0			CONTRACTOR CONTRACTOR
	C	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less				
		returns and allowances a				
	b	Less: cost of goods sold b Net income or (loss) from sales of inventory	0	PARTY AND THE PROPERTY OF THE PARTY OF THE P	Straight and the Straight Stra	and the state of t
	_	Miscellaneous Revenue Business Code				
	11a		The state of the s			
	b					
	C					
	d	All other revenue				
	e	Total. Add lines 11a-11d	0			
	12	Total revenue. See instructions	688,398.			

Part IX Statement of Functional Expenses

өction 501(c)(3) and 501(c)(4) о	organizations must complete all coll	umns. All other organizations must o	complete column (A).
----------------------------------	--------------------------------------	--------------------------------------	----------------------

Check if Schedule O contains a response to any question in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and							
	organizations in the United States. See Part IV, line 21 .	0		·				
2	Grants and other assistance to individuals in	0						
	the United States. See Part IV, line 22							
3	Grants and other assistance to governments,							
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	o						
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	152,894.	35,047.	59,685.	58,162.			
6	Compensation not included above, to disqualified							
0	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	0	i					
7	Other salaries and wages	0						
•								
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0						
0		0						
9	Other employee benefits	0	-					
10	·							
11	Fees for services (non-employees):	0						
	Management	2,500.	2,250.	250.				
	Legal	5,520.		5,520.				
	Accounting	0						
d	Professional fundraising services. See Part IV, line 17	43,514.			43,514.			
e	Investment management fees	0						
-	ı							
g	Other. (If line 11g amount exceeds 10% of line 25, column	0						
12	(A) amount, list line 11g expenses on Schedule O.)	0						
	Advertising and promotion	2,231.	1,389.	264.	578.			
13 14	Office expenses	0						
15	Information technology	0						
16	Royalties	0						
17	Occupancy	58,686.	58,686.					
18	Payments of travel or entertainment expenses							
10	for any federal, state, or local public officials	0						
19	Conferences, conventions, and meetings	C						
20	Interest	0						
21	Payments to affiliates	C						
22	Depreciation, depletion, and amortization	C						
23	Insurance	C						
24	Other expenses. Itemize expenses not covered							
	above (List miscellaneous expenses in line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
а	COMMUNICATIONS	61,493.	61,493.					
b	CONSULTING SERVICES	246,000.	217,200.		28,800.			
c								
d								
	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	572,838.	376,065.	65,719.	131,054.			
26	Joint costs. Complete this line only if the							
	organization reported in column (B) joint costs from a combined educational campaign and							
	fundraising solicitation. Check here ▶ if							
	following SOP 98-2 (ASC 958-720)	()					

JSA 2E1052 1.000

Part	990 (2 X	Balance Sheet			Page 11
all		Check if Schedule O contains a response to any question in this Part	X		
		oncon a concount of contains a response to any question and and	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	381,596.	1	497,156.
- [2	Savings and temporary cash investments	d	2	(
	3	Pledges and grants receivable, net	d	3	(
	4	Accounts receivable, net	q	4	(
	5	Loans and other receivables from current and former officers, directors,			<u> </u>
	,	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	d q	5 6	(
ets		Notes and loans receivable, net	q	7	(
Assets		Inventories for sale or use	q	8	C
٦		Prepaid expenses and deferred charges	Q	9	(
1		Land, buildings, and equipment: cost or			
- 1		other basis. Complete Part VI of Schedule D 10a]		
		Less: accumulated depreciation	q ·	10c	0
1		Investments - publicly traded securities	q	11	0
1		Investments - other securities. See Part IV, line 11	A	12	C
1		Investments - program-related. See Part IV, line 11		13	(
1		Intangible assets		14	C
1	5	Other assets. See Part IV, line 11	q	15	C
1		Total assets. Add lines 1 through 15 (must equal line 34)		16	497,156.
1	_	Accounts payable and accrued expenses	- A	17	<u>C</u>
1	8	Grants payable		18	(
1		Deferred revenue		19	
2	20	Tax-exempt bond liabilities	q	20	(
တ္က 2	21	Escrow or custodial account liability. Complete Part IV of Schedule D	q	21	(
≝ 2		Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			_
7		disqualified persons. Complete Part II of Schedule L		22	
2	23	Secured mortgages and notes payable to unrelated third parties	Q	23	C
2	24	Unsecured notes and loans payable to unrelated third parties	0	24	
2		Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	ٳ		,
		of Schedule D	<u> </u>	25	
2		Total liabilities. Add lines 17 through 25	<u> </u>	26	
Ses		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
au z	27	Unrestricted net assets	381,596.	_	497,156
Bal	28	Temporarily restricted net assets	<u> </u>	28	(
힏	29	Permanently restricted net assets	q	29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
₽ :	33	Total net assets or fund balances	381,596.	33	497,156
:	34	Total liabilities and net assets/fund balances	381,596.	34	497,156. Form 990 (2012

_	4	
Page	7	-

Part	XI 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)	1	-			398.
2	Total expenses (must equal Part IX, column (A), line 25)	2				338.
3	Revenue less expenses. Subtract line 2 from line 1	3				560.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	81,5	596.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		4	97 , :	<u> 156.</u>
Part						
	Check if Schedule O contains a response to any question in this Part XII				Ш	
				\longrightarrow	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," ex	xplair	ı in	1 1		
	Schedule O.			İ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or	l.		
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	ight				
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	•	2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplaiı	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	fortl	n 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 und	ergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits_		3b_		<u> </u>

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

. .

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection

Employer identification number

VET '	VOICE FOUNDATIO	N, INC.					1		26-	-462	7222	
Part	Reason for Publ	ic Charity Status	(All organizations mus	st com	plete	this pa	rt.) Se	e instru	ctions.	,		
The or	ganization is not a priv	ate foundation bed	cause it is: (For lines 1 thr	ough 1	1, che	ck only	one box	٤)				
1	A church, convention	on of churches, or	association of churches d	escrib	ed in s	ection 1	170(b)(1)(A)(i).				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	A hospital or a coo	perative hospital s	ervice organization descri	oed in s	sectio	n 170(b)(1)(A)(iii).				
4	A medical researc	h organization ope	erated in conjunction wit	hah	ospital	descri	bed in	section	170(b)(1)(A	A)(iii). E	nter the
_	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:											
5	An organization op	erated for the ber	nefit of a college or unive	ersity o	wned	or ope	rated b	y a gov	/ernme	ntal u	nit desc	ribed in
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6	A federal, state, or	local government	or governmental unit desc	cribed i	n sect	ion 170	(b)(1)(<i>A</i>	۸)(v).				
7 3	An organization the	at normally receive	es a substantial part of its	supp	ort fro	m a go	vernme	ntal uni	it or fro	m the	e genera	al public
_	described in sectio	n 170(b)(1)(A)(vi).	(Complete Part II.)									
8			on 170(b)(1)(A)(vi). (Com									
9	An organization the	at normally receive	es: (1) more than 331/3%	of its	suppo	rt from	contrib	utions,	membe	ership	fees, ar	nd gross
_	receipts from activ	rities related to its	exempt functions - subj	ect to	certai	n excep	otions, a	and (2)	no mo	re tha	an 331/3	% of its
	support from gros	s investment inco	ome and unrelated busin	ness ta	axable	income	e (less	section	1 511 °	tax) f	rom bus	sinesses
			ne 30, 1975. See section									
10 🗌	An organization org	ganized and opera	ted exclusively to test for	public s	safety.	See se	ction 5	09(a)(4)).			
11 📗	An organization o	rganized and ope	rated exclusively for the	benef	it of,	to perf	orm the	e functi	ions of,	or t	o carry	out the
	purposes of one o	r more publicly su	ipported organizations de	scribe	d in se	ection 5	609(a)(1	l) or se	ction 5	09(a)	(2). See	section
	509(a)(3). Check th		es the type of supporting									
	aType I	b Type II	c Type III-Function	nally in	tegrate	ed .					nally inte	
e	By checking this	box, I certify that	the organization is not	contro	olled o	lirectly	or indi	rectly t	by one	or m	ore disc	qualified
	•		gers and other than one	or mo	re pub	licly su	pportec	ı organı	zations	des	cribea in	section
	509(a)(1) or sectio						. ~		.			
f	~		n determination from the	e IRS	that it	is a ly	ype I, I	уре ІІ,	or type	e III s	supportin	¹ ⁹ —
	organization, check							460				. Ш
g			nization accepted any gift	or co	ıtributi	on irom	any or	trie				
	following persons?		- Alic Augusta Aither Alex		o a o the	er with	porcon	e deco	rihad in	/ii\	Г	Yes No
			ectly controls, either alor								11g(i)	
	• •	-	dy of the supported organ	ization	٠		• • • •	• • • •			11g(ii)	
			scribed in (i) above? son described in (i) or (ii) a	 hove?	• • •	• • • •		• • • •		• • •	11g(iii)	\neg
			out the supported organiza			• • • •				• • •	<u> </u>	
<u> </u>		(ii) EIN	(iii) Type of organization		ls the	(v) Did v	ou notify	(vn i	s the	(vin /	Amount of	monetary
(1	i) Name of supported organization	(11) (11)	(described on lines 1-9	organi	zation in	the orga	anization	organiz	zation in	(,	suppor	
	•		above or IRC section (see instructions))	your g	listed in overning	in col	. (i) of upport?	col. (i) o	rganized U.S.?			
			(300 11130 40010113))	Yes	No	Yes	No	Yes	No	1		
						_						
(A)								İ				
(B)												
(C)												
(0)				ļ	ļ	ļ				├	-	
(D)												
(E)												
<u>Total</u>			<u> </u>		<u> </u>							

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

Schedule A (Form 990 or 990-EZ) 2012

Pag	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	283,625.	454,769.	348,900.	688,398.	1,775,692.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3		283,625.	454,769.	348,900.	688,398.	1,775,692.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						412,944.
6	Public support. Subtract line 5 from line 4.					为在地里,其实的发现	1,362,748.
	tion B. Total Support	(=) 2008	(F) 3000	(a) 2010	(4) 2011	(a) 2012	(f) Total
Caler	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	
7 8	Amounts from line 4		283,625.	454,769.	348,900.	688,398.	1,775,692.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11	Total support. Add lines 7 through 10						1,775,692.
12	Gross receipts from related activities, etc. (see instructions) .			시하 때 이 이 이 이 에 의 하시	12	
13	First five years. If the Form 990 is f organization, check this box and stop here			nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶ X
Sec	tion C. Computation of Public Sup						0/
14	Public support percentage for 2012 (li					14	<u>%</u>
15	Public support percentage from 2011	Schedule A, Pa	art II, line 14			15	<u>%</u>
16a	331/3% support test - 2012. If the c	organization did	not check the	box on line 13,	and line 14 is	331/3 % 01 111011	e, check
-	this box and stop here. The organizati	on qualifies as a	a publicly suppo	rted organization	r 16a and line		or more
b	331/3% support test - 2011. If the check this box and stop here. The org	organization did	i not check a b	supported orga	n ioa, and ille nization	, 10 13 33 1/3 /0 (J. IIIOIO,
470	10%-facts-and-circumstances test	2012 If the or	ranization did n	ot check a hox	on line 13 16:	or 16b and li	ne 14 is
17a	10% or more, and if the organization	meets the "fa	cts-and-circums	tances" test ch	eck this box a	nd stop here. E	xolain in
	Part IV how the organization meets	the "facts-and-o	circumstances" t	est The organi	zation qualifies	as a publicly su	upported
	organization						
b	10%-facts-and-circumstances test - 15 is 10% or more, and if the org	2011. If the or	ganization did r	ot check a box	on line 13, 16	a, 16b, or 17a,	
	Explain in Part IV how the organizat	ion meets the	facts-and-circur	nstances" test.	The organization	on qualifies as a	publicly
18	supported organization Private foundation. If the organization						▶ 🔲
10	instructions						
						Schedule A (Form 9	

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

alo-	tion A. Public Support ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
		(4) 2000	(3) 2000	(0) 2010	(4) 2011	(0) 2012	(1) 10(0)
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")					<u> </u>	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the				1		
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	•					
	unrelated trade or business under section 513			j			1
A	Tax revenues levied for the						
7							
	organization's benefit and either paid		1				
	to or expended on its behalf						
5	The value of services or facilities		l				
	furnished by a governmental unit to the				İ		
	organization without charge						
6	Total. Add lines 1 through 5						<u> </u>
7 a	Amounts included on lines 1, 2, and 3						1
_	received from disqualified persons		1	1			
þ	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000		į				
	or 1% of the amount on line 13 for the year	-					
C	Add lines 7a and 7b		 			-	_
8	Public support (Subtract line 7c from						
	line 6.)		<u> </u>	<u>l</u>	<u> </u>		<u> </u>
ec	tion B. Total Support					1	T
ale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						<u> </u>
0 a	Gross income from interest, dividends,						
	payments received on securities loans,						į
	rents, royalties and income from similar						ļ
	Sources					 	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						<u> </u>
C	Add lines 10a and 10b						ļ
1	Net income from unrelated business						1
	activities not included in line 10b,		Ì				
	whether or not the business is regularly						}
	carried on · · · · · · · · · · · · · · · · · ·				 		
2	Other income. Do not include gain or			ļ			
	loss from the sale of capital assets						
	(Explain in Part IV.)				 		
3	Total support. (Add lines 9, 10c, 11,		}				1
	and 12.)			<u></u>		<u> </u>	
4	First five years. If the Form 990 is for	the organization	on's first, second	, third, fourth, o	r fifth tax year	as a section 50°	1(c)(3)
	organization, check this box and stop here		<u>.</u>		. <u></u>	<u> </u>	▶
Sec	ction C. Computation of Public Su						
5	Public support percentage for 2012 (line 8			ımn (fi)		15	
6	Public support percentage from 2011 Sch					·	
_						1 10 1	
_	ction D. Computation of Investme			40		14-	
7	Investment income percentage for 2012 (I			-			
8	Investment income percentage from 2011						
Q a	331/3% support tests - 2012. If the or	rganization did r	not check the bo	ox on line 14, ar	nd line 15 is mo	ore than 331/3%,	and line
. J u	17 is not more than 331/3 %, check the						
	= ::: ::: = = = = = = = = = = = = = = =						
	331/3% support tests - 2011. If the ord	anization did no	i check a box on				
	331/3% support tests - 2011. If the org						
b	line 18 is not more than 331/3 %, check	this box and	stop here. The o	rganization qualit	ies as a publicly	y supported orga	nization 🕨
		this box and	stop here. The o	rganization qualit	ies as a publicly	y supported orga	nization > tructions >

Schedule A (Form 990 or 990-EZ) 2012

Page 4

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

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service Schedule of Contributors

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

OMB No. 1545-0047

2012

Employer identification number Name of the organization VET VOICE FOUNDATION, INC. 26-4627222 Organization type (check one): Section: Filers of: X _{501(c)(}3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

lame of organization	VET	VOICE	FOUNDATION,	INC
----------------------	-----	-------	-------------	-----

Employer identification number 26-4627222

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1_		\$20,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2_		\$20,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
3_		\$30,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
4_		\$50,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
5 _		\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
6_		\$25,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)					

Name of organization VET VOICE FOUNDATION, INC.

Employer Identification number 26-4627222

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
7 -		\$25,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
8_		\$40,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
99_		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
10		\$115,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
_ 11		\$141,928.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
_ 12 _		\$46,470.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)						

Name of organization	VET VOICE FOUNDATION, INC.		Employer identification number 26-4627222
Part I Contrib	outors (see instructions). Use duplicate copies	of Part I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule	B (Form	990.	990-EZ.	or 99	30-PF)	(2012
Schodalo	- 1		550,	JJU-LE,	0. 0.	,,,	1-0:-

Person Payroll Noncash

(d) Type of contribution

(Complete Part II if there is a noncash contribution.)

(a) No. (c) Total contributions

(b) Name, address, and ZIP + 4 Name of organization VET VOICE FOUNDATION, INC.

Employer identification number 26-4627222

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

Employer identification number 26-4627222

Part III	Exclusively religious,	charitable, etc.	. individual c	ontributions	to section 5	01(c)(7), (8)	or (10) organiza	tions
	that total more than							

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$ |

ι	Jse duplicate copies of Part III if addition	nal space is needed		
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
		(e) Transfe	r of gift	
	Transferee's name, address, an	d ZIP + 4	Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use c	of gift	(d) Description of how gift is held
		(e) Transfe	or of gift	
	Transferee's name, address, an	1d ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use (of gift	(d) Description of how gift is held
		(e) Transfe	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee
(a) No. from		(2) 11-2	- 6 - 10	(d) Description of how rife in hold
from Part I	(b) Purpose of gift	(c) Use	or gift	(d) Description of how gift is held
		(e) Transf	er of gift	<u>, , , , , , , , , , , , , , , , , , , </u>
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee

JSA

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

Description of the Organization is described below.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	e of organization			Employer ide	ntification number
VEI	VOICE FOUNDATION,				627222
Pai	rt I-A Complete if the or	rganization is exempt under s	section 501(c) or is	s a section 527 org	anization.
1	Provide a description of the	organization's direct and indirect p	olitical campaign ac	tivities in Part IV.	
2	Political expenditures			▶ \$	
Pai		rganization is exempt under s			
1	Enter the amount of any exc	ise tax incurred by the organization	n under section 4955	5 ▶ \$	
2		ise tax incurred by organization m			
3		a section 4955 tax, did it file Form	•		
					Yes Mo
	o If "Yes," describe in Part IV. rt I-C Complete if the o	rganization is exempt under s	section 501(c) ex	cent section 501(c)	(3)
	Enter the amount directly of	xpended by the filing organization	for section 527 ex	empt function	(0).
1	activities		TIOI SECTION SET CA	► \$	
2	Enter the amount of the filin	g organization's funds contributed	to other organization	ons for section	
4	527 evempt function activities	98	to other organization	▶ \$	
3	Total exempt function expe	enditures. Add lines 1 and 2. En	ter here and on Fo	orm 1120-POL.	
•	line 17b			 ▶ \$	
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	Enter the names, addresses	and employer identification numb	er (EIN) of all section	on 527 political organ	nizations to which the filing
	organization made payments	s. For each organization listed, en	ter the amount paid	d from the filing orga	nization's funds. Also ente
	the amount of political cont	ributions received that were prom	ptly and directly de	livered to a separate	political organization, such
	as a separate segregated fur	nd or a political action committee	(PAC). If additional s	space is needed, prov	ide information in Paπ IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				lunus. Il florie, enter -o	delivered to a separate
					political organization. If none, enter -0
					Tione, onto
(1)			1		
				-	
(2)			į		
(3)			-		
<u></u>					
(4)					
(5)					
(6)			1		
			1	1	

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

Schedule C (Form 990 or 990-EZ) 2012

JSA 2E1264 1.000

201	Gudle C (1 01111 330 01 330-62) 2012 12 14	7202 2001,21112011, 21101		Page Z
Ρ	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
A	Check ▶ if the filing organization	belongs to an affiliated group (and list in Pa	art IV each affiliated gro	oup member's
		enses, and share of excess lobbying expend		•
В		checked box A and "limited control" provisi		
		oving Expenditures	(a) Filing	(b) Affiliated
		eans amounts paid or incurred.)	organization's totals	group totals
1:	Total lobbying expenditures to influence	e public opinion (grass roots lobbying)	1,500.	
1		e a legislative body (direct lobbying)		
		1a and 1b)	1,500.	<u></u>
			571,338.	
		dd lines 1c and 1d)	572,838.	
,		the amount from the following table in both	· i	
•	columns.	and amount nom the renowing table in semi-	110,926.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
_	Grassroots nontaxable amount (enter	25% of line 1f)	27,732.	
	h Subtract line 1g from line 1a. If zero or	· less, enter -0-	0	0
į	Subtract line 1f from line 1c. If zero or		0	0
j	If there is an amount other than zer	o on either line 1h or line 1i, did the organiz	zation file Form 4720	
•		n		Yes No
		4-Year Averaging Period Under Section 501(h) t made a section 501(h) election do not have t		
		t made a section suffit) election do not have t		,

columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Exper	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2009	(ь) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount				110,926.	110,926.
b Lobbying ceiling amount (150% of line 2a, column (e))	·				166,389.
c Total lobbying expenditures				1,500.	1,500.
d Grassroots nontaxable amount				27,732.	27,732.
e Grassroots ceiling amount (150% of line 2d, column (e))					41,598.
f Grassroots lobbying expenditures	3			1,500.	1,500.

Schedule C (Form 990 or 990-EZ) 2012

	VET VOICE FOUNDATION, INC.			26-4627222			
Sche	dule C (Form 990 or 990-EZ) 2012				P	age 3	
Pai	Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).						
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)	(b))		
	cription of the lobbying activity.	Yes	No	Amo	unt		
1	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:						
a b c	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?						
d e	Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements?						
f g	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					_	
j 2 a	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b c	If "Yes," enter the amount of any tax incurred under section 4912						
d Pa	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? rt III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).), or se	ction			
	301(c)(d).				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?			1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2			
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	<u> </u>	<u> </u>	3			
Pa	Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"				3, is		

answered "Yes." Dues, assessments and similar amounts from members

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	
ь	Carryover from last year	2b_	
	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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**

list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for a	•

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012

Page 4

Part IV 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, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization					Employer identificatio	
VET VOICE FOUNDATION, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form				26-4627222		
				"Yes" to Form 9	90, Part IV, line	17.
FUITH 990-EZ Hers are no				activities Charles	II that annly	
1 Indicate whether the organization i	_		_			
a Mail solicitations	9			non-government g		
b Internet and email solicitations						
c Phone solicitations	g	Spec	cial fundra	ising events		
d X In-person solicitations						
2a Did the organization have a writter or key employees listed in Form 9	or oral agreement w 90, Part VII) or entity	ith any ind in connec	dividual (in tion with p	ncluding officers, d professional fundra	irectors, trustees ising services?	X Yes No
b If "Yes," list the ten highest paid in compensated at least \$5,000 by the		(fundraise	rs) pursua	ant to agreements	under which the	fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 GROSS CONTRIBUTIONS						
2201 WISC AVE WASH DC			х	688,398.		688,398.
2 BONNER GROUP, INC.						
729 15TH ST WASH DC	LARGE DONOR		х		38,514.	-38,514.
3 STRAUS/BAKER LLC						
928 BROADWAY NY, NY	LARGE DONOR		Х		5,000.	-5,000.
4						
5						
6						
7						
8						
9		 				
•						
10			-			
Total			<u> </u>	688,398	43,514	644,884.
3 List all states in which the organi			d to solici			
registration or licensing.						•
•						
		-				
		-		100		
					-	
	•					

_	4
Page	4

l			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	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus				
ŀ		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
l						
	6	Rent/facility costs				
	7	Food and beverages			-	
١	۵	Entertainment				!
	U	Littertailment		100		-
l	9	Other direct expenses				
		III Coming Complete it the era		m/ H . E . AAA B	(N / P	
a	t I	than \$15,000 on Form 990-E	anization answered Z, line 6a.	"Yes" to Form 990, Par	t IV, line 19, or repo	rted more
a T	t l	than \$15,000 on Form 990-E	anization answered EZ, line 6a. (a) Bingo	"Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo	rted more (d) Total gaming (add col. (a) through col. (c
1	t l	than \$15,000 on Form 990-E	Z, line 6a. (a) Bingo	"Yes" to Form 990, Par	t IV, line 19, or repo	orted more (d) Total gaming (add
1	t l	than \$15,000 on Form 990-E	Z, line 6a. (a) Bingo	"Yes" to Form 990, Par	t IV, line 19, or repo	orted more (d) Total gaming (add
1	t	than \$15,000 on Form 990-E	Z, line 6a. (a) Bingo	"Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo	orted more (d) Total gaming (add
1	1 2	than \$15,000 on Form 990-E Gross revenue	Z, line 6a. (a) Bingo	"Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo	orted more (d) Total gaming (add
a	1 2 3	than \$15,000 on Form 990-E Gross revenue	Z, line 6a. (a) Bingo	"Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo	orted more (d) Total gaming (add
	1 2 3	than \$15,000 on Form 990-E Gross revenue	Z, line 6a. (a) Bingo	"Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo	orted more (d) Total gaming (add
a	1 2 3 4	than \$15,000 on Form 990-E Gross revenue	Z, line 6a. (a) Bingo	"Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo	orted more (d) Total gaming (add
a	1 2 3 4 5	than \$15,000 on Form 990-E Gross revenue	Z, line 6a. (a) Bingo	"Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo Yes%	t IV, line 19, or repo	orted more (d) Total gaming (add
a	1 2 3 4 5	than \$15,000 on Form 990-E Gross revenue	Z, line 6a. (a) Bingo	"Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo	orted more (d) Total gaming (add
	1 2 3 4 5	than \$15,000 on Form 990-E Gross revenue	YesNo	"Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo Yes% No	t IV, line 19, or repo	orted more (d) Total gaming (add
a .	1 2 3 4 <u>5</u> 6 7	than \$15,000 on Form 990-E Gross revenue	Yes No	"Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo Yes% No (d)	t IV, line 19, or repo	orted more (d) Total gaming (add
a	1 2 3 4 5 6 7 8	than \$15,000 on Form 990-E Gross revenue	Yes No 2 through 5 in column ine line 1, column d, a	"Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo "Yes% No (d)	t IV, line 19, or repo	(d) Total gaming (add col. (a) through col. (c
a	1 2 3 4 <u>5</u> 6 7 8	than \$15,000 on Form 990-E Gross revenue	Yes No 2 through 5 in column ine line 1, column d, attion operates gaming	"Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo "Yes% No (d)	t IV, line 19, or repo	(d) Total gaming (add col. (a) through col. (c
a	1 2 3 4 5 6 7 8 Es	than \$15,000 on Form 990-E Gross revenue	Yes Yes No 2 through 5 in column ine line 1, column d, atton operates gaming gaming activities in ea	"Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo "Yes% No (d)	t IV, line 19, or repo	(d) Total gaming (add col. (a) through col. (c
a	1 2 3 4 5 6 7 8 Es	than \$15,000 on Form 990-E Gross revenue	Yes Yes No 2 through 5 in column ine line 1, column d, atton operates gaming gaming activities in ea	"Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo "Yes% No (d)	t IV, line 19, or repo	(d) Total gaming (add col. (a) through col. (c
a	1 2 3 4 5 6 7 8 E Is If -	than \$15,000 on Form 990-E Gross revenue	Yes No 2 through 5 in column ine line 1, column d, atton operates gaming gaming activities in ea	"Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo "Yes% No (d)	t IV, line 19, or repo	(d) Total gaming (add col. (a) through col. (c

Sched	ule G (Form 990 or 990-EZ) 2012 Page 3
11	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?
13	Indicate the percentage of gaming activity operated in:
а	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:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
þ	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
_	amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:
C	if res, enter name and address of the time party.
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶\$
	Description of services provided ▶
	Director/officer Independent contractor
17	Mandatory distributions:
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	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) 2012

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SCHEDULE O

. . . .

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047
2012

Open to Public

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.

Name of the organization

VET VOICE FOUNDATION, INC.

Employer identification number 26-4627222

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 REVIEWED BY THE ASSISTANT TREASURER.

DISCLOSURE

PART VI, SECTION C, LINE 19

THE ORGANIZATION PROVIDES THE FORM 990 AND 1023 PACKAGE UPON REQUEST.