			EXTENDED TO NOVEMBER 15, 2016		
	0	าก	Return of Organization Exempt From Income Ta	ax	OMB No. 1545-0047
For	n 93	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private four	ndation	s 2015
Department o		the Treasury	Do not enter social security numbers on this form as it may be made public.		Open to Public
Interr	al Reven	ue Service	Information about Form 990 and its instructions is at www.irs.gov/form990.		Inspection
AF	or the	2015 calend	lar year, or tax year beginning JAN 26 , 2015 and ending DEC 31 , 2	015	
B	heck if pplicable:	C Name of	f organization D Employer id	lentific	ation number
	Address				
	_change	° VETS	ADVOCACY, INC.		
	_change				80520
	Initial return Final		and street (or P.O. box if mail is not delivered to street address)		
	→return/ termin-			-	820-7600
	ated]Amende		ANGELES, CA 90025		2,514,173.
-	⊥return]Applica	цор			
	⊥tiòn pending	F Name a	nd address of principal officer:BOBBY SHRIVER for subord WILSHIRE BLVD, SUITE 1275, LOS ANGELES H(b) Are all subord		
<u> </u>					st. (see instructions)
			P://WWW.VATHERIGHTWAY.ORG/		
					State of legal domicile: CA
		Summary			
			be the organization's mission or most significant activities: TO END VETERANS HO	MELE	SSNESS AND
Governance		IMPROVE	WELL-BEING THROUGH ADVOCACY EFFORTS SO THAT VE	TERA	NS HAVE
rna			∞ ►		
ove			ting members of the governing body (Part VI, line 1a)		5
Ğ			dependent voting members of the governing body (Part VI, line 1b)		5
es 8			of individuals employed in calendar year 2015 (Part V, line 2a)		1
viti			of volunteers (estimate if necessary)		10
Activities &			d business revenue from Part VIII, column (C), line 12		0.
~			business taxable income from Form 990-T, line 34		0.
			Prior Year		Current Year
e	8 0	Contributions	and grants (Part VIII, line 1h)		1,994,512.
ent		•	ice revenue (Part VIII, line 2g)		0.
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)		-1,401.
_			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,993,111.
			milar amounts paid (Part IX, column (A), lines 1-3)		0.
			to or for members (Part IX, column (A), line 4)		42,449.
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10)		42,449.
Expenses			undraising fees (Part IX, column (A), line 11e)		•
Ă			ing expenses (Part IX, column (D), line 25) ▶0 . es (Part IX, column (A), lines 11a-11d, 11f-24e)		452,985.
			es (Farrix, column (A), lines 11a 11d, 111246)		495,434.
			expenses. Subtract line 18 from line 12		1,497,677.
or			Beginning of Current	Year	End of Year
Net Assets or Fund Balances	20 T	Fotal assets (F	Part X, line 16)		1,571,516.
Ass d Ba			s (Part X, line 26)		73,839.
Funct			fund balances. Subtract line 21 from line 20		1,497,677.
Pa		Signature			
Und	er penalt	ties of perjury,	I declare that I have examined this return, including accompanying schedules and statements, and to the best	st 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	e.	
		Signature			
Sig	n		e of officer Date Date		
Sig Her		BOBB	BY SHRIVER, DIRECTOR/SECRETARY		
-	e	BOBB Type or p	BY SHRIVER, DIRECTOR/SECRETARY print name and title		
Her	e	Print/Type prep	BY SHRIVER, DIRECTOR/SECRETARY print name and title parer's name Preparer's signature Date #	neck	
Her	e	Print/Type prep	BY SHRIVER, DIRECTOR/SECRETARY print name and title parer's name Preparer's signature LEE Date	lf-employed	P00449776
Her Paic Prej	e I I Darer	BOBB Type or p Print/Type prep DERRICK Firm's name	BY SHRIVER, DIRECTOR/SECRETARY print name and title parer's name Preparer's signature Date CI	lf-employed	

Use Only	Firm's address 🖕 12400 WILSHIRE BLVD STE 1275	
	LOS ANGELES, CA 90025	Phone no. (310) 820-7600
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
532001 12-1	16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2015)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

m **990** (2015)

Form	990 (2015) VETS ADVOCACY, INC.	47-3380520	Page
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Σ
1	Briefly describe the organization's mission: VETS ADVOCACY IS A PRIVATELY-FUNDED, NON-PROFIT AI	OVOCACY ORGANIZATI	ON
	ESTABLISHED TO FACILITATE THE REVITALIZATION OF TH	IE WEST LOS ANGELE	S
	VETERANS AFFAIRS CAMPUS AS A CONDITION OF THE VALE		I
	SETTLEMENT. VETS ADVOCACY IS FOCUSED ON IMPROVING	WELL-BEING AND	
2	Did the organization undertake any significant program services during the year which were not lister the prior Form 990 or 990-EZ?		XN
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O.	n services?Yes	X
4	Describe the organization's program service accomplishments for each of its three largest program	services as measured by expenses	-
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat		
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 455, 437. including grants of \$		
4a	(Code:) (Expenses \$ 455,437. including grants of \$ ADVOCACY CAMPAIGNS TO ESTABLISH HOUSING FOR VETERAL) (Revenue \$ ANS •	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
-10	(Code:) (Expenses \$ including grants of \$		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
		, (
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e		Form 9	90 (20
12-16-			
80	104 600836 6270 2015.05000 VETS ADVOCACY,	INC. 6270	0

Form	990	(2015)

VETS ADVOCACY, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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) 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		X
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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	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 of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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 other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? 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	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,"	.		v
	complete Schedule G. Part III	19		X

Form **990** (2015)

532003 12-16-15

Form	aan	(2015)	
	330	(2013)	

VETS ADVOCACY, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
_	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		<u> </u>
_0	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	04		x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Schedule N, Part II	52		
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, Part II, III, or IV, and			
•••	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	1

Form **990** (2015)

532004 12-16-15

Form	990 (2015) VETS ADVOCACY, INC. 47-3380	520	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			0
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	Х	
2a	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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	00		
τu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:	ти		
D.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
	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		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
U	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
		7e		x
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
g	If the organization received a contribution of qualified intellectual property, did the organization file of satisfies as required fille a Form 1098-C?	79 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
0		8		x
9	Sponsoring organization have excess business holdings at any time during the year?			
э а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:	50		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against			
b	amounts due or received from them.) 11b			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	158		
L.				
U	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans			
~				
		14a		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a 14b		
<u>u</u>	וו דכי, וומס וג וווכע מ דטווו ו 20 גט ופיטטוג גוופטי אמיוופווגט גוו וויזט, אוטיוטי מו פגאומומנוטו ווו סטוופטעופ ט		000	/0015

Form	990	(2015)
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532005 12-16-15

Form 990	(2015))
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VETS ADVOCACY, INC.

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 or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			_
			Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5		
	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 1b	5		
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		
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		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			
6	Did the organization have members or stockholders?			
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
74	more members of the governing body?	7a		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
b		76		
~	persons other than the governing body?	7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	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		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		·	
			Yes	
	Did the organization have local chapters, branches, or affiliates?	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?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		Х	
	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	
3	Did the organization have a written whistleblower policy?			
4	Did the organization have a written document retention and destruction policy?			
5	Did the process for determining compensation of the following persons include a review and approval by independent			
5				
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
	The organization's CEO, Executive Director, or top management official			
D	Other officers or key employees of the organization	15b		
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ба	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		
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			
		16b		
	exempt status with respect to such arrangements?			
ec	tion C. Disclosure			_
7	tion C. Disclosure		ole	
7	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply		ble	
7	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only		ble	
7 8	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply) availat		
7 8	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)) availat		
7 8 9	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year.) availat		
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7 8 9 0	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: REBACK LEE & COMPANY, INC 310-820-7600 12400 WILSHIRE BLVD. STE 1275, LOS ANGELES, CA 90025) availab	icial	
7 8 9 20	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: REBACK LEE & COMPANY, INC 310-820-7600) availab		

(^)

(E)

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

Check if Schedule O contains a response or note to any line in this Part VII

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."

(D)

• 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.

(D)

X Check this box if neither the organization r	let arty tenated	erganization componicat	 ,

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one			than	one	Reportable	Reportable	Estimated	
	hours per	box	. unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week			nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	ru stee			en sa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		lo ye	e om				and related
	below	ividu	Institutional trustee	Officer	Key employee	Highest compensated employee	mer			organizations
	(list any hours for related organizations below line)	Ind	lns	æ	Ke	em Hig	For			
(1) RONALD OLSON	0.00									
DIRECTOR		X						0.	0.	0.
(2) BOBBY SHRIVER	0.00									
DIRECTOR/SECRETARY		X		X				0.	0.	0.
(3) ADMIRAL MICHAEL MULLEN	0.00									
DIRECTOR		x						0.	0.	0.
(4) GARY BLASI	0.00									
DIRECTOR		x						0.	0.	0.
(5) DAN GARCIA	0.00									
DIRECTOR	0.00	x						0.	0.	0.
	0.00	^						0.	0.	0.
(6) ALAN REBACK	0.00			37						0
TREASURER				X				0.	0.	0.
		1								
	1									
		1								
	1									·
		1								
	1	I	L	I	I	L	I			
532007 12-16-15						7				Form 990 (201

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Form 990 (2015) VETS ADV									47-33	380	520	P	age 8
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghes	st C						
(A) Name and title	Average hours per weekPosition (do not check more than one 				(E) Reportable compensatio from related organizations (W-2/1099-MIS	s	an com fr org and	(F) timate nount other pensa om th anizat d relat anizati	of ation e ion :ed				
	line)	Indi	Inst	Offi	Key	Higlemp	For						
										$ \rightarrow $			
1b Sub-total 0.					0.			0.					
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r							o r		,000 of reportabl	• •			••
compensation from the organization												Yes	0 No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	oyee,	or	highest compensated e	mployee on	I		100	110
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su								har companyation from			3		X
and related organizations greater than \$15	-		-						-		4		Х
5 Did any person listed on line 1a receive or a					-			-			F		x
rendered to the organization? If "Yes," corr Section B. Independent Contractors	ipiele Schedui	eji	or si	ucn	pers	SON .					5		-77
1 Complete this table for your five highest co										ipens	ation f	rom	
the organization. Report compensation for (A)	the calendar y	ear	enai	ng v	VILLI	or wi		(B)	year.	(C)			
Name and business	address							Description of services			Compensation		
1551 PENNY ROAD, TOPANGA	, CA 902	29()					CONSULTING		160,824.			24.
2 Total number of independent contractors (-	iot li	mite	d to			tec	d above) who received n	nore than				
\$100,000 of compensation from the organi	zation 🕨					1					Form	990 (2015)
532008 12-16-15												((0)

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8 2015.05000 VETS ADVOCACY, INC.

Form 990 (CACY, INC.			47-3380)520 Page 9
Part VII	I Statement of Revenue					
	Check if Schedule O contains a res	ponse or note to any lir	ne in this Part VIII … (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Gra and Other Similar Amou and Other Similar Amou	Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$	1a 1b 1c 1d 1e 1f 1,994,512. 520,800. ■ Business Code	1,994,512.			
Program Servic Revenue J a p a q	All other program service revenue					
3 4 5	Investment income (including dividends other similar amounts) Income from investment of tax-exempt Royalties	s, interest, and bond proceeds	136.			136.
b c	Gross rents Less: rental expenses Rental income or (loss)					
7 a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	rities (ii) Other				
ler Revenue	Net gain or (loss) Gross income from fundraising events (including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses	not a	-1,537.			-1,537.
с 9 а	Net income or (loss) from fundraising ex Gross income from gaming activities. S Part IV, line 19 Less: direct expenses	vents▶ ee a				
с 10 а b	Net income or (loss) from gaming activit Gross sales of inventory, less returns and allowances Less: cost of goods sold	a				
11 a b c		Business Code				
	Total. Add lines 11a-11d	•	1,993,111.	0.	0.	-1,401. Form 990 (2015

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⁹ 11480104 600836 6270 2015.05000 VETS ADVOCACY, INC.

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VETS ADVOCACY, INC.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	e or note to any line in	this Part IX		X
	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 domestic organizations		·		• •
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	39,166.	31,333.	7,833.	
7	Other salaries and wages	39,100.	.ددد, דد	1,033.	
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits	3,283.	2,626.	657.	
10 11	Payroll taxes Fees for services (non-employees):	5,205.	2,020.	0.5 / •	
a b	Management				
	Accounting	12,000.		12,000.	
	Lobbying	,			
e					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A) amount, list line 11g expenses on Sch O.)	422,577.	409,797.	12,780.	
12	Advertising and promotion				
13	Office expenses	2,052.	196.	1,856.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	3,487.	3,487.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4 000		4 070	
23		4,072.		4,072.	
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 0.)				
а	EVENTS	4,560.	4,560.		
a b	BUSINESS MEALS	3,820.	3,056.	764.	
c	AUTOMOBILE EXPENSES	382.	382.		
d	LICENSES & PERMITS	25.		25.	
e		10.		10.	
25	Total functional expenses. Add lines 1 through 24e	495,434.	455,437.	39,997.	0.
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)				

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10 2015.05000 VETS ADVOCACY, INC. Form **990** (2015)

VETS ADVOCACY, INC. Part X Balance Sheet

Form 990 (2015)

Assets

Liabilities

Net Assets or Fund Balances

	Check if Schedule O contains a response or not	e to an	y line in this Part X			
	· · · · · ·			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			0.	1	920,636.
2	Savings and temporary cash investments			0.	2	519,399.
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Loans and other receivables from current and fo	rmer o	fficers, directors,			
	trustees, key employees, and highest compensation	nployees. Complete				
	Part II of Schedule L		5			
6	Loans and other receivables from other disqualif	ied per	rsons (as defined under			
	section 4958(f)(1)), persons described in section	•	•			
	employers and sponsoring organizations of sections					
_	employees' beneficiary organizations (see instr).				6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges		·····		9	
10a	Land, buildings, and equipment: cost or other	10-				
	basis. Complete Part VI of Schedule D				10-	
	Less: accumulated depreciation				10c 11	· · · · · · · · · · · · · · · · · · ·
11	Investments - publicly traded securities Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line 1		13			
14	Intangible assets		14			
15	Other assets. See Part IV, line 11	0.	15	131,481.		
16	Total assets. Add lines 1 through 15 (must equa			0.	16	1,571,516.
17	Accounts payable and accrued expenses				17	<u> </u>
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F				21	
22	Loans and other payables to current and former					
	key employees, highest compensated employee	s, and	disqualified persons.			
	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
24	Unsecured notes and loans payable to unrelated	d third	parties		24	
25	Other liabilities (including federal income tax, pay	yables	to related third			
	parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
	Schedule D		·····	0.	25	73,839. 73,839.
26	Total liabilities. Add lines 17 through 25			0.	26	/3,839.
	Organizations that follow SFAS 117 (ASC 958)		k here 🕨 🛄 and			
	complete lines 27 through 29, and lines 33 and					
27	Unrestricted net assets				27	
28	Temporarily restricted net assets				28	
29	Permanently restricted net assets Organizations that do not follow SFAS 117 (As		R) chock horo		29	
	and complete lines 30 through 34.	50 950	s), check here \blacksquare 22			
30	Capital stock or trust principal, or current funds			0.	30	Ο.
31	Paid-in or capital surplus, or land, building, or eq			0.	31	0.
32	Retained earnings, endowment, accumulated inc			0.	32	1,497,677.
33	Total net assets or fund balances			0.	33	1,497,677.
34	Total liabilities and net assets/fund balances			0.	34	1,571,516.
		•••		Form 990 (2015)		

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Form **990** (2015)

	990 (2015) VETS ADVOCACY, INC.	47-33	80520	Pag	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			1 0 0 0		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,993		
2	Total expenses (must equal Part IX, column (A), line 25)	2	495		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,497	,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
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,		4 4 4 5 5		
_	column (B))	10	1,497	, 6'	<u> </u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3 a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
				\mathbf{n}	

Form **990** (2015)

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