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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)Department of the Treasury
Internal Revenue Service

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

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning 7/01, 2012, and ending 6/30, 2013

B Check if applicable	C		D Employer Identification Number 91-1818250
<input type="checkbox"/> Address change	Voluntary Protection Programs		E Telephone number (703) 761-1146
<input type="checkbox"/> Name change	Participants' Association Group Return		
<input type="checkbox"/> Initial return	7600 - E Leesburg Pike #100		
<input type="checkbox"/> Terminated	Falls Church, VA 22043		
<input type="checkbox"/> Amended return			G Gross receipts \$ 1,288,575.
<input type="checkbox"/> Application pending	F Name and address of principal officer Same As C Above		H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ► www.vpppa.org

K Form of organization Corporation Trust Association Other ► L Year of Formation M State of legal domicileH(b) Are all affiliates included? Yes No
If 'No,' attach a list (see instructions)

See Attachment

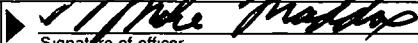
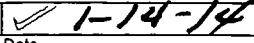
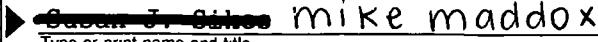
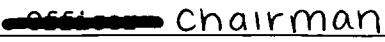
H(c) Group exemption number ► 3439

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>To be a leader in safety, health and environmental excellence through cooperative efforts among labor, management and government.</u>	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
Revenue	3 Number of voting members of the governing body (Part VI, line 1a) <u>3</u> <u>96</u>	
	4 Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u> <u>96</u>	
Expenses	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) <u>5</u> <u>0</u>	
	6 Total number of volunteers (estimate if necessary) <u>6</u> <u>270</u>	
Net Assets / Fund Balances	7a Total unrelated business revenue from Part VIII, column (S), line 12 <u>7a</u> <u>0</u>	
	b Net unrelated business taxable income from Form 990-T, line 34 <u>7b</u> <u>0</u>	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>80,563.</u> <u>127,352.</u>	Prior Year	Current Year
	14 Program service revenue (Part VIII, line 2g) <u>1,358,442.</u> <u>1,156,718.</u>	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>4,131.</u> <u>4,505.</u>	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>1,443,136.</u> <u>1,288,575.</u>	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 15) <u>8,000.</u> <u>2,650.</u>	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>1,352,344.</u> <u>1,069,146.</u>	
	14 Benefits paid to or for members (Part IX, column (A), line 4) <u>1,360,344.</u> <u>1,071,796.</u>	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>82,792.</u> <u>216,779.</u>	
	16a Professional fundraising fees (Part IX, column (A), line 11e) <u>Beginning of Current Year</u> <u>End of Year</u>	
	b Total fundraising expenses (Part IX, column (D), line 25) <u>1,651,880.</u> <u>1,887,107.</u>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>0.</u> <u>18,448.</u>	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <u>1,651,880.</u> <u>1,868,659.</u>	
19 Revenue less expenses Subtract line 18 from line 12		
20 Total assets (Part X, line 16) <u>Beginning of Current Year</u> <u>End of Year</u>		
21 Total liabilities (Part X, line 26) <u>1,651,880.</u> <u>1,868,659.</u>		
22 Net assets or fund balances Subtract line 21 from line 20		

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			 1-14-14
	Signature of officer	Date	
	►  mike maddox		►  Chairman
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name Paul M. Gurman	Preparer's signature  1/10/14	Date 1/10/14
	Firm's name ► Gurman & Company, PLLC	Check <input checked="" type="checkbox"/> if self-employed	
	Firm's address ► 3877 Fairfax Ridge Rd. Ste 200N Fairfax, VA 22030-7473	PTIN P00069988	
	Firm's EIN ►		Phone no (703) 591-7200

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/18/12

Form 990 (2012)

G17 6

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If 'Yes,' describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 1,029,668. including grants of \$ _____) (Revenue \$ 1,156,718.)

Conferences to educate and promote worker safety and health through outreach seminars and workshops for members and interested public.

4b (Code _____) (Expenses \$ 2,650. including grants of \$ _____) (Revenue \$ _____)

Scholarships granted are intended for student pursuing either an undergraduate or graduate degree in the safety, health or environmental fields. A scholarship committee reviews all applicants qualifications and determines the scholarship winners.

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services. (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 1,032,318.

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete *Schedule A*

2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete *Schedule C, Part I*

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*

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete *Schedule C, Part III*

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete *Schedule D, Part I*

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete *Schedule D, Part II*

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete *Schedule D, Part III*

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete *Schedule D, Part IV*

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete *Schedule D, Part V*

11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete *Schedule D, Part VI*

b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete *Schedule D, Part VII*

c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete *Schedule D, Part VIII*

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete *Schedule D, Part IX*

e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete *Schedule D, Part X*

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete *Schedule D, Part X*

12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete *Schedule D, Parts XI, and XII*

b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing *Schedule D, Parts XI and XII* is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete *Schedule E*

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete *Schedule F, Parts I and IV*

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete *Schedule F, Parts II and IV*

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete *Schedule F, Parts III and IV*

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete *Schedule G, Part I* (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete *Schedule G, Part II*

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete *Schedule G, Part III*

20a Did the organization operate one or more hospital facilities? If 'Yes,' complete *Schedule H*

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10		X
11a	X	
11b		X
11c		X
11d		X
11e		X
11f		X
12a		X
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20		X
20b		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) 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	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or 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, 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):		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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	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	X

BAA

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	0	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 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	2 a	0	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
<i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)</i>			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>			
4 a 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)?	4 a		X
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			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	X	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	X	
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a 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?	6 a	X	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a 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		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	X	
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	X	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	X	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 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 organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 b		
12 a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?			
<i>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 the organization is licensed to issue qualified health plans	13 b		
c Enter the amount of reserves on hand	13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	X	
b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>	14 b		

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

Section A. Governing Body and Management

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

1b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?

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?

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? See Schedule O

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? See Schedule O

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? See Sch O

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director or 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

		Yes	No
1a	96		
1b	96		
2		X	
3		X	
4		X	
5		X	
6	X		
7a	X		
7b	X		
8a	X		
8b	X		
9		X	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?

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?

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. See Schedule O

12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13

b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

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?

a The organization's CEO, Executive Director, or top management official

b Other officers of key employees of the organization

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?

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 taken steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a	X	
10b		
11a	X	
12a	X	
12b		
12c		
13	X	
14	X	
15a	X	
15b	X	
16a	X	
16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► None

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 Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► Enid Palazzolo 7600 - E Leesburg Pike Falls Church VA 22043 703-761-1146

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 Employees

1 a 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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related orga- niza- tions below dotted line)	(C)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated				
(1) See Attached Statements Chairperson	2.5 0		X						0.	0.	0.
(2) See Attached Statements Officers	1 0		X		X				0.	0.	0.
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Former or director	Individual trustee	Institutional trustee	Officer				Key employee
(15)									
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1 b Sub-total							0.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Yes	No
3	X
4	X
5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question 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, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1a				
	b Membership dues	1b	20,305.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	107,047.			
	g Noncash contributions included in lns 1a-1f: \$		26,247.			
	h Total. Add lines 1a-1f			127,352.		
PROGRAM SERVICE REVENUE	2 a CONFERENCE FEES	Business Code 900099	1,156,718.	1,156,718.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f			1,156,718.		
	3 Investment income (including dividends, interest and other similar amounts)		4,505.			4,505.
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6 a Gross rents	(i) Real	(ii) Personal				
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c)						
See Part IV, line 18	a					
b Less, direct expenses	b					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less, cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		1,288,575.	1,156,718.	0.	4,505.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 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				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	2,650.	2,650.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
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.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	12,141.	8,276.	3,865.	
12 Advertising and promotion	17,314.	17,314.		
13 Office expenses	8,831.	4,106.	4,725.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	7,488.	7,488.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	970,111.	970,111.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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)	8,858.	4,271.	4,587.	
a <u>Miscellaneous Expense</u>	24,382.		24,382.	
b <u>Bank and Credit Card Fees</u>	11,476.	11,348.	128.	
c <u>Postage and Shipping</u>	8,545.	6,754.	1,791.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,071,796.	1,032,318.	39,478.	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)				

Part X Balance Sheet

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

		(A) Beginning of year	(B) End of year
ASSETS	1 Cash – non-interest-bearing	792,532.	1 970,247.
	2 Savings and temporary cash investments	797,028.	2 916,860.
	3 Pledges and grants receivable, net		3
	4 Accounts receivable, net	62,320.	4
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6 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		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 basis. Complete Part VI of Schedule D	10a 5,490.	
	b Less accumulated depreciation	10b 5,490.	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 Intangible assets		14
	15 Other assets. See Part IV, line 11		15
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,651,880.	16 1,887,107.	
LIABILITIES	17 Accounts payable and accrued expenses	17	18,448.
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Loans and other payables to current and former officers, directors, trustees, key 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	25	
	26 Total liabilities. Add lines 17 through 25	0.	26 18,448.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	1,651,880.	27 1,868,659.
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	1,651,880.	33 1,868,659.
	34 Total liabilities and net assets/fund balances	1,651,880.	34 1,887,107.

BAA

Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck 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	1,288,575.
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,071,796.
3 Revenue less expenses Subtract line 2 from line 1	3	216,779.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,651,880.
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, column (B))	10	1,868,659.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990 Cash Accrual Other _____

	Yes	No
2a	X	
2b	X	
2c		
3a	X	
3b		

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?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

 Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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?

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

Public Charity Status and Public Support

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.

2012

Open to Public
Inspection

Name of the organization **Voluntary Protection Programs
Participants' Association Group Return** Employer identification number **91-1818250**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iv)**. Enter the hospital's name, city, and state
 5 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)(v)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(vi)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(viii)**. (Complete Part II.)
 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III – Functionally integrated d Type III – Non-functionally integrated
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

- 1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')
- 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
- 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)
- 6 **Public support.** Subtract line 5 from line 4

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1						
2						
3						
4						
5						
6						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶

- 7 Amounts from line 4
- 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
- 12 Gross receipts from related activities, etc (see instructions)

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7						
8						
9						
10						
11						
12						

- 13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

- 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))
- 15 Public support percentage from 2011 Schedule A, Part II, line 14
- 16a **33-1/3% support test – 2012.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 16b **33-1/3% support test – 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 17a **10%-facts-and-circumstances test – 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization
- 17b **10%-facts-and-circumstances test – 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal yr 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.')	74,053.	192,269.	72,937.	80,563.	127,352.	547,174.
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	931,602.	961,610.	1,153,815.	1,358,442.	1,156,718.	5,562,187.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	1,005,655.	1,153,879.	1,226,752.	1,439,005.	1,284,070.	6,109,361.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						6,109,361.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	1,005,655.	1,153,879.	1,226,752.	1,439,005.	1,284,070.	6,109,361.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,861.	9,220.	4,061.	4,131.	4,505.	38,778.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	16,861.	9,220.	4,061.	4,131.	4,505.	38,778.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (Add lns 9, 10c, 11, and 12.)	1,022,516.	1,163,099.	1,230,813.	1,443,136.	1,288,575.	6,148,139.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99.37 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99.14 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0.63 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0.86 %
19a 33-1/3% support tests – 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33-1/3% support tests – 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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 D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

2012 Open to Public
Inspection

Name of the organization

Employer identification number

Voluntary Protection Programs
Participants' Association Group Return

91-1818250

Part I: Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II: Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
2 a	
2 b	
2 c	
2 d	

a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III: Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____
(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations

- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes

No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes

No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table

	Amount
1 c	
1 d	
1 e	
1 f	

2 a Did the organization include an amount on Form 990, Part X, line 21?

Yes

No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Yes

No

(i) unrelated organizations

3a(i)

3a(ii)

(ii) related organizations

3a(ii)

3b

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		5,490.	5,490.	0.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ►

0.

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Schedule D (Form 990) 2012

Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►		

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15. N/A

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
(11) _____		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ►		

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A

- 1 Total revenue, gains, and other support per audited financial statements
- 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:
 - a Net unrealized gains on investments
 - b Donated services and use of facilities
 - c Recoveries of prior year grants.
 - d Other (Describe in Part XIII.)
- 3 Subtract line 2e from line 1
- 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1
 - a Investment expenses not included on Form 990, Part VIII, line 7b
 - b Other (Describe in Part XIII.)
- 5 Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 1)*

2a		1	
2b			
2c			
2d			
		2e	
		3	
4a			
4b			
		4c	
		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

- 1 Total expenses and losses per audited financial statements.
- 2 Amounts included on line 1 but not on Form 990, Part IX, line 25
 - a Donated services and use of facilities
 - b Prior year adjustments
 - c Other losses
 - d Other (Describe in Part XIII.)
- 3 Subtract line 2e from line 1
- 4 Amounts included on Form 990, Part IX, line 25, but not on line 1
 - a Investment expenses not included on Form 990, Part VIII, line 7b
 - b Other (Describe in Part XIII.)
 - c Add lines 4a and 4b
- 5 Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Line 1)*

2a	1
2b	
2c	
2d	
	2e
	3
4a	
4b	
	4c
	5

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

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Schedule D (Form 990) 2012

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2012

**Open To Public
Inspection**

Name of the organization

**Voluntary Protection Programs
Participants' Association Group Return**

Employer identification number

91-1818250

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded				
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► <u>(Conference Supplies)</u>	X	1	12,747.	Selling Price
26 Other ► <u>(Conf. Brochure&Proje)</u>	X	1	10,000.	Selling Price
27 Other ► <u>(-----)</u>				
28 Other ► <u>(-----)</u>				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement				29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a	X	

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31	X
----	---

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a	X
-----	---

b If 'Yes,' describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2012

Part III Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M - Additional Information

Schedule M, Part I, Column (B): The number of contributors reported are the number of vendors donating that particular type of property.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2012**Open to Public
Inspection**

Name of the organization	Voluntary Protection Programs Participants' Association Group Return	Employer identification number 91-1818250
--------------------------	---	--

Form 990, Part I, Line 1, Description of Organization Mission:

As part of its efforts to share the benefits of cooperative programs, the VPPPA works closely with the Occupational Safety and Health Administration (OSHA), OSHA State-Plan-States, the Department of Energy (DOE) and the Environmental Protection Agency (EPA) in the development and implementation of cooperative programs within the agencies. The association provides expertise to these groups in the form of comments and stakeholder feedback on agency rulemaking and policies. The VPPPA also responds to inquiries (no lobbying) from members of congress regarding legislation on safety and health issues.

Form 990, Part I, Item K, Other Organization Type:

Most Affiliates Incorporated

Form 990, Part III, Line 1 - Organization Mission

The Voluntary Protection Programs Participants' Association, Inc. (VPPPA) is the leading organization dedicated to cooperative occupational safety, health and environmental management systems. The VPPPA provides a network of over 2,100 companies of worksites that are involved in, or in the process of applying to, the occupational safety and health administration's of the department of energy's voluntary protection programs and other government agencies that are developing or implementing cooperative recognition programs.

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

The Organization has members. Full members maintain a VPP approved site. Associate members are working to improve safety to become VPP approved. Affiliate members are companies that provide essential services for the enhancement of the safety and health industry.

Name of the organization	Voluntary Protection Programs Participants' Association Group Return	Employer identification number 91-1818250
--------------------------	---	--

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

Full Members elect board members who govern the Organization. Associate and affiliate members are not eligible to vote.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

Changes to the bylaws must be subject to a vote and approval by the board members.

Form 990, Part VI, Line 11b - Form 990 Review Process

The Treasurer of each chapter and Controller of the national organization review the Form 990 and a copy is available to all board members upon request.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The IRS Determination Letter and three prior years of Form 990 are made available to the public upon request.

Form 990, Question H(b)
Affiliates Included In Group Return

Name: Voluntary Protection Programs
FEIN: 04-3556442
Address: Region I
Wilbraham, MA 01095

Name: Voluntary Protection Programs
FEIN: 13-3723189
Address: Region II
Port Henry, NY 12974

Name: Voluntary Protection Programs
FEIN: 91-1961141
Address: Region III
Richmond, VA 23261

Name: Voluntary Protection Programs
FEIN: 58-2117886
Address: Region IV
Martinez, GA 30907

Name: Voluntary Protection Programs
FEIN: 36-4175364
Address: Region V
Twinsburg, OH 44087

Name: Voluntary Protection Programs
FEIN: 47-0783444
Address: Region VII
Cedar Rapids, IA 52410

Name: Voluntary Protection Programs
FEIN: 06-1638702
Address: Region VIII
Grantsville, UT 84029

Name: Voluntary Protection Programs
FEIN: 91-2130596
Address: Region IX
Queen Creek, AZ 85142

Name: Voluntary Protection Programs
FEIN: 82-0489420
Address: Region X
Rigby, ID 83442

Region I Chapter Board
As of 11/1/13

Stephen Gauthier, CMFS

Chairperson

Health & Safety Representative

Local 201 IUE/CWA

International Union of Electrical Workers,
Communications Workers of America,
General Electric Company Riverworks

1000 Western Avenue

Lynn, MA 01910

Phone (781) 594-3118

Fax: (781) 594-0939

E-Mail: stephen.gauthier@ae.ge.com

Paul Ludington

Vice Chairperson

VPP Coordinator

Dominion Nuclear Connecticut

Rope Ferry Road

Waterford, CT 06385

Phone: (860) 447-1791 x 3828

Email: paul_r_ludington@dom.com

Karen Girardin

Treasurer

Project Leader/Safety Facilitator

L.L.Bean, Inc.

BR-Manufacturing

15 Casco Street

Freeport, ME 04033

Phone: (207) 552-4909

Email: kgirardin@llbean.com

Debra M. Bowie

Secretary

Safety Compliance Coordinator

Coca Cola Refreshments

45 Industrial Drive

Northampton, MA 01060

Phone (413) 582-6530

Fax (413) 586-3573

Email: dbowie@cocas-cola.com

Bruce Gove

Hourly Representative - Union

Chief Union Safety Rep

Local Lodge 743 of the International

Association of Machinists and Aerospace Workers

Hamilton Sundstrand-UTC

2 Concorde Way Blg 4

P.O. Box 3218

Windsor Locks, CT 06096

Phone: (860) 292-8577 x12

Fax: (860) 292-8506

E-Mail: bruce.gove@hs.utc.com

Jack Popp, CSP

Director-at-Large

Vice President – Technical Services

Hasbro, Inc.

443 Shaker Rd

East Longmeadow, MA 01028

Phone: (413) 526-2491

Fax: (413) 526-4473

Email: jpopp@hasbro.com

Toby Trebilcock

Director-at-Large

Facility Safety Coordinator

Covanta Energy SECONN

132 Military Highway

Preston, CT 06365

Phone: (860) 889-4900 x 140

Fax: (860) 889-5300

Email: ttrebilcock@covantaenergy.com

Glenn Garfield

Hourly Representative-VPP Site W/CBA

Union Safety Representative

LL 743 of the International Association

of Machinists and Aerospace Workers

United Technologies Aerospace Systems

1 Hamilton Rd.

Windsor Locks Ct. 06096

Phone (413) 563-3033

E-mail: g_garfield@hs.utc.com

Hourly Representative – VPP Site W/O CBA

Vacant

Region II Chapter Board
as of 11/1/2013

Garrett "Doc" Doherty
Chairperson
President Teamsters Local 877
Infineum USA, L.P.
Brunswick and Park Avenues
PO Box 23
Linden, NJ 07036-0023
Phone: (908) 474-7447
Fax: (908) 474-6301
Email: garrett.doherty@infineum.com

Tom Aurelia
Vice-Chairperson
Vice President
EHS Excellence Consulting LLC.
33 Wood Avenue South, Suite 600
Iselin, NJ 08830
Phone: (518) 365-4393
Fax: (518) 283-0745
Email: tom.aurelia@ehs-excellence.com

Brenda Wiederkehr
Secretary
Vice President
Access Health Systems
776A Watervliet-Shaker Road
Latham, NY 12110
Phone: (518) 782-2200
Email: brenda@accesshealthsystems.com

Joe Whalen
Treasurer
International Paper
568 Shore Airport Road
Ticonderoga, NY 12883
Phone: (518) 585-5580
Email: joseph.whalen@ipaper.com

Brian Bennett, Ph.D., CSP
Director-at-Large
President
EHS Excellence Consulting, LLC.
58 Atlantic Street
Metuchen, NJ 08840
Phone: (732) 803-7812
Email: brian.bennett@ehs-excellence.com

Robert Brynes
Director-at-Large
Regional Environmental Manager
Wheelabrator
93 River Street
Hudson Falls NY 12839
Phone: (518) 747-2390
Email: rbrynes@wm.com

William DePuy
Director-at-Large
Electrician
Olympus Power- Brooklyn Navy Yard Cogen
Brooklyn, NY 11205
Phone: (718) 246-0870
Fax: (718) 246-0869
Email: mrrockne@yahoo.com

Dale Long
Director-at-Large
SCA Paper
1 River Street
South Glens Falls, NY 12803
Phone: (518) 742-5646
Fax: (518) 742-5717
Email: Dale.Long@SCA.com

Perry O'Neil
Director-at-Large
International Paper
568 Shore Airport Road
Ticonderoga, NY 12883
Phone: (518) 585-5762
Email: Perry.O'Neil@IPaper.com

Michael Roden
Director-at-Large
Evans Roofing Company
1421 College Avenue
Elmira, NY 14902
Phone: (607) 737-1396
Fax: (607) 737-8488
Email: mroden@evansroofingcompany.com

Region III Chapter Board
Updated 12/11/13

Brandon Schaffer
Chairperson
Audia Group
Global Director of Health, Safety & Environment
450 Racetrack Road
Washington, PA 15301
Phone: (724) 206-4282
Fax: (724) 350-6768
Email: schaffer@washpenn.com

Scott Buterbaugh, CSP
Director-at-Large
Trinity Industries, Inc.
Director of Safety & Environmental Parts and Components,
Highway Products Divisions
109 48th Street
Pittsburgh, PA 15201
Phone: (412) 688-1541
Fax: (412) 682-4725
Email: scott.buterbaugh@trin.net

Kenneth Richardson
Vice Chairperson
NIBCO
Human Resources Manager
131 Johnson Drive
Stuarts Draft, VA 24477
Phone: (540) 337-1213
Email: richardsok@nibco.com

Mike Cokeley
Director-at-Large
FirstEnergy
Sr. Safety Representative
Pleasants/Willow Island Region
#1 Power Station Blvd.
Willow Island, WV 26134-9714
Phone: (304) 665-3258
Cell: (304) 266-2648
Fax: (304) 368-2573
Email: mcokele@firstenergycorp.com

Robert Schroeder
Secretary
Noramco Inc.
Manager, Environmental, Health & Safety
500 Swedes Landing Road
Wilmington, DE 19801
Phone: (302) 888-4490
Fax: (302) 652-4417
Email: bschroed@its.jnj.com

Jacque R. Creamer, Jr.
Director-at-Large
PPL Electric Utilities
1639 Church Road (WAL)
Allentown, PA 18104-9342
Phone: (484)661-4260
ETN: 8-232-4260
Fax: (484) 661-4282
Cell: (610) 657-0187
Email: jrcreamer@pplweb.com

Rich Foreman
Treasurer
Frito Lay
Site Safety
800 Hickory Drive
Aberdeen, MD 21001
Phone: (410) 273-1862
Fax: (410) 273-1549
Email: rich.m.foreman@pepsico.com

Kristyn Grow
Director-at-Large
Cintas Corporation
VPP Manager
1708 West Hundred Rd.
Chester, VA 23836
Phone: (804) 661-0247
Fax: (866) 420-0575
Email: schlosserk@cintas.com

Mark Ball
Director-at-Large
ABB Inc.
VPP Coordinator
171 Industry Drive
P.O. Box 38
Bland, VA 24315
Phone: (276) 688-1685
Cell: (304) 887-2664
Fax: (276) 688-4588
Email: mark.d.ball@us.abb.com

Michael W. LaPradd
Director-at-Large
Huber Engineered Woods
Safety Coordinator
P.O. Box 38
1000 Chaney
LaneCrystal Hill, VA 24539
Phone: (434) 476-3509
Fax: (434) 476-6639
Email: mike.lapradd@huber.com

Region III Chapter Board
Updated 12/11/13

Brad McPherson
Director-at-Large
FirstEnergy Corporation
Sr. Safety Representative
P.O. Box 247
Maidsville, WV 26554
Phone: (304) 598-5260
Email: bmcpfer@firstenergycorp.com

Cynthia Wheeler
Associate Board Member
Discrimination Investigator
Maryland Occupational Safety & Health
10946 Golden West Drive
Hunt Valley, MD 21031
Phone: (410) 527-4473
Email: wheeler.cynthia@dol.gov

Thomas Molanick
Director-at-Large
United States Postal Service
American Postal Workers Union
1414 Brighton Road
Pittsburgh, PA 15212
Phone: (412) 321-4700
Fax: (412) 321-7111
Email: tom_molanick@prodigy.net

Joe Morrell, Jr.
Director-at-Large
Fareva Richmond
Electrical Group Leader – VPP Co-Chair
P.O. Box 38578
Richmond, VA 23231
Phone: (804) 652-6262
Fax: (804) 652-6644
Email: jmorrell.richmond@fareva.com

Teresa Penn (Terry)
Associate Board Member
U. S. Department of Labor – OSHA
VPP Program Manager
The Curtis Center - Suite 740 West
170 S. Independence Mall West
Philadelphia, PA 19106-3309
Phone: (215) 861-4917
Email: Penn.Teresa@dol.gov

Milford Stern
Associate Board Member
Virginia Dept. of Labor and Industry
Virginia VPP Coordinator
3013 Peters Creek Road
Roanoke, VA 24019
Phone: (540) 562-3580 Ext. 123
Email: milford.stern@doli.virginia.gov

Peter Brown
Associate Board Member
OSHA Region III
VPP Promotional Officer
The Curtis Center-Suite 740 West
70 S. Independence Mall West
Philadelphia, PA 19106-3309
Phone: (215) 861 4914
Fax: (215) 861-4904
Email: brown.peter@dol.gov

Region IV Chapter Board
As of 12/11/2013

Phil Walsh, CHMM, MS
Chairperson
Ecolab, Inc
EHS Manager, Healthcare
602 Lehmberg Road
Columbus, MS 39702
Phone: (662) 244-3128
Fax: (662) 244-3062
Email: phil.walsh@ecolab.com

Carey West
Vice Chairperson
Mundy Company @ Elementis
Sub-Contractor Manager
PO Box 746
Castle Hayne, NC 28429
Phone: (910) 819-6700
Fax: (901) 602-5343
Email: carey.west@elementis.com

J. Earl Hilson, SGE
Treasurer
Olin Corporation
ORC Manager
P.O. Box 1234
2402 Doug Barnard Pkwy
Augusta, GA 30903-1234
Phone: (706) 560-3235
Fax: (706) 560-3291
Email: jehilson@olin.com

Kim Burton
Secretary
Pike Electric
VPP Coordinator
100 Pike Way
Mount Airy, NC 28030
Phone: (336) 324 -4602
Email: kburton@pike.com

Floyd Billings, SGE
Director-at-Large
Lucite International Inc.
Site Safety Manager
2665 Fite Rd
Memphis, TN 38127-1940
Phone: (901) 354-1036
Fax: (901) 354-1078
Email: floyd.billings@lucite.com

Chris Colburn
Director-at-Large
AGCO-Hesston Campus
Environmental, Health and Safety Manager
420 W Lincoln Blvd
Hesston, KS 67062-8807
Phone: (620) 327-5584
Fax: (620) 327-6653
Email: christopher.colburn@agcocorp.com

Earl Anderson
Director-at-Large
GE - Global Nuclear
Manager, Site Security & Emergency Mgmt.
3901 Castle Hayne Rd
Mail Code E-26
Wilmington, NC 28402
Cell: (910) 200-5470
Fax: (910) 818-5880
Email: earl.anderson@ge.com

Johnathan Ward
Director-at-Large
VPP Safety Leader
Southwire
5810 Trade Center Court
Villa Rica, GA 30180
Phone: (770) 832-4181
Fax: (770) 838-6271
Email: johnathan.ward@southwire.com

Joe Kennan, CSP, SGE
Director-at-Large
VPP Manager
Cintas Corporation
3894 Beasley Road
Jackson, MS 39213
Phone: (601) 366-0667
Email: keenanj2@cintas.com

Melva Oni
Director-at-Large
CIBA Vision Corporation
HS&E Officer
11460 Johns Creek Pkwy
Duluth, GA 30097
Phone: (678)-415-4346
Fax: (678)-415-2388
Email: melva.oni@cibavision.com

Kimberly L.S. Watson, REM, SGE
Director-at-Large
Southwire Company
Director of Safety
1 Southwire Drive
Carrollton, GA 30119
Phone: (770) 832-5096
Cell: (678) 633-2664
Email: Kimberly.watson@southwire.com

Director-at-Large (Represented Site)
Vacant

Director-at-Large
Vacant

Ex-Officios:

Americo Pagan
U.S. Department of Labor, OSHA
61 Forsyth Street, SW
Room 6T50
Atlanta, GA 30303
Phone: (678) 237-0436
Email: pagan.americo@dol.gov

Jim Flanagan
VPP Manager
TN – OSHA
220 French Landing Drive
Nashville, TN 37243-1002
Phone: (615) 741-5421
Fax: (615) 253-1623
Email: james.flanagan@tn.gov

Region V Chapter Board
as of 12/11/2013

William Linneweh, CSP, CHMM, SGE
Chairperson
Hendrickson Truck Systems Group
Director of Environmental, Health & Safety & Security
800 South Frontage Road
Woodbridge, IL 60517
Phone: (630) 910-2961
Email: wlinneweh@hendrickson-intl.com

Tamara Reiter, SGE
Vice-Chairperson
General Electric Company
EHS Manager – Waukesha Campus
3000 North Grandview Blvd – W798
Waukesha, WI 53188
Phone: (262) 521-6776
Email: tamara.reiter@ge.com

Jim Harmon
Treasurer
GE Energy – Power Conversion
EHS Integration Manager
8499 Darrow Road
Twinsburg, OH 44087
Phone: (330) 963-2403
Email: jim.harmon@ge.com

Leslie Peterson, CIH, SGE
Secretary
Motorola Solutions
Sr. Manager, EHS
1301 E. Algonquin Road Rm 0202
Schaumburg, IL 60196
Phone: (847) 576-2361
Email: Leslie.Peterson@motorolasolutions.com

Edward (Ted) Winfrey
Hourly Representative from a Non-Union Site
ExxonMobil - Joliet Refinery
SH&E Action Team Chairperson
P.O. Box 874
Joliet, IL 60434
Phone: 815-521-7189
email: edward.l.winfrey@exxonmobil.com

Stephanie M. Keaton
Hourly Representative from a Union-Site
United States Postal Service
Central Region Safety & Health Director
2474 Hingham Lane
Columbus, OH 43224
Phone: (614) 472-0595
Email: Stephanie.M.Keaton@usps.gov

Don Johnson
Director-at-Large
Phillips 66 Company - Wood River Refinery
Operating Engineers Local 399
900 South Central Ave.
P.O. Box 76
Roxana, IL 62084
Phone: (217) 320-1011
Email: Donald.P.Johnson@conocophillips.com

Shawn French
Director-at-Large
Eli Lilly and Company
Team Leader Occupational Health & Safety Emergency
Preparedness & Response
Lilly Corporate Center – Drop Code 4915
Indianapolis, IN 46285
Phone: (317) 655-8672
Email: French_Shawn_r@lilly.com

Shaun Spainhower
Director-at-Large
PROTEC Coating Company
Safety Engineer
5000 Country Road 5
Leipsic, OH 45856
Phone: (419) 943-1293
Email: spainhbs@proteccoating.com

Michael Parker, CSP
Director-at-Large
Clow Water Systems
Group Health & Safety Compliance Director
2266 South 6th Street
Coshocton, OH 43812
Phone: (740) 294-8127
Email: Michael.Parker@clowwater.com

Glenn Trout
Director-at-Large
MSDSonline, Inc.
President & CEO
350 North Orleans – Suite 950
Chicago, IL 60654
Phone: (312) 881-2430
Email: gtrout@msdsonline.com

Nancy Mugavero
VPP Manager Region V
US Department of Labor, OSHA
VPP Manager Region V
230 S Dearborn Street 32nd Floor, Room 3244
Chicago, IL 60604-1505
Phone: (312) 886-6289
Email: mugavero.nancy@dol.gov

Region VII Chapter Board
as of 12/11/2013

Jeff Klinksick
Chairperson
Westar Energy
Plant Superintendent
6001 North 151st Street West
Colwich, KS 67030
Phone: (316) 291-8603
Fax: (316) 291-8697
E-Mail: jeff.klinksick@westarenergy.com

Steve Nikkel
Contractor/Construction Representative
Utility Contractors, Inc. (UCI)
Industrial Development Executive
659 N. Market
P.O. Box 2079
Wichita, KS 67201-2079
Phone: (316) 239-7727
Cell: (316) 737-6694
Fax: (316) 265-3041
E-Mail: snikkel@ucict.com

Randall Bickford, SGE
Vice-Chairperson
Westar Energy
Manager, Safety & Compliance
818 Kansas Ave.
Topeka, KS 66601
Phone: (785) 575-8409
Cell: (785) 213-2494
Fax: (785) 575-1530
E-Mail: randy.bickford@westarenergy.com

Terry Bass
Director-at-Large
Ply Gem Siding Group
EHS Manager
2600 Grand Blvd. Suite 900
Kansas City, MO 64108
Phone: (816) 426-8464
Cell: (816) 536-9605
E-Mail: terry.bass@plygem.com

Cody Patton
Treasurer
Monsanto
400 Collins Road NE MS 193-102
Cedar Rapids, IA 52498
Phone: (314) 694-2475
Cell: (314) 239-2888
Fax: (314) 393-4247
E-Mail: cody.patton@monsanto.com

Mike Murphy
Director-at-Large
Ply Gem
HR/EHS Manager
303 West Major Street
Kearney, MO 64060
Phone: (816) 903-7545
Fax: (816) 903-6942
Cell: (816) 918-9593
E-Mail: mike.murphy@plygem.com

Secretary/Historian
Vacant

Bill Turner
Director-at-Large
NuStar Energy
HSE Specialist
7340 West 21st St. North
Wichita, KS 67205
Phone: (316) 573-3531
Cell: (316) 721-7072
Email: bill.turner@nustarenergy.com

Tom Hauber, SGE
**Labor Rep. from a site without a Collective Bargaining
Agreement**
Rockwell Collins
Safety Specialist
2464 River Road
Decorah, IA 52101
Phone: (319) 295-7824
Cell: (563) 380-8055
Fax: (319) 295-9809
E-Mail: tlhauber@rockwellcollins.com

Matt Gaines
OSHA Rep. (Federal – MO, KS, NE)
U.S. Dept. of Labor
OSHA Manager
230 Main Street, Suite 1010
Kansas City, MO 64108
Phone: (816) 283-0545 – x247
Fax: (816) 283-0547
E-Mail: gaines.matt@dol.gov

Shashi Patel
OSHA Rep. (State – IA)
Iowa Division of Labor
VPP Manager
1000 Grand Ave.
Des Moines, IA 50319
Phone: (515) 281-6369
Fax: (515) 281-5522
E-Mail: patel.shashi@dol.gov

**Labor Rep. from a site with a Collective Bargaining
Agreement**

Vacant

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Region VIII Chapter Board
as of 12/11/2013

Anthony Stoner
Chairperson
Integrity Windows and Doors
EH&S Manager
1616 43rd St, NW
Fargo, ND 58103
Phone: (701) 433-3521
Fax: (701) 277-8774
Email: f_tony@marvin.com

Mark Moya
Site Representative – Non Union
Honeywell Technology Solutions Inc. (HTSI)
Engineer 3; Electrical, AFSCNC
1110 Bayfield Drive
Colorado Springs, CO 80906
Phone: (719) 637-6579
Fax: (719) 637-6980
Email: mark.moya@honeywell.com

Christina Ross
Vice-Chairperson
Morton Salt, Grantsville
Western Area Human Resource Manager
PO Box 506
Highway I-80 West, Exit 84
Grantsville, UT 84029
Phone: (801) 933-4416
Fax: (801) 933-4410
Email: cross1@mortonsalt.com

Shelly Ettel
Director-at-Large
URS
Condition Reporting Administrator
45825 Hwy 96 East
Pueblo, CO 81006
Phone: (719) 549-5703
Fax: (719) 549-4948
Email: settel@bechtel.com

Scott Stice
Treasurer
Morton Salt, Grantsville
Quality Control Manager
PO Box 506
Grantsville, UT 84029
Phone: (801) 250-6335
Fax: (801) 933-4410
Email: ststice@mortonsalt.com

Jenni Day
Director-at-Large
Cardinal IG
Safety Manager
4611 15th Ave
Fargo, ND 58102
Phone: (701) 492-0920
Email: jday@cardinalcorp.com

Deb Clingan
Secretary
MillerCoors
EH & S Manager
4487 McIntyre St.
Golden, CO 80401
Phone: (303) 277-3324
Email: debra.clingan@millercoors.com

Paul Perez
Site Representative - Union
Tri-State Generation and Transmission
Laboratory Technician
P.O. Box 1307
Craig, CO 81626
Phone: (970) 824-4411
Fax: (970) 824-4309
Email: pperez@tristategt.org

Region IX Chapter Board
As of 12/11/2013

Terry Schulte
Chairperson
NuStar Energy, Corp.
Health, Safety & Env. Manager
2368 Martine Dr.
Suite 275
Elk Grove, CA 95758
Phone: (916) 509-3243
Fax: (916) 509-3260
Email: terry.schulte@nustarenergy.com

Jennifer Sanchez, CHMM
Rep. from a Site without CBA
Honeywell International
Director - HSE&F
1300 W. Warner Road; M/S: 1207-1KK
Tempe, AZ 85284
Phone: (480) 592-7070
Fax: (480) 592-5348
Email: jennifer.sanchez@honeywell.com

Gilbert Aceves
Vice Chairperson
Morton Salt
Maintenance/ VPP Coordinator
1050 Pier F Avenue
Long Beach, CA 90802-6215
Phone: (562) 437-0071
Fax: (562) 437-2451
Email: gaceves@mortonsalt.com

Robert Sklar, CSP
Director-at-Large
Cintas Corporation
Regional Safety & Health Coordinator - West Region
8 Garden Gate Lane
Irvine, CA 92620
Phone: (714) 615-4217
Fax: (513) 701-2578
Email: sklarr@cintas.com

Dan E. Lazorcak, CSP
Treasurer
Honeywell International
Director - HSE&F
1300 W. Warner Road; M/S: 1207-1KK
Tempe, AZ 85284
Phone: (480) 592-7513
Fax: (480) 592-1263
Email: daniel.lazorcak@honeywell.com

Micheal Kinney
Director-at-Large
National Security Technologies
EH&S Division Manager
2621 Losee Rd
North Las Vegas NV 89030
Phone: 702-295-5283
Email: kinneymd@nv.doe.gov

Carlos Cardoso
Secretary
Sherwin Williams
Safety Manager
12090 Sage Point Court
Reno, NV 89506
Phone: (775) 971-5110
Fax: (216) 774-1943
Email: carlos.cardoso@sherwin.com

Maria Ilomin
Director-at-Large
Safway Services, LLC
Industrial Manager & Trainer –West Division
536 Stone Rd., Suite H
Benicia, CA 94510
Phone: (707) 751-0475
Email: Maria.Ilomin@safway.com

Cliff Acles
Rep. from a Site with CBE
USMC Barstow
Division Safety Officer
PO Box 110600
Marine Corps Logistics Base
Barstow, CA 92311
Phone: (760) 577-6419
FAX: (760) 577-6542
Email: clifford.acles@usmc.mil

Region X Chapter Board
As of 12/11/13

Bonnie L. Anderson
Chapter Chair
CH2M-WG Idaho, LLC
VPP Lead
1580 Sawtelle St., MS 9205
P.O. Box 2010
Idaho Falls, ID 83403-2010
Phone: (208) 533-0792
Fax: (208) 533-3911
Email: bonnie.anderson@icp.doe.gov
bla2@cableone.net

Michelle Steeler
Vice Chairperson
URS
Safety Coordinator
P.O. Box 73
Boise, Idaho 83729
Phone: (208) 386-5829
Fax: (208) 386-5726
Email: michelle.steeler@wgint.com

Chris Adolfson, CSP, SGE
Treasurer – Temp
Idaho National Laboratory (INL), Battelle Energy Alliance
Business Specialist
PO Box 1625
2525 Fremont Avenue
Idaho Falls, ID 83415-3790
Phone: (208) 526-5837
Fax: (208) 526-7146
Email: Chris.Adolfson@inl.gov

Rocky Simmons
Secretary
Mission Support Services (MSA)
Union Safety Representative
P.O. Box 650
Richland Washington 99352
Phone: (509) 373-1900
Email: Rocky_J_Simmons@RL.Gov

Elizabeth Ann Norton
Hourly Representative -Union
Washington River Protection Solutions (WRPS)
HAMTC Safety Rep
P.O. Box 850
Richland, WA 99352 MSIN S5-07
Phone: (509) 308-9073
Email: Elizabeth_A_Norton@rl.gov

Brian Stevens
Hourly Representative - Non Union
BP Alaska
Production Operator
P.O. Box 196612
Anchorage, AK 99519
Phone: (907) 659-6734
Fax: (907) 659-6533
Email: Brian.Stevens@bp.com

Jeff Carlson, CSP,CHMM, REM, CEA
Director-at-Large
ConocoPhillips Alaska, Inc.
North Slope HSE Director
P.O. Box 196105
Anchorage, AK 99519-6105
Phone: (907) 229-8851
Fax: (907) 659-7088
Email: Jeff.A.Carlson@conocophillips.com

Don A. King
Director-at-Large
Washington Closure Hanford
HAMTC Safety Manager
2620 Femi Ave.
Richland, WA 99354
Phone: (509) 430-3105
Fax: (509) 372-9609
Email: daking@wch-rcc.com

Tim Taylor
Director-at-Large
ConocoPhillips Alaska –Kuparuk
Operator
PO Box 196105
NSK-45
Anchorage, AK 99519
Phone: (509) 995-5967
Email: timothy.h.taylor@conocophillips.com

2012 Federal Book Depreciation Schedule

Voluntary Protection Programs Participants' Association Group Return

Page 1

91-1818250

Form 8868
Affiliates Included In Group Return

Name: Voluntary Protection Programs
FEIN: 04-3556442
Address: Region I
Wilbraham, MA 01095

Name: Voluntary Protection Programs
FEIN: 13-3723189
Address: Region II
Port Henry, NY 12974

Name: Voluntary Protection Programs
FEIN: 91-1961141
Address: Region III
Richmond, VA 23261

Name: Voluntary Protection Programs
FEIN: 58-2117886
Address: Region IV
Martinez, GA 30907

Name: Voluntary Protection Programs
FEIN: 36-4175364
Address: Region V
Twinsburg, OH 44087

Name: Voluntary Protection Programs
FEIN: 47-0783444
Address: Region VII
Cedar Rapids, IA 52410

Name: Voluntary Protection Programs
FEIN: 06-1638702
Address: Region VIII
Grantsville, UT 84029

Name: Voluntary Protection Programs
FEIN: 91-2130596
Address: Region IX
Queen Creek, AZ 85142

Name: Voluntary Protection Programs
FEIN: 82-0489420
Address: Region X
Rigby, ID 83442

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- 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 Part I only *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

Type or print	Name of exempt organization or other filer, see instructions Voluntary Protection Programs Participants' Association Group Return	Employer identification number (EIN) or 91-1818250
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions 7600 - E Leesburg Pike #100	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Falls Church, VA 22043	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► Enid Palazzolo -----

Telephone No ► 703-761-1146 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 3439. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time

until 2/15, 2014, to file the exempt organization return for the organization named above

The extension is for the organization's return for:

► calendar year 20 or► tax year beginning 7/01, 20 12, and ending 6/30, 20 132 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final 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 \$	0.
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 \$	0.
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	3c \$	0.

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