

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ** 

# **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No 1545-1150

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury

formation about Form 990-EZ and its instructions is at www.irs.gov/form990.

|  |                           | OO10land                | 2010   | d and:                                   |               |                          | 20          |  |
|--|---------------------------|-------------------------|--|--|---------------|--------------------------|-------------|--|
| _  |                           |                         | ar year, or tax year beginning , 2013, an  C Name of organization  |  | D Emple       | er identification        | , 20        |  |
|  | Check if ap               |                         |  |  | D EINDIO      |                          |             |  |
| $\overline{}$  | Address o                 | -                       | National Association of Veterans Upward Bound Project Personnel  Number and street (or P O box, if mail is not delivered to street address)  | Room/suite                               | E Teleph      | 76-0807554<br>one number |             |  |
|  | Name cha<br>Initial retur | -                       |  |  | ⊑ relepno     |                          | _           |  |
| =  | Terminate                 |                         | c/o Roosevelt University VUB, 430 S. Michigan Avenue   | GB 715                                   |               | (312) 462-7532           |             |  |
|  | Amended                   | l return                | City or town, state or province, country, and ZIP or foreign postal code   | 1  | •             | Exemption                |             |  |
|  | Applicatio                | on pending              | Chicago, Illinois 60605-1394   ✓ Cash Accrual Other (specify) ►  |  | Numb          |                          |             |  |
|  |                           | ting Method.            |  | if the organ                             |               |                          |             |  |
| I Website: ► www.NAVUB.org required to attach Schedule B  J Tax-exempt status (check only one) — ✓ 501(c)(3) |                           |                         |  |  |               |                          |             |  |
|  |                           |                         | eck only one) —   501(c)(3) □ 501(c) ( )   (insert no.) □ 4947(a)(1) or  | <u> </u>                                 | Form 990      | ), 990-EZ, or 99         | 10-PF).     |  |
| K  | Form of                   | forganization           | ☐ Corporation ☐ Trust ☑ Association ☐ Other  |  |               |                          | <del></del> |  |
|  |                           |                         | 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo   | ore, or it total                         | assets        |                          |             |  |
| <u> </u>   |                           | ` '                     | v) are \$500,000 or more, file Form 990 instead of Form 990-EZ   |  |               | \$                       |             |  |
| Ŀ  | art I                     |                         | e, Expenses, and Changes in Net Assets or Fund Balances  |  |               |                          |             |  |
| _  |                           |                         | the organization used Schedule O to respond to any question in   |  | <del></del>   |                          | <u> 🗹</u>   |  |
|  | 1                         |                         | ons, gifts, grants, and similar amounts received   |  | · ·           | 1                        | 15,976.     |  |
|  | 2                         |                         | ervice revenue including government fees and contracts   |  |               | 2                        |             |  |
|  | 3                         | Membersh                | ip dues and assessments  |  | · ·  _        | 3                        | 7,650.      |  |
|  | 4                         | Investment              |  |  | · · 上         | 4                        |             |  |
|  | 5a                        | Gross amo               | ount from sale of assets other than inventory 5a   |  |               |                          |             |  |
|  | b                         |                         | or other basis and sales expenses  |  |               |                          |             |  |
| Revenue  | 6<br>6                    | •                       | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  |  |               |                          |             |  |
|  | а                         | Gross inco<br>\$15,000) | ome from gaming (attach Schedule G if greater than   |  |               |                          |             |  |
|  | b                         | from fundr              | me from fundraising events (not including \$\frac{15,976}{15,976}\$ of calsing events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000)   6b | contributions                            | 810.00        |                          |             |  |
|  | c<br>d                    |                         | et expenses from gaming and fundraising events 6c e or (loss) from gaming and fundraising events (add lines 6a and 0   |  | 1 '           | 6d                       | 6,175.      |  |
|  | 7a                        | Gross sale              | s of inventory, less returns and allowances   7a   |  |               |                          |             |  |
|  | b                         |                         | of goods sold  | •  | *-            |                          |             |  |
|  | С                         |                         | it or (loss) from sales of inventory (Subtract line 7b from line 7a) .   |  |               | 7c                       |             |  |
|  | 8                         |                         | nue (describe in Schedule O)   |  | [             | 8                        |             |  |
|  | 9                         |                         | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | -1                                       |               | 9                        | 29,801.     |  |
|  | 10                        |                         | similar amounts paid (list in Schedule O)  | <u>(. i. i</u>                           |               | 10                       | 12,000.     |  |
|  | 11                        |                         | aid to or for members  | يونية بينوية                             | <u>,</u> [    | 11                       |             |  |
| es   | 12                        | •                       | ther compensation, and employee benefits   |  | 10            | 12                       |             |  |
| nse  | 13                        |                         |  | 4 <b>0</b> 4, 201                        | 4 . 🕆         | 13                       | 965.        |  |
| Expens   | 14                        |                         | al fees and other payments to independent contractors  |  | 182           | 14                       |             |  |
| ŭ  | 15                        |                         | ublications, postage, and shipping   | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | - T           | 15                       | 311.        |  |
|  | 16                        |                         | enses (describe in Schedule O)   | y E:IVi                                  | 1.1.          | 16                       | 2,309.      |  |
|  | 17                        |                         | enses. Add lines 10 through 16   |  | . ▶           | 17                       | 15,585.     |  |
|  | 40                        |                         | (deficit) for the year (Subtract line 17 from line 9)  |  | $\overline{}$ | 18                       | 14,216.     |  |
| Net Assets   | 19                        |                         | or fund balances at beginning of year (from line 27, column (A)) (   |  | <b>I</b> —    |                          |             |  |
| ASS  |                           |                         | ar figure reported on prior year's return)   | -  | 1-            | 19                       | 40,685.     |  |
| ë  | 20                        | Other char              | nges in net assets or fund balances (explain in Schedule O)  |  | [             | 20                       |             |  |
| ž  | 21                        |                         |  |  |               | 21                       | 54,901      |  |
|  | <del></del>               |                         |  | 106421                                   |               |                          | 0-FZ (2013) |  |

Cat No 10642I

|  | 90-EZ (   | <u> </u>   |   |  |  |                       | Page <b>2</b>                                |
|--|---|--|---|--|--|-----------------------|--|
| Par  | t II  | Balance Sheets (see the instructions f   |   |  | _  |                       |  |
|  |   | Check if the organization used Schedule  | O to respond to ar  | y question in this   |  |                       | <u> </u>                                     |
|  |   |  |   | _  | (A) Beginning of year  |                       | (B) End of year                              |
| 22   |   | h, savings, and investments  |   |  | 40,685.  | 22                    | 54,901.                                      |
| 23   |   |  |   |  |  | 23                    |  |
| 24   |   | er assets (describe in Schedule O)   |   |  |  | 24<br>25              |  |
| 25   |   | al assets  |   | · · · }  |  | 26                    |  |
| 26<br>27   |   |  |   |  | 40.005   | 27                    | 54.004                                       |
| 21<br>Pari   |   | assets or fund balances (line 27 of column<br>Statement of Program Service Accomp  |   |  | 40,685.  | 21                    | 54,901                                       |
|  | -   | Check if the organization used Schedule  | •   |  |  |                       | Expenses                                     |
| Mhat   | is the  | organization's primary exempt purpose?   | O to respond to ai  | iy question in this  | raitiii u  |                       | equired for section<br>1(c)(3) and 501(c)(4) |
|  |   |  |   |  |  |                       | ganizations and section                      |
| Jesc   | ribe tr   | ne organization's program service accomplised by expenses. In a clear and concise m  | shments for each of   | its three largest p  | rogram services,   |                       | 47(a)(1) trusts, optional                    |
|  |   | ed by expenses. In a clear and concise in<br>nefited, and other relevant information for ea  |   | services provided  | , the number of  | tor                   | others)                                      |
|  |   | led one (1) \$2,000, and ten (10) \$1,000 scholars   |   | ntly enrolled college  | students who   | _                     |  |
|  |   | or still are members of Veterans Upward Bound  |   |  |  |                       |  |
|  | vets  | y san are members of veterans operara boand  | , u 0.0. Dept. 01 Lude  | grant programmer   |  |                       |  |
|  | (Grant  | ts\$ 12,000,) If this amount   | includes foreign gra  | nts, check here .  | ▶ 🗆  | 28                    | a 12,000.                                    |
| 29   | Condu   | ucted a successful professional development co   | · · · · · · · · · · · · · · · · · · ·   |  |  |                       |  |
|  |   | r their work within the auspices of the Veterans   |   | ••••   |  |                       |  |
|  |   | <del>-</del>   |   |  |  |                       |  |
|  | (Gran   | ts \$ 21,635.) If this amount  | includes foreign gra  | nts, check here .  | ▶ 🗆  | 29                    | a 21,635.                                    |
| 30   | Provid  | ded member programs with U.S. Dept of Veteral  | n Affairs mailing labe  | ls for use within the  | individual pro-  |                       |  |
|  | grams   | local recruitment campaigns. Expenses highli   | ighted here indicate t  | he mailing expenses  | for shipment   |                       |  |
|  | of the  | labels to individual programs.   |   |  |  |                       | ł  |
|  | (Gran   |  | ıncludes foreign gra  | nts, check here .  | <u> ▶ □</u>  | 30                    | a 315.                                       |
| 31   |   | program services (describe in Schedule O)  |   |  |  |                       |  |
|  | (Grant  |  | includes foreign gra  | nte check here   | <b>►</b> 1 1   |                       | 9 066  |
| _  |   |  | 1 04 \  |  |  | 31                    | _  |
| -614   |   | program service expenses (add lines 28a t  |   |  |  | 32                    | 2 34,915.                                    |
|  | IV  | List of Officers, Directors, Trustees, and Key   | Employees (list each  | one even if not com  | ▶ pensated—see the   | 32                    | 2 34,915.                                    |
|  |   |  | Employees (list each<br>O to respond to ar  | one even if not com<br>ny question in this   | pensated—see the ⊪   | 32                    | 2 34,915.                                    |
|  |   | List of Officers, Directors, Trustees, and Key<br>Check if the organization used Schedule  | Employees (list each<br>O to respond to ar<br>(b) Average   | one even if not comny question in this  (c) Reportable compensation  | pensated—see the II Part IV  | nstr                  | 34,915. uctions for Part IV)                 |
|  |   | List of Officers, Directors, Trustees, and Key   | Employees (list each<br>O to respond to ar  | one even if not com<br>ny question in this<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC                             | pensated—see the II Part IV  | nstro                 | <b>34,915.</b> uctions for Part IV)          |
|  | : IV  | List of Officers, Directors, Trustees, and Key<br>Check if the organization used Schedule<br>(a) Name and title  | C Employees (list each<br>O to respond to ar<br>(b) Average<br>hours per week<br>devoted to position  | one even if not comny question in this  (c) Reportable compensation  | pensated—see the II Part IV  | nstro                 | 34,915. uctions for Part IV)                 |
|  | Chav  | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ez, Metropolitan State Univ of Denver VUB, PO  | (b) Average hours per week devoted to position  | one even if not com<br>ny question in this<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-) | pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation | nstro                 | 2 34,915. uctions for Part IV)               |
| 3ox 1  | Chave 73362   | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ez, Metropolitan State Univ of Denver VUB, PO, Campus Box 89, Denver, CO 80217-3362  | President, Director 8 hours   | one even if not com<br>ny question in this<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC                             | pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation | nstro                 | 34,915. uctions for Part IV)                 |
| Box 1<br>Brian   | Chave<br>73362<br>Jerda   | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ez, Metropolitan State Univ of Denver VUB, PO , Campus Box 89, Denver, CO 80217-3362 n, Trident Tech Cmty College, VUB   | Pemployees (list each O to respond to ar (b) Average hours per week devoted to position  President, Director 8 hours  Vice Pres, Director   | one even if not com<br>ny question in this<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-) | pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio  | nstro<br>ree (d       | 2 34,915. uctions for Part IV)               |
| 3ox 1<br>Brian<br>PO B   | Chave<br>73362<br>Jerda<br>ox 118   | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ez, Metropolitan State Univ of Denver VUB, PO , Campus Box 89, Denver, CO 80217-3362  n, Trident Tech Cmty College, VUB  067, Charleston, SC 29423-8067  | Pemployees (list each O to respond to an (b) Average hours per week devoted to position  President, Director 8 hours  Vice Pres, Director 6 hours   | one even if not com<br>ny question in this<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-) | pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio  | nstro                 | 2 34,915. uctions for Part IV)               |
| Box 1<br>Brian<br>PO Be<br>Chris   | Chav<br>73362<br>Jerda<br>ox 118<br>tine W  | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ez, Metropolitan State Univ of Denver VUB, PO, Campus Box 89, Denver, CO 80217-3362  n, Trident Tech Cmty College, VUB  1067, Charleston, SC 29423-8067  olf, Western Nebraska Cmty College VUB,   | Pemployees (list each O to respond to ar (b) Average hours per week devoted to position  President, Director 8 hours  Vice Pres, Director 6 hours  Secretary, Director  | one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)                | pensated—see the in Part IV  | 32<br>nstru<br>vee (d | 2 34,915. uctions for Part IV)               |
| Box 1<br>Brian<br>PO Bo<br>Chris<br>1601   | Chave 73362 Jerda ox 118 tine W   | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ez, Metropolitan State Univ of Denver VUB, PO , Campus Box 89, Denver, CO 80217-3362  n, Trident Tech Cmty College, VUB  1067, Charleston, SC 29423-8067  olf, Western Nebraska Cmty College VUB,  n Street, Scottsbluff, NE 69361   | Pemployees (list each O to respond to ar (b) Average hours per week devoted to position  President, Director 8 hours  Vice Pres, Director 6 hours  Secretary, Director 2 hours  | one even if not com<br>ny question in this<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-) | pensated—see the in Part IV  | nstro<br>ree (d       | 2 34,915. uctions for Part IV)               |
| Box 1<br>Brian<br>PO Be<br>Chris<br>601<br>likko   | Chave<br>73362<br>Jerda<br>ox 118<br>tine W<br>E. 27th  | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ez, Metropolitan State Univ of Denver VUB, PO , Campus Box 89, Denver, CO 80217-3362  n, Trident Tech Cmty College, VUB 1067, Charleston, SC 29423-8067  colf, Western Nebraska Cmty College VUB, in Street, Scottsbluff, NE 69361  ner, Pensacola State Col VUB, 1000 College   | Pemployees (list each O to respond to an (b) Average hours per week devoted to position  President, Director 8 hours  Vice Pres, Director 6 hours  Secretary, Director 2 hours  Conference Chair,   | one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)                | pensated—see the ii Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio  | 32<br>nstru<br>vee (d | 2 34,915. uctions for Part IV)               |
| Box 1<br>Brian<br>PO Bo<br>Chris<br>601<br>likko<br>Blvd,                                      | Chave<br>73362<br>Jerda<br>ox 118<br>tine W<br>E. 27th  | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ez, Metropolitan State Univ of Denver VUB, PO , Campus Box 89, Denver, CO 80217-3362 n, Trident Tech Cmty College, VUB  1067, Charleston, SC 29423-8067  rolf, Western Nebraska Cmty College VUB, n Street, Scottsbluff, NE 69361  ner, Pensacola State Col VUB, 1000 College 5, Rm. 651, Pensacola, FL 32504-8910   | Pemployees (list each O to respond to ar  (b) Average hours per week devoted to position  President, Director 8 hours  Vice Pres, Director 6 hours  Secretary, Director 2 hours  Conference Chair, Director, 4 hours  | n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)              | pensated—see the ii Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio  | 32<br>nstru           | 2 34,915. uctions for Part IV)               |
| Box 1<br>Brian<br>PO Be<br>Chris<br>601<br>Nikko<br>Blvd,<br>Julia                             | Chave 73362 Jerda ox 118 tine W E. 27th I Wym Bldg 6  | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ez, Metropolitan State Univ of Denver VUB, PO , Campus Box 89, Denver, CO 80217-3362  n, Trident Tech Cmty College, VUB  067, Charleston, SC 29423-8067  olf, Western Nebraska Cmty College VUB, n Street, Scottsbluff, NE 69361  ner, Pensacola State Col VUB, 1000 College 5, Rm. 651, Pensacola, FL 32504-8910 , U of Kansas VUB, Gateway Tower 11, Ste 105   | Pemployees (list each O to respond to an (b) Average hours per week devoted to position  President, Director 8 hours  Vice Pres, Director 6 hours  Secretary, Director 2 hours  Conference Chair,   | n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)              | pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation | 32<br>nstru           | 2 34,915. uctions for Part IV)               |
| Box 1<br>Brian<br>PO Be<br>Chris<br>601<br>likko<br>Blvd,<br>Julia                             | Chave<br>73362<br>Jerda<br>ox 118<br>tine W<br>E. 27th<br>I Wym<br>Bldg 6<br>O'Dell,<br>tate A  | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ez, Metropolitan State Univ of Denver VUB, PO, Campus Box 89, Denver, CO 80217-3362  n, Trident Tech Cmty College, VUB  067, Charleston, SC 29423-8067  olf, Western Nebraska Cmty College VUB, 1 Street, Scottsbluff, NE 69361  ier, Pensacola State Col VUB, 1000 College 3, Rm. 651, Pensacola, FL 32504-8910  , U of Kansas VUB, Gateway Tower 11, Ste 105  venue, Kansas City, KS 66101   | Pemployees (list each O to respond to ar  (b) Average hours per week devoted to position  President, Director 8 hours  Vice Pres, Director 6 hours  Secretary, Director 2 hours  Conference Chair, Director, 4 hours  Parliamentarian, Director, 2 hours  | one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)                | pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation | 32<br>nstrr           | 2 34,915. uctions for Part IV)               |
| Box 1<br>Brian<br>PO Bo<br>Chris<br>601<br>Nikko<br>Blvd,<br>Julia<br>100 S                    | Chave<br>73362<br>Jerda<br>Ox 118<br>tine W<br>E. 27th<br>I Wym<br>Bldg 6<br>O'Dell,<br>tate Av | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ez, Metropolitan State Univ of Denver VUB, PO, Campus Box 89, Denver, CO 80217-3362  n, Trident Tech Cmty College, VUB  067, Charleston, SC 29423-8067  olf, Western Nebraska Cmty College VUB, 1 Street, Scottsbluff, NE 69361  ier, Pensacola State Col VUB, 1000 College 3, Rm. 651, Pensacola, FL 32504-8910  , U of Kansas VUB, Gateway Tower 11, Ste 105  venue, Kansas City, KS 66101  Nillis-Walker, Georgia St Univ VUB, One Park   | Pemployees (list each O to respond to ar (b) Average hours per week devoted to position  President, Director 8 hours  Vice Pres, Director 6 hours  Secretary, Director 2 hours  Conference Chair, Director, 4 hours  Parliamentarian,   | one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)                | pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation | 32<br>nstrr           | 2 34,915. uctions for Part IV)               |
| Box 1<br>Brian<br>PO Be<br>Chris<br>601<br>Nikko<br>Blvd,<br>Julia<br>100 S<br>Jacque<br>Place | Chave 73362 Jerda ox 118 tine W E. 27th Wym Bldg 6 O'Dell, tate Av                              | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ez, Metropolitan State Univ of Denver VUB, PO, Campus Box 89, Denver, CO 80217-3362  n, Trident Tech Cmty College, VUB  067, Charleston, SC 29423-8067  olf, Western Nebraska Cmty College VUB, 1 Street, Scottsbluff, NE 69361  ier, Pensacola State Col VUB, 1000 College 3, Rm. 651, Pensacola, FL 32504-8910  , U of Kansas VUB, Gateway Tower 11, Ste 105  venue, Kansas City, KS 66101   | Pemployees (list each O to respond to ar (b) Average hours per week devoted to position  President, Director 8 hours  Vice Pres, Director 6 hours  Secretary, Director 2 hours  Conference Chair, Director, 4 hours  Parliamentarian, Director, 2 hours  Public Relations, Director, 3 hours                      | one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)                | pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation | 32 nstrr              | 2 34,915. uctions for Part IV)               |
| Box 1<br>Brian<br>PO Be<br>Chris<br>601<br>Nikko<br>Blvd,<br>Julia<br>100 S<br>Jacqu<br>Chris  | Chave 73362 Jerda ox 118 tine W E. 27th Wym Bldg 6 O'Dell, tate Average youth                   | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ez, Metropolitan State Univ of Denver VUB, PO, Campus Box 89, Denver, CO 80217-3362  n, Trident Tech Cmty College, VUB  067, Charleston, SC 29423-8067  folf, Western Nebraska Cmty College VUB, In Street, Scottsbluff, NE 69361  ner, Pensacola State Col VUB, 1000 College G, Rm. 651, Pensacola, FL 32504-8910  , U of Kansas VUB, Gateway Tower 11, Ste 105  venue, Kansas City, KS 66101  Willis-Walker, Georgia St Univ VUB, One Park In, 4th Fl. Ste 400, Atlanta, GA 30303  | Pemployees (list each O to respond to ar (b) Average hours per week devoted to position  President, Director 8 hours  Vice Pres, Director 6 hours  Secretary, Director 2 hours  Conference Chair, Director, 4 hours  Parliamentarian, Director, 2 hours  Public Relations,  | one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)                | pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation | 32 nstrr              | 2 34,915. uctions for Part IV)               |
| Box 1<br>Brian<br>PO Be<br>Chris<br>601<br>Nikko<br>Blvd,<br>Julia<br>100 S<br>Jacqu<br>Chris  | Chave 73362 Jerda ox 118 tine W E. 27th Wym Bldg 6 O'Dell, tate Average youth                   | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ez, Metropolitan State Univ of Denver VUB, PO, Campus Box 89, Denver, CO 80217-3362  n, Trident Tech Cmty College, VUB  067, Charleston, SC 29423-8067  folf, Western Nebraska Cmty College VUB, In Street, Scottsbluff, NE 69361  ner, Pensacola State Col VUB, 1000 College G, Rm. 651, Pensacola, FL 32504-8910  , U of Kansas VUB, Gateway Tower 11, Ste 105  venue, Kansas City, KS 66101  Willis-Walker, Georgia St Univ VUB, One Park In, 4th Fl. Ste 400, Atlanta, GA 30303  r G. Chalko, Roosevelt Univ VUB, 430 S. | Pemployees (list each O to respond to ar (b) Average hours per week devoted to position  President, Director 8 hours  Vice Pres, Director 6 hours  Secretary, Director 2 hours  Conference Chair, Director, 4 hours  Parliamentarian, Director, 2 hours  Public Relations, Director, 3 hours  Treasurer, Director | one even if not comny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)                | pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation | 32 nstri              | 2 34,915. uctions for Part IV)               |
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| Box 1<br>Brian<br>PO Be<br>Chris<br>601<br>likko<br>Blvd,<br>ulia<br>00 S<br>acqu<br>Chris     | Chave 73362 Jerda ox 118 tine W E. 27th Wym Bldg 6 O'Dell, tate Average youth                   | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ez, Metropolitan State Univ of Denver VUB, PO, Campus Box 89, Denver, CO 80217-3362  n, Trident Tech Cmty College, VUB  067, Charleston, SC 29423-8067  folf, Western Nebraska Cmty College VUB, In Street, Scottsbluff, NE 69361  ner, Pensacola State Col VUB, 1000 College G, Rm. 651, Pensacola, FL 32504-8910  , U of Kansas VUB, Gateway Tower 11, Ste 105  venue, Kansas City, KS 66101  Willis-Walker, Georgia St Univ VUB, One Park In, 4th Fl. Ste 400, Atlanta, GA 30303  r G. Chalko, Roosevelt Univ VUB, 430 S. | Pemployees (list each O to respond to ar (b) Average hours per week devoted to position  President, Director 8 hours  Vice Pres, Director 6 hours  Secretary, Director 2 hours  Conference Chair, Director, 4 hours  Parliamentarian, Director, 2 hours  Public Relations, Director, 3 hours  Treasurer, Director | one even if not comny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)                | pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation | 32 nstri              | 2 34,915. uctions for Part IV)               |
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| Part        | <b>_</b>   |            |              | <u> </u>                              |
|-------------|--|------------|--------------|---------------------------------------|
|             | instructions for Part V) Check if the organization used Schedule O to respond to any question in this  | Part       |              |                                       |
| 33          | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  | 33         | Yes          | No_                                   |
| 34          | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34         |              | <b>√</b>                              |
| 35a         | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?   | 35a        |              | 1                                     |
| b           | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O   | 35b        |              | 1                                     |
| С           | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III   | 35c        |              | <b>✓</b>                              |
| 36          | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  | 36         |              | ✓                                     |
| 37a         | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a   | ļ          |              |                                       |
| ь<br>38а    | Did the organization file <b>Form 1120-POL</b> for this year?  | 37b<br>38a |              | <b>√</b>                              |
| b           | If "Yes," complete Schedule L, Part II and enter the total amount involved   |            |              |                                       |
| 39          | Section 501(c)(7) organizations. Enter:  |            |              |                                       |
| a           | Initiation fees and capital contributions included on line 9   | -          |              |                                       |
| 40a         | Gross receipts, included on line 9, for public use of club facilities  |            |              |                                       |
| b           | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit  |            |              |                                       |
|             | transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   | 40b        |              | 1                                     |
| С           | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |            |              | ,                                     |
| d           | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  |            |              |                                       |
| е           | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T   | 40e        |              | 1                                     |
| 41          | List the states with which a copy of this return is filed ▶ Illinois   |            |              |                                       |
| 42a         |  | 312) 4     |              |                                       |
| ь           | Located at ► Roosevelt University VUB, 430 S. Michigan Avenue GB 715, Chicago, IL ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over  | 60605      | -1394<br>Yes | ,                                     |
|             | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 42b        | 163          | 1                                     |
|             | If "Yes," enter the name of the foreign country: ▶   |            |              | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
|             | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |            |              |                                       |
| С           | At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶   | 42c        |              | <b>√</b>                              |
| 43          | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year  |            | .            | <b>▶</b> □                            |
| A 4 ~       | Did the executation and department finds divide the company of "Ver" France CCC  |            | Yes          | No                                    |
| 44a         | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ   | 44a        |              | 1                                     |
| b           | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 44b        |              | 1                                     |
| c<br>d      | Did the organization receive any payments for indoor tanning services during the year?   | 44c        |              | ✓                                     |
|             | explanation in Schedule O  | 44d        |              | 1                                     |
| <b>45</b> a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 45a        |              | <b>√</b>                              |
| 45b         | 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," Form 990 and Schedule R may need to be completed instead of Form 990 E7 (see instructions)         |            |              |                                       |
|             | Form 990-EZ (see instructions)   | 45b        | ļ            | ✓                                     |

|           |  | •  |   |   |                          |                            |                 |                                       |
|-----------|--|--|---|---|--------------------------|----------------------------|-----------------|---------------------------------------|
| orm 9     | 90-EZ (2013)   |  |   |   |                          |                            |                 | age 4                                 |
| 46        | Did the organization engage, directly or in to candidates for public office? If "Yes," of            |  |   | behalf of o                                   | r ın opposit             | ion 46                     | Yes             | No _                                  |
| Part      |  | s only<br>s must answer que                          | stions 47–49b and                                 |   | omplete the              | e tables f                 |                 |                                       |
| 47        | Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par                     |  | section 501(h) electio                            | n in effect                                   | during the               | tax 47                     | Yes             | No                                    |
| 48<br>49a | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E |  |   |   |                          |                            |                 | <b>/</b>                              |
| +∍a<br>b  | and the organization make any transfer to the exempt the organization.                               |  |   |   |                          |                            |                 | <b>V</b>                              |
| 50        | Complete this table for the organization's employees) who each received more than                    | five highest compen                                  | sated employees (oth                              | er than offi                                  | cers, direct             | ors, truste<br>e, enter "N | es an<br>lone." | d key                                 |
|           | (a) Name and title of each employee  | (b) Average<br>hours per week<br>devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health contributions benefit plans, compe | to employee and deferred | (e) Estimate other con     |                 |                                       |
|           |  |  |   |   |                          |                            |                 |                                       |
|           |  |  |   |   |                          |                            | <u> </u>        | · · · · · · · · · · · · · · · · · · · |
|           |  |  |   |   |                          |                            |                 |                                       |
|           |  |  |   |   |                          |                            |                 |                                       |
|           |  |  |   |   |                          |                            |                 |                                       |
| f         | Total number of other employees paid ov  | er \$100,000   | . None  |   |                          |                            |                 |                                       |
| 51        | Complete this table for the organization \$100,000 of compensation from the organization             | 's five highest compe<br>inization If there is no    | ensated independent<br>one, enter "None."         | contractors                                   | s who each               | received                   | more            | than                                  |
|           | (a) Name and business address of each independ   | dent contractor                                      | (b) Type of serv                                  | ice   | (c)                      | Compensat                  | ion             |                                       |
|           |  |  |   |   |                          |                            |                 |                                       |

|            | <del>-</del> -   |   |                                      | <del></del>         |  |  |
|------------|--|---|--------------------------------------|---------------------|--|--|
|            |  |   |                                      |                     |  |  |
|            |  |   |                                      |                     |  |  |
|            |  |   |                                      |                     |  |  |
|            |  |   |                                      |                     |  |  |
|            |  |   | <del></del>                          |                     |  |  |
|            |  |   |                                      |                     |  |  |
|            | <u> </u>   |   |                                      |                     |  |  |
| ď          | Total number of other independent  | contractors each receiving ov           | er \$100,000 ▶                       | None                |  |  |
| 52         | Did the organization complete Sche   | dule A? Note. All section 501           | (c)(3) organizations and 494         | 7(a)(1)             |  |  |
|            | nonexempt charitable trusts must a   |   |                                      |                     |  |  |
|            | <del></del>  | · · · · · · · · · · · · · · · · · · ·   |                                      |                     |  |  |
|            | nalties of perjury, I declare that I have examinated, and complete Declaration of preparer (Ot |   |                                      |                     |  |  |
| uue, cone  | set, and complete declaration of prepare (or   | - A - A - A - A - A - A - A - A - A - A | ation of which prepares has any kind | 111                 |  |  |
|            |  | hillo                                   |                                      | <u>MAY 30, 2019</u> |  |  |
| Sign       | Signature of officer   |   |                                      | Date                |  |  |
| Here       | ▲ Christopher G. Chalko, Trea  | surer/Director                          |                                      |                     |  |  |
|            | Type or print name and title   | 3410113113313                           |                                      |                     |  |  |
|            |  | ID                                      | - Deta                               | PTIN                |  |  |
| Paid       | Print/Type preparer's name   | Preparer's signature                    | Date                                 | Check I if PIN      |  |  |
| Prepa      | rer  |   |                                      | self-employed       |  |  |
|            |  |   |                                      | Firm's EIN ▶        |  |  |
| Use O      | Firm's address >   |   |                                      | Phone no            |  |  |
| May the    | e IRS discuss this return with the pro-  | enarer shown above? See ins             |                                      |                     |  |  |
| iviay tile | s in to discuss this return with the pr  | sparci shown above: See ins             |                                      | ▶ ☑ Yes ☐ No        |  |  |

#### SCHEDULE A (Form 990 or 990-EZ)

# **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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Name     | of the organization   |   |  |                      |   |                  | ₹  | mployer id              | entificatio                             | n number     |                        |
|----------|---|---|--|----------------------|---|------------------|--|-------------------------|---|--------------|------------------------|
| Natio    | nal Association of \  | Veterans Upward                             | Bound Project Persons  | nel                  |   |                  |  |                         | 76-08                                   | 07554        |                        |
| Par      | t i Reason f  | or Public Cha                               | rity Status (All orga  | nizations            | s must c                                  | omplete          | this par                                     | t.) See ir              | nstructio                               | ons.         |                        |
| 1<br>2   | A church, con   | vention of churc<br>ribed in <b>section</b> | tion because it is: (Fo<br>hes, or association of<br>170(b)(1)(A)(ii). (Attac                        | churches<br>ch Sched | s describe<br>ule E.)                     | ed in <b>sec</b> | tion 170(                                    | b)(1)(A)(i)             | ) <b>.</b>                              |              |                        |
| 3<br>4   | A medical rese  |   | spital service organiza<br>on operated in conjund<br>e:  |                      |   |                  |  |                         | )(b)(1)(A)                              | (iii). Enter | the                    |
| 5        |   | on operated for )(1)(A)(iv). (Com           | the benefit of a collect<br>plete Part II.)  | ge or uni            | versity ov                                | vned or          | operated                                     | by a gov                | vernmen                                 | tal unit de  | scribed in             |
| 6<br>7   | An organization   | on that normally                            | nment or governmenta<br>receives a substantia<br><b>(A)(vi).</b> (Complete Par                       | l part of            |   |                  |  |                         | ıt or fror                              | n the gen    | eral public            |
| 8        | ☐ A community t   | trust described i                           | n <b>section 170(b)(1)(A</b> )   | <b>)(vi).</b> (Cor   | nplete Pa                                 | rt II.)          |  |                         |   |              |                        |
| 9        | An organization that normally receives: (1) more than 33½% 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 33⅓% 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<br>11 |   |   |  |                      |   |                  |  |                         |   |              |                        |
|          | a ☐ Type I  | <b>b</b> □ Type                             |  |                      |   |                  |  |                         |   | tionally int | enrated                |
| е        | ☐ By checking the   | his box, I certify indation manage          | that the organization<br>ers and other than one  | is not co            | ntrolled d                                | irectly or       | indirectl                                    | y by one                | or more                                 | disqualifie  | ed persons             |
| f        |   | ation received a check this box             | written determination  |                      | the IRS t                                 | hat it is        | а Туре<br>                                   | I, Type I               | l, or Typ                               | oe III sup   | porting                |
| g        | Since August following pers   |   | he organization accep  | pted any             | gift or co                                | ontributio       | n from a                                     | ny of the               | •                                       |              |                        |
|          |   |   | ndirectly controls, eitlody of the supported o   |                      |   |                  |  |                         |   | nd<br>11g(i) | Yes No                 |
|          | (ii) A famıly m   | ember of a pers                             | on described in (i) abo  | ove?                 |   |                  |  |                         |   | 11g(ii)      |                        |
|          | (iii) A 35% cor   | ntrolled entity of                          | a person described in  | ı (i) or (ii) a      | above? .                                  |                  |  |                         |   | 11g(iu)      |                        |
| h        | Provide the fo  | llowing informat                            | on about the support   | ed organ             | izatıon(s).                               |                  |  |                         |   |              | <del></del>            |
| (i)      | Name of supported<br>organization   | (ii) EIN                                    | (iii) Type of organization<br>(described on lines 1–9<br>above or IRC section<br>(see instructions)) | in col (i) lis       | organization<br>sted in your<br>document? | the organ        | ou notify<br>nization in<br>of your<br>port? | organizat<br>(i) organi | s the<br>ion in col<br>zed in the<br>S? | 1, ,         | t of monetary<br>oport |
|          |   |   |  | Yes                  | No  | Yes              | No   | Yes                     | No                                      |              |                        |
| (A)      |   |   |  |                      |   |                  |  |                         |   |              |                        |
| (B)      |   |   |  |                      |   |                  |  |                         |   |              |                        |
| (C)      |   |   |  |                      |   |                  |  |                         |   |              |                        |
| (D)      |   |   |  |                      |   | _                |  |                         |   |              |                        |
| (E)      |   |   |  |                      |   |                  |  |                         |   | ļ            |                        |
|          |   |   |  |                      |   |                  |  | 1                       |   | 1            |                        |

|       |  |                  |                 |                  |                 |                 | rage <b></b>     |
|-------|--|------------------|-----------------|------------------|-----------------|-----------------|------------------|
| Part  | Support Schedule for Organiza  | ations Descr     | ibed in Sect    | ions 170(b)(1    | )(A)(iv) and 1  | 70(b)(1)(A)(v   | i)               |
|       | (Complete only if you checked the  | ne box on line   | 5, 7, or 8 of   | Part I or if the | e organizatio   | n failed to qu  | alify under      |
|       | Part III. If the organization fails to                                   |                  |                 |                  |                 |                 | -                |
| Secti | on A. Public Support   |                  |                 |                  |                 |                 |                  |
|       | dar year (or fiscal year beginning in) ▶                                 | (a) 2009         | <b>(b)</b> 2010 | (c) 2011         | (d) 2012        | <b>(e)</b> 2013 | (f) Total        |
| 1     | Gifts, grants, contributions, and  | (a) 2003         | (6) 2010        | (0) 2011         | (4) 2012        | (6) 2010        | (i) Total        |
| •     | membership fees received. (Do not  |                  |                 |                  |                 | ,               |                  |
|       | include any "unusual grants.")   |                  |                 |                  | İ               |                 |                  |
| _     |  |                  |                 |                  |                 |                 |                  |
| 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     | · ·  |                  |                 |                  |                 |                 |                  |
| 3     | The portion of total contributions by each person (other than a          |                  |                 |                  |                 |                 |                  |
|       | •                                  |                  |                 |                  | 1               |                 |                  |
|       |  |                  |                 |                  |                 |                 |                  |
|       | 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.                             |                  |                 |                  |                 |                 |                  |
|       | on B. Total Support  |                  |                 |                  |                 |                 |                  |
|       | dar year (or fiscal year beginning in) ▶                                 | (a) 2009         | <b>(b)</b> 2010 | (c) 2011         | (d) 2012        | (e) 2013        | (f) Total        |
| 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                                  |                  |                 |                  |                 |                 |                  |
|       | s regularly carried on   |                  |                 |                  |                 |                 |                  |
| 10    | Other income. Do not include gain or                                     |                  |                 | <u> </u>         |                 |                 |                  |
| 10    | loss from the sale of capital assets                                     |                  |                 |                  |                 |                 |                  |
|       | (Explain in Part IV.)  | •                |                 |                  |                 |                 |                  |
| 44    |  |                  |                 |                  |                 |                 |                  |
| 11    | Total support. Add lines 7 through 10                                    | /                |                 |                  | 1               |                 | L                |
| 12    | Gross receipts from related activities, etc                              |                  |                 |                  |                 | 12              | 501( )(0)        |
| 13    | First five years. If the Form 990 is for the                             |                  |                 |                  |                 |                 |                  |
|       | organization, check this box and stop he                                 | <u>re</u>        | <u> </u>        | · · · · ·        |                 | <u> </u>        | · · · <b>P</b> [ |
|       | on C. Computation of Public Suppor                                       |                  |                 |                  |                 | T               |                  |
| 14    | Public support percentage for 2013 (line                                 |                  | •               |                  |                 | 14              | %                |
| 15    | Public support percentage from 2012 Sch                                  |                  |                 |                  |                 | 15              | <u>%</u>         |
| 16a   | 331/3% support test—2013. If the organia                                 |                  |                 |                  |                 |                 |                  |
|       | box and stop here. The organization qua                                  | lifies as a publ | licly supported | l organization   |                 |                 | 🕨 📋              |
| b     | 331/3% support test-2012. If the organ                                   | nization did no  | ot check a box  | x on line 13 o   | r 16a, and line | 15 is 331/3%    | or more,         |
|       | check this box and stop here. The organ                                  | ization qualıfıe | s as a publicly | supported org    | ganization .    |                 | 🕨 🗆              |
| 17a   | 10%-facts-and-circumstances test - 20                                    | 013. If the oras | anization did n | ot check a box   | on line 13, 16  | a. or 16b. and  | line 14 is       |
|       | 10% or more, and if the organization me                                  |                  |                 |                  |                 |                 |                  |
|       | Part IV how the organization meets the "f                                |                  |                 |                  |                 |                 |                  |
|       | organization   |                  |                 | _                | •               | -               | • • • • • •      |
|       | <del>-</del>   |                  |                 |                  |                 |                 | _                |
| b     | 10%-facts-and-circumstances test—20                                      |                  |                 |                  |                 |                 |                  |
|       | 15 is 10% or more, and if the organization                               |                  |                 |                  |                 |                 |                  |
|       | Explain in Part IV how the organization m                                |                  |                 |                  | •               | •               | a publicly       |
|       | supported organization   |                  |                 |                  |                 |                 | 🕨 🗌              |
| 18    | Private foundation. If the organization di                               |                  |                 |                  |                 |                 |                  |
|       | 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.)

| Secti   | on A. Public Support   | dildor the toe        |                       | , р.ющоо оо       |                 | ·-/            |              |
|---------|--|-----------------------|-----------------------|-------------------|-----------------|----------------|--------------|
|         | dar year (or fiscal year beginning in)   | (a) 2009              | <b>(b)</b> 2010       | (c) 2011          | (d) 2012        | (e) 2013       | (f) Total    |
| 1       | Gifts, grants, contributions, and membership fees                                  | (a) 2009              | (0) 2010              | (6) 2011          | (u) 2012        | (6) 2010       | (i) Total    |
| •       | received. (Do not include any "unusual grants.")                                   | 0.010                 | 0.105                 | 0.202             | 7 250           | 23,626         | 56,385.      |
| 2       | Gross receipts from admissions, merchandise  | 9,012.                | 8,105.                | 8,292.            | 7,350.          | 23,020         |              |
|         | sold or services performed, or facilities  |                       |                       |                   |                 |                |              |
|         | furnished in any activity that is related to the organization's tax-exempt purpose | 10.570                | 20.025                | 40 147            | 26 565          | 35,903.        | 163,128.     |
| 3       | Gross receipts from activities that are not an                                     | 19,578.               | 30,935.               | 40,147.           | 36,565.         | 35,503.        | 103,120.     |
|         | unrelated trade or business under section 513                                      |                       |                       |                   |                 |                |              |
| 4       | Tax revenues levied for the  |                       |                       |                   |                 |                |              |
|         | organization's benefit and either paid to or expended on its behalf                |                       |                       |                   |                 |                |              |
| 5       | The value of services or facilities  |                       |                       |                   |                 |                |              |
|         | furnished by a governmental unit to the organization without charge                |                       |                       |                   |                 |                |              |
| 6       |  |                       |                       |                   | 40.045          | 50 500         | 240.542      |
| 6<br>7a | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3          | 28,590.               | 39,040.               | 48,439.           | 43,915.         | 59,529.        | 219,513.     |
|         | received from disqualified persons .   |                       |                       |                   |                 |                |              |
| b       | Amounts included on lines 2 and 3  |                       |                       |                   |                 |                |              |
| U       | received from other than disqualified  |                       |                       |                   |                 |                |              |
|         | persons that exceed the greater of \$5,000   |                       |                       |                   |                 |                |              |
|         | or 1% of the amount on line 13 for the year  |                       |                       |                   |                 |                |              |
| С       | Add lines 7a and 7b  |                       |                       |                   |                 |                | •            |
| 8       | Public support (Subtract line 7c from  |                       |                       |                   |                 |                |              |
|         | line 6.)   |                       |                       |                   |                 |                | 219,513.     |
| Secti   | on B. Total Support  | •                     |                       |                   |                 |                |              |
| Calen   | dar year (or fiscal year beginning in) ▶   | (a) 2009              | <b>(b)</b> 2010       | (c) 2011          | (d) 2012        | (e) 2013       | (f) Total    |
| 9       | Amounts from line 6  | 28,590.               | 39,040.               | 48,439.           | 43,915.         | 59,529.        | 219,513      |
| 10a     | Gross income from interest, dividends,   |                       |                       |                   |                 |                |              |
|         | payments received on securities loans, rents,                                      |                       |                       |                   |                 |                |              |
|         | royalties and income from similar sources .  | 8.                    | 5.                    | 7.                | 7.              | 7.             | 34           |
| b       | Unrelated business taxable income (less  |                       |                       |                   |                 |                |              |
|         | section 511 taxes) from businesses   |                       |                       |                   |                 |                |              |
|         | acquired after June 30, 1975   |                       |                       |                   |                 |                |              |
| С       | Add lines 10a and 10b  | 8.                    | 5.                    | 7.                | 7.              | 7.             | 34           |
| 11      | Net income from unrelated business   |                       |                       |                   |                 |                |              |
|         | activities not included in line 10b, whether                                       |                       |                       |                   |                 |                |              |
|         | or not the business is regularly carried on  |                       |                       |                   |                 |                |              |
| 12      | Other income. Do not include gain or   |                       |                       |                   |                 |                |              |
|         | loss from the sale of capital assets (Explain in Part IV.)                         |                       |                       |                   |                 |                |              |
| 13      | Total support. (Add lines 9, 10c, 11,  |                       |                       |                   |                 |                |              |
| 13      | and 12.)   | 00.500                | 20.045                | 40.446            | 42.020          | 50 536         | 210 547      |
| 14      | First five years. If the Form 990 is for the                                       | 28,598.               | 39,045.               | 48,446.           | 43,922.         | 59,536.        | 219,547.     |
|         | organization, check this box and <b>stop he</b>                                    |                       |                       |                   |                 |                |              |
| Secti   | on C. Computation of Public Suppor   |                       |                       |                   |                 |                |              |
| 15      | Public support percentage for 2013 (line   |                       |                       | 3. column (f))    | <del></del>     | 15             | 99.98 %      |
| 16      | Public support percentage from 2012 Sch  |                       |                       |                   |                 | 16             | 99.96 %      |
|         | on D. Computation of Investment In   |                       |                       |                   |                 |                |              |
| 17      | Investment income percentage for 2013 (  |                       |                       | y line 13, colur  | nn (f))         | 17             | 0 016 %      |
| 18      | Investment income percentage from 2012   |                       |                       |                   |                 | 18             | 0.003 %      |
| 19a     | 331/3% support tests-2013. If the organ  |                       |                       |                   |                 | ore than 331/3 |              |
|         | 17 is not more than 331/3%, check this box   |                       | _                     |                   |                 | _              | _            |
| b       | 331/3% support tests - 2012. If the organiz  |                       |                       |                   |                 |                |              |
|         | line 18 is not more than 331/3%, check this  | box and <b>stop h</b> | <b>ere.</b> The organ | ization qualifies | as a publicly s | upported orgar | nization 🕨 🗀 |
| 20      | Private foundation. If the organization di   | d not check a         | box on line 14        | , 19a, or 19b, d  | heck this box   | and see instru | ictions 🕨 🗌  |

| Scriedule A (F | Page 4 |  |  |  |  |  |  |
|----------------|--------|--|--|--|--|--|--|
| Part IV        |        |  |  |  |  |  |  |
|                |        |  |  |  |  |  |  |
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## SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

| • Se     | ection 501(c)(3) organizations     | that have filed Form 5768 (election und                                     | der section 501(h)): ( | Complete Part II-A.                              | Do not cor | mplete Part II-B                    |          |
|----------|------------------------------------|---|------------------------|--|------------|-------------------------------------|----------|
| • S      | ection 501(c)(3) organizations     | that have NOT filed Form 5768 (election                                     | n under section 501    | (h)): Complete Part                              | II-B. Do n | ot complete Part II                 | -A.      |
| If the   | organization answered "Yes         | s," to Form 990, Part IV, line 5 (Proxy                                     | Tax) or Form 990-E     | Z, Part V, line 35                               | (Proxy Ta  | ex), then                           |          |
|          | ection 501(c)(4), (5), or (6) orga | anizations: Complete Part III.  |                        |  |            |                                     |          |
| Name     | of organization                    |   |                        | Emp  | loyer iden | tification number                   |          |
|          |                                    | Upward Bound Project Personnel  |                        |  |            | 76-0807554                          |          |
| Part     |                                    | e organization is exempt und  |                        |  |            | rganization.                        |          |
| 1        | Provide a description of           | the organization's direct and indire  | ect political campa    | iign activities in F                             | Part IV.   |                                     |          |
| 2        | Political expenditures .           |   |                        |  | . ▶ \$     |                                     |          |
| 3        | Volunteer hours                    |   |                        |  |            |                                     |          |
|          |                                    |   |                        |  |            |                                     |          |
| Part     | •                                  | e organization is exempt und  |                        |  |            |                                     |          |
| 1        |                                    | excise tax incurred by the organization                                     |                        |  |            |                                     |          |
| 2        |                                    | excise tax incurred by organization   |                        |  | . ▶ \$     | <u></u>                             |          |
| 3        |                                    | ed a section 4955 tax, dıd ıt fıle Fo                                       |                        |  |            | UYes                                | ∐ No     |
| 4a       |                                    |   |                        |  |            | L                                   | No       |
| <u>b</u> | If "Yes," describe in Part         |   |                        |  |            |                                     |          |
| Part     |                                    | e organization is exempt und  |                        |  |            | (c)(3).                             |          |
| 1        |                                    | tly expended by the filing organization                                     |                        |  |            |                                     |          |
| _        |                                    |   |                        |  |            |                                     |          |
| 2        |                                    | filing organization's funds contrib   | _                      |  |            |                                     |          |
| _        | •                                  | ivities   |                        |  | · -        |                                     |          |
| 3        | •                                  | expenditures. Add lines 1 and 2   |                        |  | -POL,      |                                     |          |
| _        |                                    |   |                        |  | . > \$     |                                     |          |
| 4        |                                    | n file <b>Form 1120-POL</b> for this year                                   |                        |  |            | LYes                                | ∐ No     |
| 5        |                                    | ses and employer identification nu  |                        |  |            |                                     |          |
|          |                                    | ents. For each organization listed,   |                        |  |            |                                     |          |
|          |                                    | ontributions received that were pro<br>I fund or a political action committ |                        |  |            |                                     |          |
|          | as a separate segregated           | Tund of a political action committ  | ee (PAC). II addillo   | Tal space is need                                | Jea, provi | de information in                   | Part IV. |
|          | (a) Name                           | (b) Address   | (c) EIN                | (d) Amount par                                   |            | (e) Amount of po                    |          |
|          |                                    |   |                        | filing organiza<br>funds if none, e              |            | contributions recei                 |          |
|          |                                    |   |                        | 10.100 1.1101.0,                                 |            | delivered to a se                   | eparate  |
|          |                                    |   |                        |  |            | political organiza<br>none, enter - |          |
|          |                                    | <del></del>   | ļ·                     | -  | _          |                                     |          |
| (1)      |                                    |   | 4                      |  |            |                                     |          |
|          | <del></del>                        |   |                        |  |            |                                     |          |
| (2)      |                                    |   | -                      |  |            |                                     |          |
|          |                                    |   | <del></del>            | <u></u>  |            |                                     |          |
| (3)      |                                    |   | -                      |  |            |                                     |          |
|          |                                    |   |                        |  |            |                                     |          |
| (4)      |                                    |   | -                      |  |            |                                     |          |
|          | ·                                  |   | <del> </del>           | <del>                                     </del> |            |                                     |          |
| (5)      |                                    | <b> </b>  | 1                      |  |            |                                     |          |
|          |                                    |   |                        |  |            |                                     |          |
| (6)      |                                    |   | 4                      |  |            |                                     |          |

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|------|---|
| Page | ~ |

|   | rt II-A Complete if the organization i section 501(h)).                              |                           |                           |                   |                                  |                             |
|---|--|---------------------------|---------------------------|-------------------|----------------------------------|-----------------------------|
|   | Check ► ☐ if the filing organization below name, address, EIN, expense               | es, and sha               | re of excess lobb         | ying expenditur   | es).                             | up member's                 |
| В | Check ▶ ☐ if the filing organization chec  |                           |                           | rol" provisions a | ipply.                           |                             |
|   | Limits on Lobbyi<br>(The term "expenditures" mea                                     | ng Expendit<br>ns amounts | ures<br>paid or incurred. | )                 | (a) Filing organization's totals | (b) Affiliated group totals |
| - | a Total lobbying expenditures to influence pu  | ublic opinion             | (grass roots lobby        | ıng)              |                                  |                             |
|   | <b>b</b> Total lobbying expenditures to influence a                                  |                           |                           |                   |                                  |                             |
|   | c Total lobbying expenditures (add lines 1a a  | ınd 1b) .                 |                           |                   |                                  |                             |
|   | <b>d</b> Other exempt purpose expenditures   |                           |                           |                   |                                  |                             |
|   | e Total exempt purpose expenditures (add li  | nes 1c and 1              | id)                       |                   |                                  |                             |
|   | f Lobbying nontaxable amount. Enter the columns.                                     | e amount f                | rom the following         | table in both     | _                                |                             |
|   | If the amount on line 1e, column (a) or (b) is:                                      | The lobbying              | nontaxable amoun          | t is:             |                                  | 1                           |
|   | Not over \$500,000   | 20% of the ar             | mount on line 1e          |                   |                                  |                             |
|   | Over \$500,000 but not over \$1,000,000  | \$100,000 plus            | s 15% of the excess       | over \$500,000    |                                  |                             |
|   | Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus            | s 10% of the excess       | over \$1,000,000  |                                  |                             |
|   | Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus            | s 5% of the excess o      | ver \$1,500,000   |                                  |                             |
|   | Over \$17,000,000  | \$1,000,000               |                           |                   |                                  |                             |
|   | g Grassroots nontaxable amount (enter 25%  |                           |                           |                   |                                  |                             |
|   | h Subtract line 1g from line 1a. If zero or less                                     | s, enter -0-              |                           |                   |                                  |                             |
|   | i Subtract line 1f from line 1c. If zero or less                                     |                           |                           |                   |                                  |                             |
|   | j If there is an amount other than zero or reporting section 4911 tax for this year? |                           | 1h or line 1i, dic        |                   |                                  | Yes No                      |
|   | 4-Year<br>(Some organizations that made<br>columns below. Se                         | a section (               |                           | not have to com   |                                  |                             |
| _ | Lobbying E   | xpenditures               | During 4-Year A           | veraging Period   | <del> </del>                     |                             |
|   | Calendar year (or fiscal year<br>beginning in)                                       | (a) 2010                  | <b>(b)</b> 2011           | (c) 2012          | ( <b>d)</b> 2013                 | (e) Total                   |
| : | 2a Lobbying nontaxable amount  |                           |                           |                   |                                  |                             |
|   | b Lobbying ceiling amount<br>(150% of line 2a, column (e))                           |                           |                           |                   |                                  |                             |
|   | c Total lobbying expenditures  |                           |                           |                   |                                  |                             |
|   | d Grassroots nontaxable amount   |                           |                           |                   |                                  |                             |
|   | e Grassroots ceiling amount<br>(150% of line 2d, column (e))                         |                           |                           |                   |                                  |                             |
|   | f Grassroots lobbying expenditures   |                           |                           |                   |                                  |                             |

| Part   | II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).   | iled     | Form      | 5768     | ,      |               |  |
|--|--|----------|-----------|----------|--------|---------------|--|
| For each "Yes," response to lines 1a through 11 below, provide in Part IV a detailed |  | (á       | 3)        |          | (b)    | (b)           |  |
|  | iption of the lobbying activity.   | Yes      | No        | A        | moun   | t             |  |
| 1  | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  | _        |           |          |        |               |  |
| а  | Volunteers?  | 1        |           | ļ        |        |               |  |
| b  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |          | 1         |          |        |               |  |
| С  | Media advertisements?  |          | <b>✓</b>  |          |        |               |  |
| d  | Mailings to members, legislators, or the public?   |          | 1         |          |        |               |  |
| е  | Publications, or published or broadcast statements?  |          | 1         |          |        |               |  |
| f  | Grants to other organizations for lobbying purposes?   |          | <b>✓</b>  | <u> </u> |        |               |  |
| g  | Direct contact with legislators, their staffs, government officials, or a legislative body?  | ✓        |           |          |        | <u>1,744.</u> |  |
| h  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  | ✓_       |           |          |        | 450           |  |
| i  | Other activities?  |          | ✓         |          |        | -             |  |
| j  | Total. Add lines 1c through 1i   |          | j -       | <b> </b> |        | 2,194.        |  |
| 2a   | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  | <u> </u> | ✓         |          |        |               |  |
| b  | If "Yes," enter the amount of any tax incurred under section 4912  |          |           | <u> </u> |        |               |  |
| c<br>d   | If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   | <u> </u> |           | r        |        |               |  |
|  | III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)   | )(5). (  | or se     | ction    |        |               |  |
|  | 501(c)(6).   | ,,,,     | J. 00     | 01.011   |        |               |  |
|  | · · · · · · · · · · · · · · · · · · ·  |          |           |          | Yes    | No            |  |
| 1  | Were substantially all (90% or more) dues received nondeductible by members?   |          |           | 1        |        |               |  |
| 2  | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |          |           | 2        |        |               |  |
| _3   | Did the organization agree to carry over lobbying and political expenditures from the prior year? .  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)  |          |           | 3        |        |               |  |
| 1 2  | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts) | R (b)    |           |          |        | 3, is         |  |
|  | political expenses for which the section 527(f) tax was paid).   |          | _         |          |        |               |  |
| a  | Current year   | •        | 2a        | <u> </u> |        |               |  |
| b  | Carryover from last year   | •        | 2b        |          |        |               |  |
| C  | Total  | •        | 2c        |          |        |               |  |
| 3  | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  |          | 3_        | <u> </u> |        |               |  |
| 4  | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb  |          |           |          |        |               |  |
|  | and political expenditure next year?   | •        | 4         |          |        |               |  |
| 5  | Taxable amount of lobbying and political expenditures (see instructions)   | •        | 5         |          |        |               |  |
| Par  |  |          |           |          |        |               |  |
|  | le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro<br>-B, line 1. Also, complete this part for any additional information.   | up lis   | t), Pa    | rt II-A, | line 2 | ; and         |  |
|  | ssociation's "lobbying" activities consist of the Association's President traveling to Washington, D.C. to a   | ittend   | the C     | ouncil   | for Or | por-          |  |
|  | sociation 5 lossying usuantes sensist of the resociation 5 resident traveling to washington, b.o to t  |          | .51.19.9. | 2011011  | 191.99 | P.Y!          |  |
| tunity   | in Education's Policy Seminar. At this conference our President participated in the seminar for two days   | (spee    | ches,     | lecture  | s, and | 1             |  |
| round  | table discussions) before joining in group visits to legislators or their "veteran" liaisons. During these m   | eeting   | ıs the    | Presid   | ent    |               |  |
| attem  | ots to inform all those in attendance about the YUB program, and asks for the legislator's support in keep   | ing the  | e Vete    | rans U   | pward  | l             |  |
| Bound  | program near the top of their legislative/veteran's agenda. Our President seeks support, but does not a  | sk for   | fundir    | ng. The  | e      | _             |  |
|  | r majority of the expenses for this exercise consists of conference registration fees, travel, lodging, and i  |          |           |          |        |               |  |
| 4.200  |  |          |           |          |        |               |  |

| Schedule C (For | n 990 or 990-EZ) 2013                   | Page <b>4</b> |
|-----------------|---|---------------|
| Part IV         | Supplemental Information (continued)    |               |
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## SCHEDULE G (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

| Name of the organization  |   |                   |              |                               | Employer identification number    |   |                                      |  |
|---|---|-------------------|--------------|-------------------------------|-----------------------------------|---|--------------------------------------|--|
| National Association of Veterans Upward Bound Project Personnel |   |                   |              |                               | 76-0807554                        |   |                                      |  |
| Par   | Fundraising Activities. Form 990-EZ filers are n                    |                   |              |                               | vered "Yes" to Fo                 | orm 990, Part IV,   | line 17.                             |  |
| 1   | Indicate whether the organization                                   |                   |              |                               | owing activities. Cl              | neck all that apply.  |                                      |  |
| а   | ☐ Mail solicitations  |                   |              |                               | on of non-governr                 |   |                                      |  |
| b   | ☐ Internet and email solicitatio                                    | ns                | f            | ∃ Solicitati                  | on of government                  | grants  |                                      |  |
| C   | ☐ Phone solicitations   |                   | g [          | Special 1                     | fundraising events                |   |                                      |  |
| d   | In-person solicitations   |                   |              |                               |                                   |   |                                      |  |
| 2a  | Did the organization have a writ                                    |                   |              |                               |                                   |   |                                      |  |
|   | or key employees listed in Form                                     |                   |              |                               |                                   | _   |                                      |  |
| b   | If "Yes," list the ten highest paid compensated at least \$5,000 by |                   |              | uraisers) p                   | ursuant to agreem                 | ents under which t  | ne iunuraiser is to be               |  |
|   | tomponeated at least 40,000 by                                      | the organization  | •••          |                               |                                   |   |                                      |  |
|   | (i) Name and address of individual or entity (fundraiser)           | (ii) Activity     | custody c    | draiser have<br>or control of | (iv) Gross receipts from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col (i) | (vi) Amount paid to (or retained by) |  |
|   | or onary (undialou)   |                   |              | outions?                      |                                   |   | organization                         |  |
| 1   |   | 1                 | Yes          | No                            | -                                 |   |                                      |  |
| 2   |   |                   |              |                               |                                   |   | •                                    |  |
| 3   | <u></u>   |                   |              |                               |                                   |   |                                      |  |
| 4   |   |                   |              |                               |                                   |   |                                      |  |
| 5   |   |                   |              |                               |                                   |   |                                      |  |
| 6   |   |                   |              |                               |                                   |   |                                      |  |
| 7   |   |                   |              |                               |                                   |   |                                      |  |
| 8   |   |                   |              |                               |                                   |   |                                      |  |
| 9   |   |                   |              |                               |                                   |   |                                      |  |
| 10  |   |                   |              |                               |                                   | • <i>u</i>  |                                      |  |
| Total   |   |                   |              | ▶                             |                                   | •   |                                      |  |
| 3   | List all states in which the orga registration or licensing.        | nization is regis | tered or lic | ensed to s                    | olicit contributions              | s or has been notif   | ied it is exempt from                |  |
|   |   |                   |              |                               |                                   |   |                                      |  |
|   |   |                   |              |                               |                                   |   |                                      |  |
|   |   |                   |              |                               |                                   |   |                                      |  |
|   |   | ·                 |              |                               |                                   |   |                                      |  |
|   |   |                   |              |                               |                                   |   |                                      |  |
|   |   |                   | •            |                               |                                   |   |                                      |  |
|   |   |                   |              |                               |                                   |   |                                      |  |
|   |   |                   |              |                               |                                   |   |                                      |  |
|   |   |                   |              |                               |                                   |   |                                      |  |
|   |   |                   |              |                               |                                   |   |                                      |  |

| Pa              | art II             | Fundraising Events. Con<br>than \$15,000 of fundraising<br>gross receipts greater tha | ng event contributions                       |                            |                                 |  |
|-----------------|--------------------|---|--|----------------------------|---------------------------------|--|
|                 |                    |   | (a) Event #1  Annual Conference (event type) | (b) Event #2  (event type) | (c) Other events (total number) | (d) Total events<br>(add col (a) through<br>col (c)) |
| Revenue         | 1                  | Gross receipts  | 27,810.                                      |                            |                                 | 27,810.  |
| <u>ac</u>       | 2                  | Less: Contributions Gross income (line 1 minus  | 1,376.                                       |                            | !                               | 1,376.   |
| _               |                    | line 2)   | 26,434.                                      |                            |                                 | 26,434.  |
|                 | 4                  | Cash prizes   |  |                            |                                 |  |
|                 | 5                  | Noncash prizes  |  |                            |                                 |  |
| Direct Expenses | 6                  | Rent/facility costs   |  |                            |                                 |  |
| Exp             | 7                  | Food and beverages  | 17,660.                                      |                            |                                 | 17,660   |
| Direct          | 8                  | Entertainment   |  |                            |                                 |  |
|                 | 9                  | Other direct expenses .   | 3,454.                                       |                            |                                 | 3,454  |
| Pa              | 10<br>11<br>rt III | Direct expense summary. Ac<br>Net income summary. Subtra<br>Gaming. Complete if the   | act line 10 from line 3, c                   | olumn (d)                  |                                 | 21,114<br>5,320.<br>reported more                    |
|                 | <u> </u>           | than \$15,000 on Form 9   | 90-EZ, line 6a.                              | (b) Pull tabs/instant      |                                 | (d) Total gaming (add                                |
| Revenue         |                    |   | (a) Bingo                                    | bingo/progressive bingo    | (c) Other gaming                | col (a) through col (c))                             |
| -Bè             | 1                  | Gross revenue   |  |                            |                                 |  |
| ses             | 2                  | Cash prizes   |  | <del>-</del>               |                                 |  |
| Exper           | 3                  | Noncash prizes  |  |                            |                                 |  |
| Direct Expenses | 4                  | Rent/facility costs   |  |                            |                                 |  |
|                 | 5                  | Other direct expenses .   | 0/   |                            | 0/                              |  |
|                 | 6                  | Volunteer labor   | ☐ Yes% ☐ No                                  | ☐ Yes%<br>☐ No             | │                               |  |
|                 | 7                  | Direct expense summary. Ac  | dd lines 2 through 5 in c                    | olumn (d)                  |                                 |  |
|                 | 8                  | Net gaming income summar  | y. Subtract line 7 from I                    | ıne 1, column (d)          |                                 |  |
|                 | a Is               | nter the state(s) in which the or<br>the organization licensed to o<br>"No," explain: | perate gaming activities                     | in each of these states    | ?                               | 🗌 Yes 🗌 No   |
| 10              |                    | ere any of the organization's g<br>"Yes," explain:                                    |  |                            | ated during the tax year        |  |

| Schedu  | ale G (Form 990 or 990-EZ) 2013   |                    |                 |         | Page 3 |
|---------|---|--------------------|-----------------|---------|--------|
| 11      | Does the organization operate gaming activities with nonmembers?  |                    |                 | Yes [   | No     |
| 12      | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other formed to administer charitable gaming?  |                    |                 | Yes [   | ] No   |
| 13      | Indicate the percentage of gaming activity operated in.   |                    |                 |         |        |
| а       | The organization's facility   | 13a                |                 |         | %      |
| b       | An outside facility   | 13b                |                 |         | %      |
| 14      | Enter the name and address of the person who prepares the organization's gaming/special events book records:  | s and              |                 |         |        |
|         | Name ►  | <b>-</b>           |                 |         |        |
|         | Address ▶   |                    |                 |         |        |
| 15a     | Does the organization have a contract with a third party from whom the organization receives garevenue?   |                    |                 | Yes [   | ] No   |
| b       | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$  | ne                 |                 |         |        |
| С       | If "Yes," enter name and address of the third party:  |                    |                 |         |        |
|         | Name ►  |                    |                 |         |        |
|         | Address►  |                    |                 |         |        |
| 16      | Gaming manager information  |                    |                 |         |        |
|         | Name ►  |                    |                 |         |        |
|         | Gaming manager compensation ▶ \$  |                    |                 |         |        |
|         | Description of services provided ►  |                    |                 |         |        |
|         | □ Director/officer □ Employee □ Independent contractor  |                    |                 |         |        |
| 17<br>a | Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming process  | eds to             |                 |         |        |
|         | retain the state gaming license?  |                    |                 | Yes [   | No     |
| b       | Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year > \$  | ons or             |                 |         |        |
| Part    | Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to additional information (see instructions). | s (iii) a<br>provi | and (v<br>de an | v), and | 1      |
|         | additional information (boo instruction).   |                    |                 |         |        |
|         |   |                    |                 |         |        |
|         |   | <del>-</del>       |                 |         |        |
|         |   | <del>-</del>       |                 |         |        |
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#### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Employer identification number

OMB No 1545-0047 2013 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

76-0807554 National Association of Veterans Upward Bound Project Personnel Part 1, Line 10 2013 Scholarships Awarded: Bobby Boyd, c/o The University of Kansas VUB, Gateway Tower II, Suite 105, 400 State Avenue, Kansas City, KS 66101 \$2,000.00 Philip Parsons, c/o Western Kentucky University VUB, 1906 College Heights Blvd, #11098, Bowling Green, KY 42101-1098 \$1,000.00 David Baxter, c/o East Tennessee University VUB, Box 70306, Johnson City, TN 37614-0701 \$1,000.00 Kimberli Moravec, c/o Weber State University VUB, 1342 Edvalson Street, Dept 4401, Ogden, UT 84408-4401 \$1,000.00 Charles Smith, c/o North Alabama Center of Educational Excellence VUB, 4900-B Century Street, Huntsville, AL 35816 \$1,000.00 Gilberto Serrano, c/o Aspira Inc. de Puerto Rico VUB, P.O. Box 29132, 65th Infantry Stateion, San Juan, PR 00929-0132 \$1,000.00 John Williams, Jr., c/o East Central University VUB, 1100 East 14th Street, PMB S-36, Ada, OK 74820 \$1,000.00 Andrew Simmons, The University of Texas, Arlington, P.O. Box 19345, Arlington, TX 76019-0345 \$1,000.00 Juanita Peterson, c/o Western Nebraska Community College VUB, 1601 E. 27th Street, Scottsbluff, NE 69361 \$1,000.00 Richard Bintz, c/o Cincinnati State Technical and Community College VUB, 3520 Central Parkway, Cincinnati, OH 45223-2690 \$1,000.00 Carlos Palomino, LaGuardia Community College VUB, 31-10 Thomson Avenue, Rm C371, Long Island City, NY 11101 \$1,000.00 Each of the student veterans named above, after a rigorous selection & vetting process were award scholarships in the amount listed above, allowing the veterans to use the funds to support their pursuit of a postsecondary college degree The competition is annual; this is the first year we have provided a \$2,000.00 scholarship. Part 1, Line 16 Other Expenses The total listed consists primarily of expenses incurred to cover the Association President's trip to the COE Policy Seminar in Washington, D.C. (\$2,194), bonding of the treasurer (\$90.00), and miscellaneous government filing fees in Illinois (\$25 00). Part III, Line 31 Other Program Services Provide and maintain a national, informational website for all interested parties, and a members only listserv. Additionally, the Association has begun to digitize archival files and documents. Once per year, the Association sends its president to the Council for Opportunity in Education's Policy seminar and Relations with the Dept. of Education conference in Washington, D.C. The conference starts Sunday evening and lasts until Tuesday evening. The Dept of Ed meeting takes place the following morning. All the days are devoted to professional development and round table discussions, except Tuesday,

when the participants travel to Capitol Hill to visit with elected officials or their staffs, generally the veteran's or education aide. During these