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2013

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open to Public  
Inspection

A For the 2013 calendar year, or tax year beginning 7/01, 2013, and ending 6/30, 2014

B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Voluntary Protection Programs  
 Participants' Association Chapters  
 7600 - E Leesburg Pike #100  
 Falls Church, VA 22043

D Employer identification number

91-1818250

E Telephone number

(703) 761-1146

G Gross receipts \$ 1,017,874.

F Name and address of principal officer

Same As C Above

H(a) Is this a group return for subordinates?  Yes  No  
 H(b) Are all subordinates included? If 'No', attach a list (see instructions)  
 Yes  No

See Attachment

H(c) Group exemption number ► 3439

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no) 4947(a)(1) or 527J Website: ► [www.vpppa.org](http://www.vpppa.org)K Form of organization  Corporation  Trust  Association  Other ►

L Year of formation

M State of legal domicile

## Part I Summary

1 Briefly describe the organization's mission or most significant activities To be a leader in safety, health and environmental excellence through cooperative efforts among labor, management and government.

2 Check this box ►  if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

3 93

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 93

5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)

5 0

6 Total number of volunteers (estimate if necessary)

6 270

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 0.

b Net unrelated business taxable income from Form 990-T, line 34

7b 0.

8 Contributions and grants (Part VIII, line 1h)

Prior Year Current Year

127,352.

9 Program service revenue (Part VIII, line 2g)

1,156,718. 981,680.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

4,505. 3,458.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

32,736.

12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

1,288,575. 1,017,874.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

2,650. 4,650.

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ► 1,936.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

1,069,146. 1,309,133.

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

1,071,796. 1,313,783.

19 Revenue less expenses Subtract line 18 from line 12

216,779. -295,909.

Net Assets or Fund Balances

RECEIVED

NOV 25 2014

OSC

S.

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Beginning of Current Year End of Year

1,887,107. 1,498,706.

18,448. 0.

1,868,659. 1,498,706.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Sara A. Taylor

11/20/14

Signature of officer

Dir of Marketing

Sara Taylor

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Paul M. Gurman	<i>Paul M. Gurman</i>	11/20/14		P00069988
Firm's name	Gurman & Company, PLLC				Firm's EIN ►
Firm's address	3877 Fairfax Ridge Rd. Ste 200N Fairfax, VA 22030-7473				Phone no (703) 591-7200

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

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

TEEA0113L 11/08/13

Form 990 (2013)

10

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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

 Yes  No3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule O. Yes  No4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: \_\_\_\_\_) (Expenses \$ 1,244,960. including grants of \$ \_\_\_\_\_) (Revenue \$ 961,957. )

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

4b (Code: \_\_\_\_\_) (Expenses \$ 4,650. including grants of \$ 4,650.) (Revenue \$ \_\_\_\_\_)

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

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

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

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

4e Total program service expenses ► 1,249,610.

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3 X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a X	
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b X	
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19 X	
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20 X	
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	

## Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	X
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28c	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	29	X
30 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

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Form 990 (2013)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a	0
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b	0
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a	0
2 b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2 b	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X
3 b	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	
4 a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If 'Yes,' enter the name of the foreign country: ►  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4 a	X
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	X
5 b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	X
5 c	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	X
6 b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7 a	X
7 b	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 b	
7 c	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 c	X
7 d	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 d	
7 e	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 e	X
7 f	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 f	X
7 g	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 g	
7 h	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 h	
7 i	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 i	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 a	<b>Sponsoring organizations maintaining donor advised funds.</b>	9 a	
9 b	a Did the organization make any taxable distributions under section 4966?	9 b	
10 a	<b>Section 501(c)(7) organizations.</b> Enter.	10 a	
10 b	a Initiation fees and capital contributions included on Part VIII, line 12	10 b	
11 a	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11 a	
11 b	<b>Section 501(c)(12) organizations.</b> Enter:	11 b	
11 c	a Gross income from members or shareholders	11 c	
11 d	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 d	
12 a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12 a	
12 b	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b	
13 a	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13 a	
13 b	a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	13 b	
13 c	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13 c	
14 a	c Enter the amount of reserves on hand.	14 a	X
14 b	<b>Did the organization receive any payments for indoor tanning services during the tax year?</b>	14 b	
14 c	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 c	

**Part VI** **Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year  
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **93**

1b Enter the number of voting members included in line 1a, above, who are independent **93**

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

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? **3**

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4**

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5**

6 Did the organization have members or stockholders? See Schedule O. **6**

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

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? See Sch O **7b**

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

a The governing body? **8a**

b Each committee with authority to act on behalf of the governing body? **8b**

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O **9**

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

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

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

b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? **10b**

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **11a**

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O **11b**

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

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12b**

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. **12c**

13 Did the organization have a written whistleblower policy? **13**

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

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? **15a**  **15b**

a The organization's CEO, Executive Director, or top management official **15a**

b Other officers of key employees of the organization **15b**

If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) **16a**

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **16a**

b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? **16b**

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

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NY**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website  Another's website  Upon request  Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **► Sara Taylor 7600 - E Leesburg Pike Falls Church VA 22043 703-761-1146**

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

 Check if Schedule O contains a response or note to any line in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee'.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee				
(1) Joe Whalen	1							0.	0.	0.
Reg II Dir	0	X								
(2) Dale Long	1							0.	0.	0.
Reg II Dir	0	X								
(3) Robert Brynes	1							0.	0.	0.
Reg II Dir	0	X								
(4) Brian Bennett, Ph.D., C	1							0.	0.	0.
Reg II Dir	0	X								
(5) William DePuy	1							0.	0.	0.
Reg II Dir	0	X								
(6) Perry O'Neil	1							0.	0.	0.
Reg II Dir	0	X								
(7) Floyd Billings	1							0.	0.	0.
Reg IV Dir	0	X								
(8) Kimberly Watson	1							0.	0.	0.
Reg IV Dir	0	X								
(9) Earl Anderson	1							0.	0.	0.
Reg IV Dir	0	X								
(10) Joe Keenan	1							0.	0.	0.
Reg IV Dir	0	X								
(11) Chris Colburn	1							0.	0.	0.
Reg IV Dir	0	X								
(12) Johnathan Ward	1							0.	0.	0.
Reg IV DOL	0	X								
(13) Tonya Wells	1							0.	0.	0.
Reg IV Dir	0	X								
(14) Bob Edwards	1							0.	0.	0.
Reg IV Dir	0	X								

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Former employee	Highest compensated		
(15) Jack Popp Reg I Director	1 0	X							0.	0.
(16) Toby Trebilcock Reg I Director	1 0	X							0.	0.
(17) Mark Ball Reg III Directo	1 0	X							0.	0.
(18) Scott Buterbaugh Reg III Directo	1 0	X							0.	0.
(19) Jacque Creamer Reg III Directo	1 0	X							0.	0.
(20) Mike Cokeley Reg III Directo	1 0	X							0.	0.
(21) Kristyn Grow Reg III Directo	1 0	X							0.	0.
(22) Mike LaPradd Reg III Directo	1 0	X							0.	0.
(23) Brad McPherson Reg III Directo	1 0	X							0.	0.
(24) Joseph Morrell Reg III Directo	1 0	X							0.	0.
(25) Julie Simon Reg III Directo	1 0	X							0.	0.
1b Sub-total							►		0.	0.
c Total from continuation sheets to Part VII, Section A							►		0.	0.
d Total (add lines 1b and 1c)							►		0.	0.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5	X

## Section B. Independent Contractors

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

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

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above.	1f				
	g Noncash contributions included in lines 1a-1f: \$					
<b>h Total. Add lines 1a-1f</b>						
PROGRAM SERVICE REVENUE	Business Code					
	2a Conference Fees	611430	845,909.	845,909.		
	b Income from VPPPA National	900099	97,647.	97,647.		
	c Member Dues	900099	19,723.	19,723.		
	d Workshops and Classes	611430	18,401.	18,401.		
	e					
	f All other program service revenue					
<b>g Total. Add lines 2a-2f</b>		981,680.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)				3,458.	
	4 Income from investment of tax-exempt bond proceeds.					
	5 Royalties					
	6a Gross rents.	(i) Real	(ii) Personal			
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including - \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b Less: direct expenses	b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a Miscellaneous	900099	32,736.			32,736.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		32,736.				
<b>12 Total revenue. See instructions</b>		1,017,874.	981,680.	0.	36,194.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	4,650.	4,650.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	38,487.	34,337.	4,150.	
12 Advertising and promotion	27,281.	27,281.		
13 Office expenses	41,024.	19,353.	21,671.	
14 Information technology	68,546.	63,070.	5,476.	
15 Royalties				
16 Occupancy				
17 Travel	5,338.	5,338.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	997,905.	995,969.		1,936.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	8,595.	3,962.	4,633.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Regional Misc. Expenses</u>	64,869.	61,048.	3,821.	
b <u>Printing and Publications</u>	21,950.	21,950.		
c <u>Board and Committee Meetings</u>	10,403.		10,403.	
d <u>National Other Misc. Expenses</u>	9,556.	9,556.		
e All other expenses	15,179.	3,096.	12,083.	
25 Total functional expenses. Add lines 1 through 24e	1,313,783.	1,249,610.	62,237.	1,936.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here □ if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year	(B) End of year	
ASSETS	1 Cash – non-interest-bearing	970,247.	594,213.	
	2 Savings and temporary cash investments	916,860.	899,024.	
	3 Pledges and grants receivable, net	3		
	4 Accounts receivable, net	4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
	7 Notes and loans receivable, net	5		
	8 Inventories for sale or use	6		
	9 Prepaid expenses and deferred charges	7		
	10a Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D	8		
	b Less: accumulated depreciation	9		
	11 Investments – publicly traded securities	10a		
	12 Investments – other securities. See Part IV, line 11	10b	10c	
	13 Investments – program-related See Part IV, line 11		11	
	14 Intangible assets		12	
	15 Other assets. See Part IV, line 11		13	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	15	5,469.		
	1,887,107.	16	1,498,706.	
LIABILITIES	17 Accounts payable and accrued expenses	18,448.	17	
	18 Grants payable	18		
	19 Deferred revenue	19		
	20 Tax-exempt bond liabilities	20		
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
	23 Secured mortgages and notes payable to unrelated third parties	22		
	24 Unsecured notes and loans payable to unrelated third parties	23		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	24		
	<b>26 Total liabilities.</b> Add lines 17 through 25	25		
		18,448.	26	0.
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
		27 Unrestricted net assets	1,868,659.	27
		28 Temporarily restricted net assets	28	
		29 Permanently restricted net assets	29	
		Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
30 Capital stock or trust principal, or current funds		30		
31 Paid-in or capital surplus, or land, building, or equipment fund		31		
32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances		33	1,498,706.	
<b>34 Total liabilities and net assets/fund balances</b>		34	1,498,706.	

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Form 990 (2013)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12).	1	1,017,874.
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,313,783.
3 Revenue less expenses. Subtract line 2 from line 1	3	-295,909.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,868,659.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	-74,044.
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,498,706.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

Separate basis  Consolidated basis  Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?

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

Separate basis  Consolidated basis  Both consolidated and separate basis

2c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

3b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

OMB No 1545-0047

**2013**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
► Attach to Form 990 or Form 990-EZ.  
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
Inspection

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

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

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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(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 is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33-1/3% support test – 2013.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b 33-1/3% support test – 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test – 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test – 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ►

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						0.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,153,879.	1,226,752.	1,439,005.	1,284,070.	981,680.	6,085,386.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 <b>Total.</b> Add lines 1 through 5	1,153,879.	1,226,752.	1,439,005.	1,284,070.	981,680.	6,085,386.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 <b>Public support</b> (Subtract line 7c from line 6.)						6,085,386.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	1,153,879.	1,226,752.	1,439,005.	1,284,070.	981,680.	6,085,386.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,220.	4,061.	4,131.	4,505.	3,458.	25,375.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	9,220.	4,061.	4,131.	4,505.	3,458.	25,375.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) See Part IV						32,736.
13 <b>Total Support.</b> (Add Ins 9,10c, 11 and 12)	1,163,099.	1,230,813.	1,443,136.	1,288,575.	1,017,874.	6,143,497.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.05 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.37 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.41 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0.63 %
19a <b>33-1/3% support tests — 2013.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b <b>33-1/3% support tests — 2012.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

## Part IV

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

**BAA**

Schedule A (Form 990 or 990-EZ) 2013

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

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**Open to Public  
Inspection

Name of the organization	Voluntary Protection Programs Participants' Association Chapters	Employer identification number 91-1818250
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**Form 990, Part I, Line 1, Description of Organization Mission:**

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

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

Most Affiliates Incorporated

**Form 990, Part III, Line 1 - Organization Mission**

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

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

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

Name of the organization	Voluntary Protection Programs Participants' Association Chapters	Employer identification number 91-1818250
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**Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body**

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

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

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

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

No review was or will be conducted.

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

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

2013

Department of the Treasury  
Internal Revenue Service

Name of the Organization

Voluntary Protection Programs

Employer Identification number

91-1818250

**Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated		
Shawn French	1								
Reg V Director	0	X						0.	0.
Don Johnson	1							0.	0.
Reg V Director	0	X						0.	0.
Eric Siefer	1								
Reg V Director	0	X						0.	0.
Mark Mammosser	1							0.	0.
Reg V Director	0	X						0.	0.
Andy Youpel	1								
Reg V Director	0	X						0.	0.
Fred J. Wilholt	1								
Reg VII Direct	0	X						0.	0.
Steve Nikkel	1								
Reg VII. Direct	0	X						0.	0.
Jamie Backhaus	1								
Reg VII. Direct	0	X						0.	0.
Tom L. Hauber	1								
Reg VII. Direct	0	X						0.	0.
Bill Turner	1								
Reg VII. Direct	0	X						0.	0.
Terry Bass	1								
Reg VII. Direct	0	X						0.	0.
Alicia Hardacre	1								
Reg VII. Direct	0	X						0.	0.
Steve Donovan	1								
Reg VII Direct	0	X						0.	0.
Michael Murphy	1								
Reg VII Direct	0	X						0.	0.
Shelly Ettel	1								
Reg VIII Direct	0	X						0.	0.
Maria Ilomin	1								
Reg IX Director	0	X						0.	0.
Bob Sklar	1								
Reg IX Director	0	X						0.	0.
Winnie Kane	1								
Reg IX Director	0	X						0.	0.
Tim Taylor	1								
Reg X Director	0	X						0.	0.
Jeff Carlson	1								
Reg X Director	0	X						0.	0.
Max Van Valey	1								
Reg X Director	0	X						0.	0.

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Name of the Organization

Employer Identification number

Voluntary Protection Programs

91-1818250

**[Part VII] Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week (list any hours for related organi- zations below dotted line)	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer or director	Individual trustee or director	Institutional trustee	Key employee Highest compensated			
Jack Griffith	1							
Reg X Director	0	X				0.	0.	0.
Jenny Day	1							
Reg VIII Direct	0	X				0.	0.	0.
Susan Sikes	2							
Officer	0		X			0.	0.	0.
Brenda Wiederkehr	2							
Reg II Chairper	0		X			0.	0.	0.
Tom Aurelia	2							
Reg II ViceChai	0		X			0.	0.	0.
Richard F. Brown, CSP, CFP	2							
Reg II VPP Mgr.	0		X			0.	0.	0.
Phil Walsh	2							
Reg IV Chairper	0		X			0.	0.	0.
Carey West	2							
Reg IV ViceChai	0		X			0.	0.	0.
Earl Hilson	2							
Reg IV Treasure	0		X			0.	0.	0.
Kim Burton	2							
Reg IV Secret	0		X			0.	0.	0.
Americo Pagan	2							
Reg IV Fed Rep	0		X			0.	0.	0.
Stephen Gauthier, CMFS	2							
Reg I Chairpers	0		X			0.	0.	0.
Paul Ludington	2							
Reg I ViceChair	0		X			0.	0.	0.
Karen Girardin	2							
Reg I Treasurer	0		X			0.	0.	0.
Debra M. Bowie	2							
Reg I Secretary	0		X			0.	0.	0.
Bruce Gove	2							
Reg I HourlyRep	0		X			0.	0.	0.
Glen Garfield	2							
Reg I HourlyRep	0		X			0.	0.	0.
Brandon Schaffer	2							
Reg III Chair	0		X			0.	0.	0.
Kenneth Richardson	2							
Reg III ViceCha	0		X			0.	0.	0.
Robert Schroeder	2							
Reg III Secreta	0		X			0.	0.	0.
Richard Foreman	2							
Reg III Treasur	0		X			0.	0.	0.

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Department of the Treasury  
Internal Revenue Service

Name of the Organization

Voluntary Protection Programs

Employer Identification number

91-1818250

## Part VII | Continuation: Officers, Directors, Trustees, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organi- zations below dotted line)	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee		
William Linneweh, CSP, CHM	2								
Reg V Chairman	0				X			0.	0.
Tamara Reiter	2							0.	0.
Reg V ViceChair	0				X			0.	0.
Jim Harmon	2								
Reg V Treasurer	0				X			0.	0.
Leslie Peterson	2								
Reg V Secretary	0				X			0.	0.
Steve Washburn	2								
Reg V HourlyRep	0				X			0.	0.
Stephanie M. Keaton	2								
Reg V HourlyRep	0				X			0.	0.
Jeff Klinksick	2								
Reg VII Chair	0				X			0.	0.
Cody Patton	2								
Reg VII Treasur	0				X			0.	0.
Randall L. Bickford	2								
Reg VII ViceCh.	0				X			0.	0.
Matt Gaines	2								
Reg VII OSHA Re	0				X			0.	0.
Shashi H. Patel	2								
Reg VII OSHA Re	0				X			0.	0.
Mark Moya	2								
Reg VIII Chair	0				X			0.	0.
Christina Ross	2								
Reg VIII ViceCh	0				X			0.	0.
Scott Stice	2								
Reg VIII Treasu	0				X			0.	0.
Deb Clingan	2								
Reg VIII Secret	0				X			0.	0.
Paul Perez	2								
Reg VIII SiteRe	0				X			0.	0.
Terry Schulte	2								
Reg IX Chair	0				X			0.	0.
Gilbert Aceves	2								
Reg IX ViceChai	0				X			0.	0.
Dan Lazorcak	2								
Reg IX Treasure	0				X			0.	0.
Carlos Cardoso	2								
Reg IX Secretar	0				X			0.	0.
Jennifer Sanchez	2								
Reg IX Represen	0				X			0.	0.

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Department of the Treasury  
Internal Revenue Service

**Name of the Organization**

## Voluntary Protection Programs

Employer Identification number  
91-1818250

**Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

2013

**Schedule A, Part IV - Supplemental Information**

**Page 5**

**Voluntary Protection Programs  
Participants' Association Chapters**

**91-1818250**

**Part III, Line 12 - Other Income**

<u>Nature and Source</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>
Miscellaneous	\$ 32,736.				
Total	\$ 32,736.	\$ 0.	\$ 0.	\$ 0.	\$ 0.

**Form 8868**  
**Subordinates Included In Group Return**

Name: Region II Chapter  
FEIN: 133723189  
Address: 3119 Broad Street  
Port Henry, NY 12974

Name: Region III Chapter of the Volu  
FEIN: 232908719  
Address: PO Box 38578  
Henrico, VA 23231

Name: Region IV Chapter of the Volun  
FEIN: 582117886  
Address: PO Box 1234  
Augusta, GA 30903

Name: Region V Voluntary Protection  
FEIN: 364175364  
Address: 8499 Darrow Rd  
Twinsburg, OH 44087

Name: Region VII Chapter  
FEIN: 470783444  
Address: 400 Collins Rd NE MSC 193-102  
Cedar Rapids, IA 52498

Name: Region VIII Chapter  
FEIN: 061638702  
Address: PO Box 506  
Grantsville, UT 84029

Name: Region IX Chapter  
FEIN: 912130596  
Address: 18521 E Queen Creek Rd Ste 105  
Queen Creek, AZ 85142

Name: Region X Chapter of the Volunt  
FEIN: 820489420  
Address: PO Box 1625  
Idaho Faals, ID 83415

Name: Region I Chapter  
FEIN: 043556442  
Address: 15 Casco St  
Freeport, ME 04033

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

Name: Region II Chapter  
FEIN: 133723189  
Address: 3119 Broad Street  
Port Henry, NY 12974

Name: Region III Chapter of the Volu  
FEIN: 232908719  
Address: PO Box 38578  
Henrico, VA 23231

Name: Region IV Chapter of the Volun  
FEIN: 582117886  
Address: PO Box 1234  
Augusta, GA 30903

Name: Region V Voluntary Protection  
FEIN: 364175364  
Address: 8499 Darrow Rd  
Twinsburg, OH 44087

Name: Region VII Chapter  
FEIN: 470783444  
Address: 400 Collins Rd NE MSC 193-102  
Cedar Rapids, IA 52498

Name: Region VIII Chapter  
FEIN: 061638702  
Address: PO Box 506  
Grantsville, UT 84029

Name: Region IX Chapter  
FEIN: 912130596  
Address: 18521 E Queen Creek Rd Ste 105  
Queen Creek, AZ 85142

Name: Region X Chapter of the Volunt  
FEIN: 820489420  
Address: PO Box 1625  
Idaho Faals, ID 83415

Name: Region I Chapter  
FEIN: 043556442  
Address: 15 Casco St  
Freeport, ME 04033

Application for Extension of Time To File an  
Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extention on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

**Part I**  **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Enter filer's identifying number, see instructions

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

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

**01**

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

- The books are in the care of ► Sara Taylor

Telephone No. ► 703-761-1146

Fax No. ►

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 15, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- calendar year 20 or
- tax year beginning 7/01, 20 13, and ending 6/30, 20 14.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ <b>0.</b>
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ <b>0.</b>
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ <b>0.</b>

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.