Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047
2012
Open to Public

Inspection

For the 2012 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization Address change CITIZENS FOR COMMUNITY VALUES ACTION, 20-1036370 Initial return Room/suite Number and street (or P 0 box if mail is not delivered to street address) E Telephone number 513-733-5775 Termin-11177 READING ROAD 809,622. X Amended G Gross receipts \$ City, town, or post office, state, and ZIP code Applica-tion pending 45241-1997 CINCINNATI, OH H(a) Is this a group return F Name and address of principal officer: PHIL BURRESS Yes X No for affiliates? H(b) Are all affiliates included? Yes No 11177 READING ROAD, CINCINNATI, Tax-exempt status: \bigcirc 501(c)(3) \bigcirc 501(c) (4) \triangleleft (insert no) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► CCVACTION.ORG H(c) Group exemption number ▶ L Year of formation 2004 M State of legal domicile OH K Form of organization X Corporation Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: ADVOCATE FOR LAWS FOR SOCIAL IMPROVEMENT REGARDING CENTRAL ROLE OF FAMILY IN SOCIETY. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 10 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 1300 6 6 Total number of volunteers (estimate if necessary) 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7b b Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** 4,808. 803,521. Contributions and grants (Part VIII, line 1h) 0. Program service revenue (Part VIII, line 2g) 0. 146. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,100. 6,101. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 809,622. 7,054. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 1,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 158,607. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 19,466. 629,037. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 788,644. 19,466. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 20,978. <12,412. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 57,448. 157,125. 20 Total assets (Part X, line 16) 78,699. 0. 21 Total liabilities (Part X, line 26) 57,448. 78,426. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 7 (3) K Signature of officer Sign PHIL BURRESS, PRESIDENT Here Type or print name and title Print/Type preparer's name Prepa

CPA'S

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

5552 CHEVIOT ROAD CINCINNATI, OH 45247

Firm's name GREAR & COMPANY,

RANDY WARWICK

Firm's address

Paid

Preparer Use Only

	990 (2012) CITIZENS FOR COMMUNITY VALUES ACTION, 20-1036370 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: ADVOCATE FOR PASSAGE OF LAWS FOR CIVIC BETTERMENT AND SOCIAL IMPROVEMENT REGARDING THE CENTRAL ROLE OF THE FAMILY IN SOCIETY.
	THE CONTROL OF THE TAILED IN COCEDITY
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 488,914 • including grants of \$
	EDUCATED VOTERS ABOUT THE IMPORTANCE OF VOTING AND PROVIDED OVER 2 MILLION NON-PARTISAN VOTER GUIDES OUTLINING CANDIDATES' POSITION ON
	LIFE, MARRIAGE AND RELIGIOUS FREEDOM. ENCOURAGED CITIZENS TO
	COMMUNICATE THEIR CONCERNS BY PHONE, EMAIL AND LETTERS. OPERATED SIX
	REGIONAL CALL CENTERS ENCOURAGING PEOPLE TO VOTE THEIR VALUES ON ISSUES
	OF PRO-LIFE, PRO-MARRIAGE AND RELIGIOUS FREEDOM.TRAVELED TO ALL 88 OHIO COUNTIES, PERSONALLY VISITING 2,000 CHURCHES AND DELIVERING VOTER
	REGISTRATION FORMS, CULTURAL IMPACT TEAM MANUALS AND NON-PARTISAN VOTER
	INFORMATION.
4b	(Code) (Expenses \$
	·
4c	(Code) (Expenses \$
	Town the second
	·
4d	,
10	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 488,914.
	Form 990 (2012)
32002	· · ·

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			.,
_	If "Yes," complete Schedule A		X	<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		Х	
	public office? If "Yes," complete Schedule C, Part I	3	Λ	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
=	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		Х
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		_	
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
•	Schedule D, Part III	8		Х
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, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI .	11a	Х	
b	Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
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	11c		<u>X</u>
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		х
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
120	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a	_	Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u>,.</u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(2012)
		rorm	ココリ	(2012)

Page 4

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		,	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
2 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			, ,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	l		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	0.7		X
	of any of these persons? If "Yes," complete Schedule L, Part III	27		^
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):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		Х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If the rest complete scriedule in	25		1
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		<u> </u>
01	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	<u> </u>		 -
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
•••	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
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	LX.	
				(2012)

	Check if Schedule O contains a response to any question in this Part V			
	1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	i	Х
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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u></u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	j		
_	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	ł _		1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		_
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			1
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8_		
	Did the organization make any taxable distributions under section 4966?	9a	•	1
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	- 35		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	[
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	·······	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	1		
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2012)

Form 990 (2012) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI					X
<u>Sec</u>	tion A. Governing Body and Management					
		1.	1 4	r	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u> </u>			
	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		1			
ь	Enter the number of voting members included in line 1a, above, who are independent	1 <u>b</u>	any other			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?	p with	any other	2	1	X
3	Did the organization delegate control over management duties customarily performed by or under the	a dire	et supervision	-	-	
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	ic dire	or supervision	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			,
	more members of the governing body?			7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ie following			·
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the			v
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		0 1)	9		<u> </u>
<u>sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	revenu	e Coae.)		Vaa	N ₂
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such c	haotei	s affiliates	100		
_	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 boo	dy befo	ore filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-	_			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to coi	iflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," a	lescnbe			
	ın Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14	ļ	X
15	Did the process for determining compensation of the following persons include a review and approve		ndependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,		45-		Х
	The organization's CEO, Executive Director, or top management official			15a		X
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a			
	taxable entity during the year?		u	16a		х
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation			
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic					
	exempt status with respect to such arrangements?			16b		
<u>Sec</u>	tion C. Disclosure					
_17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explain		•			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest policy, ar	nd finar	ncıal	
20	statements available to the public during the tax year.		and a state	ト		
20	State the name, physical address, and telephone number of the person who possesses the books a CHRIS KERBER $-\ 513-733-5775$	iio rec	cords of the organiza	ition: 🕨		
	11177 READING ROAD, CINCINNATI, OH 45241					
232000				Form	990	(2012)

Form 990 (2012) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

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

Employees, and Independent Contractors

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

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

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

(A) Name and Title	(B) Average			(C Pos	C) Ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)			ıs bot	h an	compensation	compensation	amount of	
	week (list any				a director/trustee)		iee)	from the	from related organizations	other compensation
	hours for	Individual trustee or director	_			pa		organization	(W-2/1099-MISC)	from the
	related	SE SE	Taste			bensa		(W-2/1099-MISC)		organization
	organizations below	La t	bonal		l ge	at com	_			and related organizations
	line)	ndivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) JOSEPH TRAUTH	0.30		_	<u> </u>		-				
VICE PRESIDENT		X		Х				0.	0.	0.
(2) JOE PLATT	0.30									
MEMBER AT LARGE		X						0.	0.	0.
(3) ALEX TORNERO	0.30									
SECRETARY		X	<u> </u>	X				0.	0.	0.
(4) KEN TAYLOR	0.30							_	_	_
TREASURER		X		X				0.	0.	0.
(5) PHIL BURRESS	2.00	-							56.040	
PRESIDENT		-	_	X			_	0.	76,948.	1,319.
		-								
			-		├_		-			
		-								
			1		┢	-	 			
		1								
		1								
		1		1					•	
# W * * * * * * * * * * * * * * * * * *										-
		1								
				<u>L</u>	L					
		1								
		<u> </u>	ļ	_	<u> </u>					
		1				1				
		<u> </u>		<u> </u>	_					
		1								
		1	-	-	-	1	-			
		1								
		\vdash	1	\vdash	\vdash	\vdash	-			
	ı	1	1	1	1	1	1	1	I	i

Form 990 (2012)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st <u>C</u>	ompensated Employe	es (continued)				
	(A)	(B)			-	C)			(D)	(E)	1		(F)	
	` Name and title	Average	Position (do not check more than one					one	Reportable	Reportable			tımate	
		hours per week	box	, unle	ss pe	rson	s bot	h an	compensation	compensatio			ount o	of
		(list any					T		from the	from related organizations			other pensa	tion
		hours for	Individual trustee or director				D.		organization	(W-2/1099-MIS			om the	
		related	88	sge .			nsate		(W-2/1099-MISC)	(11 = 11 = 11 = 11 = 11 = 11 = 11 = 11	,		anızatı	
		organizations	E T	Institutional frustee		86	Highest compensated employee					and	d relate	ed
		below	wdu	tttp	Officer	Key employee	plest	Former				orga	ınızatı	ons
		line)	르	<u>ह</u>	8	<u>ş</u>	₹.₽	굔						
							_							
					-	 	 	ļ	-					
			1											
								ļ <u> </u>						
			1											
				 	\vdash							-		
			1											
			1											
				\vdash		┢	-		· · · · · ·					
			1											
	-						<u> </u>							
			1											
						1								
1 b	Sub-total	•					▶		0.	76,9	48.		1,3	19 .
c	Total from continuation sheets to Part V	II, Section A					>		0.		0.			0.
d	Total (add lines 1b and 1c)						>		0.	76,9	48.		1,3	19.
2	Total number of individuals (including but i	not limited to th	ose	liste	ed a	bov	e) wl	no re	eceived more than \$100	,000 of reportab	le			
	compensation from the organization													0
											,		Yes	No
3	Did the organization list any former officer			e, ke	y er	mplo	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for	such individual									1	3		_X_
4	For any individual listed on line 1a, is the s	-								the organization				
	and related organizations greater than \$15			-							-	4		X
5	Did any person listed on line 1a receive or	· · · · · · · · · · · · · · · · · · ·				_		elat	ed organization or indiv	idual for services	,			v
	rendered to the organization? If "Yes," con	<u>nplete Schedul</u>	e J 1	or s	uch	per	son					5		X
	tion B. Independent Contractors									A400.000 f				
1	Complete this table for your five highest co										npensa	ation i	rom	
	the organization Report compensation for	the calendar y	ear	enai	ng v	with	or w	ıtnır		year.		10	••	
	(A) Name and business	s address	N	іис	FT.				(B) Description of s	services	С)) eamo	<i>ハ</i> nsatio	'n
			-11	<u> </u>										
								\neg	· · · · · · · · · · · · · · · · · · ·					
								\neg						
								ĺ						
								_						
													-	
2	Total number of independent contractors	including but r	ot l	mıte	d to	the	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	ization 🕨					0				<u> </u>			

232008

Pa	rt VI	Statement of Rever		to any question i	n thie Part VIII			
***************************************		Offect if achequie O cont	iams a response	to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ats I	1 a	Federated campaigns	1a					
盲	b	Membership dues	1b					
Am (c	Fundraising events	1c					
声	c	Related organizations	1d					
is,	e	Government grants (contribut	tions) 1e					
is	f	All other contributions, gifts, gran	nts, and					
		similar amounts not included abo	ve 1f	803,521.				
10 d	ç	Noncash contributions included in lines		997.				
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	Total. Add lines 1a-1f		•	803,521.			
				Business Code				
8	2 a)				_		_
e Z	t	·						
n S	C	·					 -	ļ
Program Service Revenue	C	d						
	•	•						-
		All other program service reve	enue					1
-		Total. Add lines 2a-2f		<u> </u>				
	3	Investment income (including	ı dividends, intere	_				
	_	other similar amounts)					······	
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties	0.0.1	(A) D				
	_		(ı) Real	(II) Personal				
	6 a							
		Less: rental expenses						
		Rental income or (loss)						
		d Net rental income or (loss) a Gross amount from sales of	(i) Coourition				······································	
	/ 6	assets other than inventory	(i) Securities	(II) Other				
		b Less: cost or other basis						
	•	and sales expenses						
	,	Gain or (loss)						
		d Net gain or (loss)		•				
		Gross income from fundraising	na events (not					
Other Revenue		including \$						
eve		contributions reported on line						
π.		Part IV, line 18	a					
돭	ŧ	b Less: direct expenses	b					
0	(Net income or (loss) from fun	draising events	•				
	9 a	a Gross income from gaming a	ctivities. See					
		Part IV, line 19	а					
į	ŧ	b Less: direct expenses	b					
	(Net income or (loss) from gar	ming activities					
	10 a	a Gross sales of inventory, less	s returns					
		and allowances	а					
	t	b Less: cost of goods sold	b					
		Net income or (loss) from sale	es of inventory	•				
		Miscellaneous Reveni	ue	Business Code				
	11 a	MISCELLANEOUS			6,101.	6,101.		<u> </u>
	t	b			-			<u> </u>
	•	c					<u> </u>	
	•	d All other revenue		L				
	•	e Total. Add lines 11a-11d		•	6,101.			<u> </u>
22200	12	Total revenue. See instructions		<u> </u>	809,622.	6,101.	0.	
23200 12-10	-12							Form 990 (2012)

Part IX Statement of Functional Expenses

<i>D</i> -	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	1 000	1 000		
	organizations in the United States See Part IV, line 21	1,000.	1,000.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	144,404.	130,155.	14,249.	
7	Other salaries and wages	144,404.	130,133.	14,249.	
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	14,203.	12,808.	1,395.	
0	Payroll taxes	14,203.	12,000.	1,355.	
1	Fees for services (non-employees):				
a	Management _	2,877.	2,339.	538.	
b	Legal	2,011.	2,333.	330.	
C	Accounting	_			
d	Lobbying Professional fundraising services See Part IV, line 17				
e f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O)	141,180.	42,422	98,758.	
2	Advertising and promotion	38,125.	42,422. 38,125.	207.000	
3	Office expenses	102,384.	50,809.	51,575.	
4	Information technology				
5	Royalties				
6	Occupancy	51,034.	46,172.	4,862.	
7	Travel	55,746.	50,481.	5,265.	
8	Payments of travel or entertainment expenses		•	,	
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	200.	200.		
20	Interest				
!1	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,248.		7,248.	· · · · · · · · · · · · · · · · · · ·
23	Insurance	4,005.	2,697.	1,308.	
4	Other expenses Itemize expenses not covered	· · · · · · · · · · · · · · · · · · ·	-		•••••
	above (List miscellaneous expenses in line 24e If line			1	
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MET EDUONE	97,237.	2,820.	94,417.	
b	POSTAGE	35,813.	34,020.	1,793.	
c	PRINTING	34,059.	24,527.	9,532.	<u> </u>
d	EVENT	22,013.	22,013.		
е	All other expenses	37,116.	28,326.	8,790.	
5	Total functional expenses. Add lines 1 through 24e	788,644.	488,914.	299,730.	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here Inf following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) End of year Beginning of year 19,530. 56,969. 1 Cash · non-interest-bearing 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 105,749. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 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 instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 479. 2,654. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 36,240. 7,248. 10a basis. Complete Part VI of Schedule D 28,992. 0. b Less: accumulated depreciation 10b 10c 11 11 investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 200. 15 Other assets. See Part IV, line 11 15 57,448. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 78,699. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 57,448. 78,426. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 78,426. 157,125. 57,448. 33 Total net assets or fund balances 57,448. Total liabilities and net assets/fund balances

Form 990 (2012)

Form	n 990 (2012) CITIZENS FOR COMMUNITY VALUES ACTION,	20-1036	370	Pag	ne 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8	788 20	3,6),9	22. 44. 78. 48.
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	78	3,4	26.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				بيا
1 2a	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (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 separate basis, consolidated basis, or both: Separate basis Other Other Description:		2a	Yes	X
	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 consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		2b		X
	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 Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sina Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.	gle Audit	2c 3a		х
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 ((2012)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

Under section 501(s) and section 527

2012

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.

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.

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

ivame or orga					byer identification number
		S FOR COMMUNITY			20-1036370
Part I-A	Complete if the or	ganization is exempt und	er section 501(c) o	or is a section 527 o	rganization.
	expenditures	zation's direct and indirect politic	al campaign activities in	Part IV. ▶\$	281,054. 700.
Part I-B	Complete if the or	ganization is exempt und	er section 501(c)(3	3).	
		incurred by the organization und		▶ \$	
2 Enter the	amount of any excise tax	incurred by organization manage	ers under section 4955	▶\$	
3 If the org	anization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a co	prrection made?				Yes No
1 222	describe in Part IV.		504(-)		1/01
Part I-C		ganization is exempt und			
		d by the filing organization for se	•		280,054.
		nization's funds contributed to ot	her organizations for sec	ition 527	1,000.
="	unction activities	s. Add lines 1 and 2. Enter here a	and an Form 1120-POI	•	1,000.
line 17b	ampt function expenditure	s. Add illies T and 2. Effet fiele a	ind on Form 1120-FOL,	▶ ¢	281.054.
	ling organization file Form	1120-POL for this year?		ν Ψ	281,054. Yes X No
made pa contribut	yments For each organizations received that were p	mployer identification number (Ei ation listed, enter the amount pai romptly and directly delivered to additional space is needed, prov	d from the filing organiza a separate political organ	tical organizations to whic ition's funds. Also enter th nization, such as a separa	h the filing organization e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
LIFE &	MARRIAGE PAC	ALEXANDRIA, VA 22314	60-0438531	1,000.	0.
For Paperwo	rk Reduction Act Notice,	see the Instructions for Form 9	990 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2012

232041

LHA

17

SEE PART IV FOR CONTINUATION

2012.05000 CITIZENS FOR COMMUNITY VALU 34060_2

Schedule C (Form 990 or 990-EZ) 2012	CITIZENS FO	R COMMUNITY	VALUES ACT	ON, 20-	1036370 Page 2
Part II-A .Complete if the org	anization is exer	mpt under section	n 501(c)(3) and file	ed Form 5768	
(election under sec	tion 501(h)).				,,
A Check If the filing organiza	tion belongs to an affi	liated group (and list ii	n Part IV each affiliated	group member's na	ne, address, EIN,
expenses, and shar	re of excess lobbying	expenditures).			
B Check ▶ ☐ If the filing organiza	tion checked box A ar	nd "limited control" pro	ovisions apply.		
Limit	ts on Lobbying Expe	nditures		(a) Filing	(b) Affiliated group
		ınts paid or incurred.)	organization's totals	totals
1 a Total lobbying expenditures to influ	uence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influ	uence a legislative boo	dy (direct lobbying)	_		
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	s (add lines 1c and 1c	d)			
f Lobbying nontaxable amount. Ente	er the amount from the	e following table in bot	th columns.	•	
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	1	00 plus 10% of the exc	- 11		
Over \$1,500,000 but not over \$17,	,000,000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
Creamanta anatovahla associat (an					
g Grassroots nontaxable amount (en	•				-
h Subtract line 1g from line 1a. If zer					
i Subtract line 1f from line 1c. If zero	*	lone 41 along the autonomic	L		
j If there is an amount other than ze		line 11, did the organiz	ation file Form 4/20		
reporting section 4911 tax for this			· Castian FO1/b)		Yes No
(Some organia		eraging Period Under	r Section 501(n) n do not have to comp	lete all of the five	
, ,			es 2a through 2f on page		
		nditures During 4-Ye			
Calendar year	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
(or fiscal year beginning in)	(4) 2000	(0) 2010	(0) 2011	(4) 2012	(o) rotal
2a Labbuina nantauabla amaurat					
2a Lobbying nontaxable amount					
b Lobbying celling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990 EZ) 2012 CITIZENS FOR COMMUNITY VALUES ACTION, 20-1036370 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(b)		
of the lobbying activity.	Yes	No	Amo	unt	
During the year, did the filing organization attempt to influence foreign, national, state or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)	?				
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?	<u> </u>				
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		(F) or or	-41		
Part III-A Complete if the organization is exempt under section 501(c)(4), 9 501(c)(6).	section 501(c)	(5), or se	ection		
			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	?	3			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answ answered "Yes." 1 Dues, assessments and similar amounts from members	ered "No," O	(b) Par	t III-A, IIr	ie 3, is	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	political				
expenses for which the section 527(f) tax was paid).	•				
a Current year		2a			
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) di	ues	3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the excess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	g and political				
expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information					
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, lin	e 5; Part II-A (affili	ated group	list); Part II-	A, line 2	
and Part II-B, line 1. Also, complete this part for any additional information.					
PART I-A, LINE 1:					
GRASSROOTS GET OUT THE VOTE EFFORTS AND INDEPENDEN	י מגעטטעט פֿע	rmunna	TNI		
GRASSROOTS GET OUT THE VOTE EFFORTS AND INDEPENDEN	I EVEEND	LTUKES	IN		
SUPPORT OF AND OPPOSITION TO FEDERAL CANDIDATES.					
PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS	INFORMAT	ION:			

232043

Schedule C (Form 990 or 990-EZ) 2012 CITIZENS FOR COMMUNITY VALUES ACTION, Part IV Supplemental Information (continued)	20-1036370 Page 4
LIFE & MARRIAGE PAC	
901 N WASHINGTON ST, STE 700 ALEXANDRIA, VA 22314	
	-

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

CITIZENS FOR COMMUNITY VALUES ACTION,

Employer identification number 20-1036370

Pai		l Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6. (a) Donor advised funds	(b) Funds and other accounts
_	<u></u> -	(a) Donor advised funds	(b) I dilas alla other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	the state of the s	- J. C
5	Did the organization inform all donors and donor advisors in w		
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	Yes No
Do	mpermissible private benefit? II Conservation Easements. Complete if the organization	anization answered "Ves" to Form 990	
·	Purpose(s) of conservation easements held by the organization		raitiv, mie 7.
1	, ,		storically important land area
	Preservation of land for public use (e.g., recreation or ed	· 	rtified historic structure
		Freservation of a ce	Tilled Historic Structure
•	Preservation of open space	ad conservation contribution in the form	of a consequation essement on the last
2	Complete lines 2a through 2d if the organization held a qualification of the tay year	ed conservation contribution in the form	I of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
-	Total number of conservation easements		2a
a b	Total acreage restricted by conservation easements	•	2b
0	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	: ·	
u	listed in the National Register	inter 6, 17700, and not on a mistorio struc	2d
3	Number of conservation easements modified, transferred, rele	eased extinguished or terminated by the	
•	year	sased, extinguished, or terrimated by the	to organization doming the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri		f
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		during the year
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?	,,	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati		
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in further	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of p	bublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financ	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		► \$ ► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

Sched	dule D (Form 990) 2012 CITIZENS	S FOR	COMM	UNITY	VALU	ES AC	TION,		20-10	<u> 36370</u>	Page 2
	t III Organizations Maintaining C	ollectio	ns of Ar	rt, Histo	rical Tr	easures	s, or Oth	<u>er Simil</u>	ar Asse	ts (contini	ued)
3	Using the organization's acquisition, accession										
	(check all that apply):										
а	Public exhibition		d	ı 🔲 L	oan or exc	hange pro	ograms				
b	Scholarly research		е	. 🗆 o	ther			.,			
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections a	ınd explai	n how the	y further t	he organiz	zation's exe	empt purp	ose ın Par	t XIII.	
5	During the year, did the organization solicit o	r receive d	onations (of art, his	torical trea	sures, or	other sımıla	ır assets		_	
	to be sold to raise funds rather than to be ma	aintained a	s part of t	he organ	zation's co	ollection?				Yes	No
Par	Escrow and Custodial Arrange reported an amount on Form 990, Par	-	-	ete if the d	organizatio	n answer	ed "Yes" to	Form 990), Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodi	an or othe	r intermed	diary for c	ontribution	ns or othe	r assets no	t included		_	
	on Form 990, Part X?				•				L_	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and comp	ete the fo	llowing ta	ble:				,		
										Amount	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year			•				1e			
f	Ending balance							1f	l		
	Did the organization include an amount on Fe									Yes	Щ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete	f the organ	ization ar	swered "	Yes" to Fo	rm 990, F	Part IV, line		_		
		(a) Curre	ent year	(b) Pr	or year	(c) Two	years back	(d) Three	years back	(e) Four	years back_
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs					<u> </u>					
f	Administrative expenses										
g	End of year balance							L			
2	Provide the estimated percentage of the cur	rent year e	nd baland	ce (line 1g	, column (a)) held as	3:				
а	Board designated or quasi-endowment			%							
þ	Permanent endowment ►	%									
C	Temporarily restricted endowment ▶		%								
	The percentages in lines 2a, 2b, and 2c show	uld equal 1	00%.								
За	Are there endowment funds not in the posse	ession of th	ne organiz	ation that	are held a	and admir	nistered for	the organ	ızatıon	_	
	by:										Yes No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" to 3a(II), are the related organization:	s listed as	required o	on Sched	ule R?					3b	
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipn	n ent. See	Form 990	0, Part X,	line 10.		•				
	Description of property		Cost or c			t or other (other)		Accumulat epreciation		(d) Book	value
1a	Land										
b	Buildings				<u> </u>						
С	Leasehold improvements										
d	Equipment										
e_	Other				3	36,24	0.	7,2	248.	28	3,992.
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form	990, Pari	t X, colum	n (B), line	10(c).)			▶	28	3,992.

Schedule D (Form 990) 2012

	R COMMUNITY V		7, 20-	L036370 Page 3
(a) Description of security or category (including name of security)	e Form 990, Part X, line 1: (b) Book value		ation: Cost or end-o	-vear market value
(1) Financial derivatives	(b) BOOK Value	(c) Method of Value	ation: Cost of Char	- Joan Market Value
(2) Closely-held equity interests				
(3) Other				
(A)	,			
(B)				
(C)				
(D)		ļ		
(E)		-		
<u>(F)</u>		-		
(G)				
(H) (l)		-		
Total (Col (b) must equal Form 990, Part X, col (B) line 12)			,	· · · · · · · · · · · · · · · · · · ·
Part VIII Investments - Program Related. S	ee Form 990. Part X. line	13.		
(a) Description of investment type	(b) Book value		ation: Cost or end-o	f-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		-		
(8)		 	,	
<u>(9)</u> (10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)				······································
Part IX Other Assets. See Form 990, Part X, line	15.	h_		
	Description			(b) Book value
(1)				
(2)				
(3)	·			
(4)				
(5)				
(6)	<u> </u>	<u> </u>		
(7)				
(8)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) lir	ne 15.)	,	>	
Part X Other Liabilities. See Form 990, Part X,				
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(4)				
(5)				
/6\				
(6)				
(7)				
(7) (8)				
(7) (8) (9)				
(7) (8) (9) (10)				
(7) (8) (9)	ne 25.)			
(7) (8) (9) (10) (11)	.0 20.7	organization's financial s	 tatements that repo	rts the organization's
(7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ext of the footnote to the		een provided in Part	

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.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CITIZENS FOR COMMUNITY VALUES ACTION,

Employer identification number 20-1036370

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

AS 2012 WAS AN ELECTION YEAR WE EDUCATED THE PUBLIC ON THE ELECTION ISSUES AND THEIR RESPONSIBILITY TO VOTE.

AMENDED RETURN

THE RETURN IS BEING AMENDED TO REPORT POLITICAL CAMPAIGN ACTIVITY EXPENDITURES MADE BY THE ORGANIZATION, WHICH WERE INADVERTENTLY CLASSIFIED AS PROGRAM-RELATED EXPENDITURES ON THE ORIGINALLY FILED RETURN AND INADVERTENTLY OMITTED FROM SCHEDULE C. THE FOLLOWING FORMS AND SCHEDULES HAVE BEEN UPDATED TO REFLECT THESE CHANGES: (1) FORM 990, PART III, LINES 4A, 4B AND 4E, (2) FORM 990, PART IX (REPORTING POLITICAL CAMPAIGN ACTIVITY EXPENDITURES AS GENERAL EXPENSES (IN COLUMN RATHER THAN AS PROGRAM SERVICE EXPENSES (IN COLUMN B), AS ORIGINALLY REPORTED); AND (3) FORM 990, SCHEDULE C. THE CONTRIBUTION IN THE AMOUNT OF \$4,825 ORIGINALLY REPORTED ON SCHEDULE C, PART I-C, LINE 2 WAS DIRECTLY EXPENDED BY THE ORGANIZATION (IN THE FORM OF SERVICES PERFORMED ON BEHALF OF THE ORGANIZATION'S PAC), AND HAS BEEN INCLUDED IN THE TOTAL ON PART I-C, LINE 1.

FORM 990, PART VI, SECTION B, LINE 11: IT IS THE POLICY THAT THE BOARD OF DIRECTORS REVIEW THE FORM 990 BEFORE IT IS FILED WITH THE IRS. THE ORGANIZATION'S FORM 990 IS PROVIDED TO EACH BOARD MEMBER VIA EMAIL OR POSTAL MAIL PRIOR TO THE FILING DEADLINE FOR REVIEW, QUESTIONS AND POSSIBLE REVISIONS.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047 2012 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ➤ Attach to Form 990. ► See separate instructions.

CITIZENS FOR C	COMMUNITY VALUES AC	TION,			20-1036	3/0		
Part I Identification of Disregarded Entities (Complet	· · · · · · · · · · · · · · · · · · ·		3.)					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	eme End-of-yea	r assets Direct	s Direct controlling entity		
Part It Identification of Related Tax-Exempt Organizations during the tax year.)	ations (Complete if the organization a	answered "Yes" to Form 990	0, Part IV, line 34 b	ecause it had one	or more related tax-exe	mpt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?	
-		,		501(c)(3))		Yes	No	
CITIZENS FOR COMMUNITY VALUES - 31-1075684	PUBLIC AWARENESS OF DESTRUCTIVE IMPACT						,,	
CINCINNATI, OH 45241 CITIZENS FOR COMMUNITY VALUES FOUNDATION INC	PORNOGRAPHY AND DEFENSE OF DRGANIZATION'S PURPOSE IS	OHIO	501(C)(3)	LINE 7			X	
- 31-1787824, 11177 READING ROAD, CINCINNATI, OH 45241	TO RAISE MONEY FOR LONG TERM FUNDING OF CCV	оніо	501(C)(3)	LINE 9	CITIZENS FOR COMMUNITY VALUES		х	
EQUAL RIGHTS NOT SPECIAL RIGHTS, INC - 31-1393103, 11177 READING ROAD, CINCINNATI	SUPPORTS EQUAL RIGHTS/OPPOSES SPECIAL				CITIZENS FOR			
OU 45241	DICUMO BACED ON CEVITAL	DHIO	501(C)(3)	T.TNR 7	COMMUNITY VALUES		X	

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2012

Page 2

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

organizations treated as a partitioning the tax year,													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(i)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	1		Disproportion- ate allocations?		Code V-UBI amount in box	General of managing partner?	Percentage ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes No			
							-			 			
					1								
					<u> </u>		 			-	 		
									[
		<u> </u>				<u> </u>					<u> </u>		

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign Direct controlling entity Type of entity Share of total State or foreign Or frust) Or frust)				(g) Share of end-of-year assets	(h) Percentage ownership	contr		
		country)						Yes	No_	
								}	İ	
									ĺ	
								1		
					-	"	-			
	1 !	1							/	
								!		
	1									
	1	İ								
	1									
	1							'		
		20			··					

Part \ Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1	During the tax year, did the organization engage in any of the following transactions	s with one or more r	elated organizations listed	ın Parts II-IV?		ļ	•				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				_1a		<u>X</u>				
b	Gift, grant, or capital contribution to related organization(s)				1b	<u> </u>	<u>X</u>				
С	Gift, grant, or capital contribution from related organization(s)				1c		X				
d	Loans or loan guarantees to or for related organization(s)				1d		X				
е	Loans or loan guarantees by related organization(s)				1e		X				
f	Dividends from related organization(s)				1f		<u>X</u>				
g	Sale of assets to related organization(s)				<u>1g</u>		X				
h	h Purchase of assets from related organization(s)										
i	Exchange of assets with related organization(s)				1i		<u>X</u>				
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X				
k	Lease of facilities, equipment, or other assets from related organization(s)										
- 1	Performance of services or membership or fundraising solicitations for related organization(s)										
m	m Performance of services or membership or fundraising solicitations by related organization(s)										
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
0	Sharing of paid employees with related organization(s)				10	X					
р	Reimbursement paid to related organization(s) for expenses				1p		_X_				
q	Reimbursement paid by related organization(s) for expenses				1 q		X				
r	Other transfer of cash or property to related organization(s)				1r		<u>X</u>				
s	Other transfer of cash or property from related organization(s)				1s		X				
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete t	his line, including covered	relationships and transaction thresholds.							
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved						
(1)			,								
(2)											
(3)											
(4)											
(5)						. <u> </u>					
		ı	ı								

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN	(a) (b) (c) (d) (e) Are all partners see		e) all	(f) Share of	(g) Share of		h)	(i)	(j) Genera	(k)		
of entity	Frimary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under section 512-514)	501(c	s sec ()(3)	total	end-of-year assets		ropor- nate itions?		managi	ownership
		country)	under section 512-514)	Yes	No	Income	asseis	Yes	No	(Form 1065)	Yes N	0
											1 1	
								Ī				
	1											
	1											
				1	_			+				-
	-											
	_											
				igsquare				↓				
	1											ŀ
				\Box								
	-]							1	Ì
	-							1		Ì	}	
	-											
				\vdash				╄	<u> </u>			<u> </u>
									1			
]											
									L			
	1									1		
	1											
	1								1			
	<u> </u>			\vdash				\vdash	\vdash			
	-											1
	-											
]					į						
									<u> </u>	L	Ш.	200) 2010

Schedule R (Form 990) 2012 CITIZENS FOR COMMUNITY VALUES ACTION, 20-1036370 Page 5
Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
NAME OF RELATED ORGANIZATION:
CITIZENS FOR COMMUNITY VALUES
PRIMARY ACTIVITY: PUBLIC AWARENESS OF DESTRUCTIVE IMPACT PORNOGRAPHY AND
DEFENSE OF FAMILY
NAME OF RELATED ORGANIZATION:
EQUAL RIGHTS NOT SPECIAL RIGHTS, INC
PRIMARY ACTIVITY: SUPPORTS EQUAL RIGHTS/OPPOSES SPECIAL RIGHTS BASED ON
IKIIMKI MCIIVIII. BOITOKIB BQOIM KIGHIB/ OITOBBB BIBGIRM KIGHIB BIBBB OI
SEXUAL BEHAVIOR

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box		•	· [X]
If you a	re filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II (on page 2 of t	hıs form).		
Do not co	omplete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previous	ly filed For	m 8868.	
Electronic	c filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tim	e to file (6	months for a corp	oration
equired to	o file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically fil	le Form 88	68 to request an e	extension
	file any of the forms listed in Part I or Part II with the exc					
	Benefit Contracts, which must be sent to the IRS in paper					
	irs.gov/efile and click on e-file for Charities & Nonprofits.				***	
Part I	Automatic 3-Month Extension of Time	. Only s	ubmit original (no copies nee	eded).		
A corpora	tion required to file Form 990-T and requesting an auton					
art I only			-		. •	· 🔲
	orporations (including 1120-C filers), partnerships, REM me tax returns.	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time	
Гуре or orint	Name of exempt organization or other filer, see instruc	ctions.		Employer	identification num	ber (EIN) or
file by the	CITIZENS FOR COMMUNITY VALU	JES A	CTION,		20-10363	70
due date for iling your	Number, street, and room or suite no. If a P.O. box, so 11177 READING ROAD	ee instruc	tions.	Social se	curity number (SSI	V)
etum See nstructions	City, town or post office, state, and ZIP code. For a for CINCINNATI, OH 45241-1997	oreign add	ress, see instructions.			
						0 1
inter the	Return code for the return that this application is for (file	a separa	te application for each return)			
Application		Return				
s For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	BL	02	Form 1041-A			08
Form 472	0 (Individual)	03	Form 4720			09
Form 990	PF	04	Form 5227			10
Form 990	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	T (trust other than above)	06	Form 8870			12
Teleph If the c	CHRIS KERBER coks are in the care of ► 11177 READING II one No. ► 513-733-5775 organization does not have an office or place of business as for a Group Return, enter the organization's four digit	s in the Ur Group Exe	FAX No. inted States, check this box emption Number (GEN) I	f this is fo	= -	
oox ▶ L	If it is for part of the group, check this box 🕨	and atta	ich a list with the names and EINs of	f all memb	<u>ers the extension i</u>	s for.
ıs fo	or the organization's return for: X calendar year 2012 or	t organiza	tion return for the organization name		The extension	
►l	tax year beginning	, an	d ending		_ •	
2 If th	e tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return	Fınal retur	n	
	is application is for Form 990-BL, 990-PF, 990-T, 4720, refundable credits. See instructions.	or 6069, e	nter the tentative tax, less any	3a	\$	0.
	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and			
	mated tax payments made. Include any prior year overp			3ь	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa					
	using EFTPS (Electronic Federal Tax Payment System).	-		3с	\$	0.
	If you are going to make an electronic fund withdrawal v			orm 8879-	EO for payment ins	structions.
	or Privacy Act and Paperwork Reduction Act Notice,				Form 8868 (F	

223841 01-21-13