Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2012 Open to Public

Department of the Treasury

lung benefit trust or private foundation) Inspection Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning 2012, and ending Check if applicable C Name of organization CORRECTIONAL ASSOCIATION D Employer identification number Doing Business As 52-1833594 Address change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite $^\prime$ o Kate Leonard 700 New Hamp. Ave (202) 672-5579409 Initial return City, town or post office, state, and ZIP code Terminated G Gross 386,783 Washington DC 20037 Amended return receipts \$ Name and address of principal officer: Yes X No Application pending H(a) is this a group return for affiliates? See attachment #1 Yes H(b) Are all affiliates included? 501(c)(3) X 501(c)(6) (insert no.) Tax-exempt status: 4947(a)(1) or 527 If "No." attach a list, (see instructions) J Website: ► N / A H(c) Group exemption number ▶ Corporation L Year of formation. K Form of organization M State of legal domicile Part I Briefly describe the organization's mission or most significant activities ASSOCIATION REPRESENTING SOME 25 VENDORS DEDICATED TO THE ACTIVITIES PURSUIT OF EFFORTS THAT WILL FOSTER AND PROTECT THE FEDERAL AND OVERNANC STATE PRISON INMATE WORK PROGRAMS AND CVA MEMBERS Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 & 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 386,783 323,556 q Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3;-4, and 7d), 10 11 12 323,556 386,783 13 14 15 Salaries, other compensation, employee benefits (Part.IX, column (A), lines 5-10) 16a Total fundraising expenses (Part IX, column (D), line 25) 323,978 394,297 17 323,978 394,297 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) -422 -7,514Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year **End of Year** 228 20 F 21 228 Ĕ 22 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 (of ner than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here KATHLEEN A LEONARD

Type or print name and title Preparer's signate Print/Type preparer's name Paid Alfred Pinkett **Preparer** Firm's name ► HRB TAX GROUP Use Only Firm's address ▶ 2020 K ST NW WASHINGTON DC 20006

May the IRS discuss this return with the preparer shown above? (see inst For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2012) CORRECTIONAL VENDORS ASSO 52-1833594	Page 2
Par	t III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response to any question in this Part III	П
1	Briefly describe the organization's mission:	
	CVA ASSOCIATION REPRESENTING SOME 25 VENDORS DEDICATED TO THE	
	PURSUIT OF EFFORTS THAT WILL FOSTER AND PROTECT THE FEDERAL AND	
	STATE PRISON INMATE WORK PROGRAMS AND CVA MEMBERS	
	DITTE TREES THE WORK TROOTERS THE CALL THE HERE	
2	Did the organization undertake any significant program services during the year which were not listed on	
-	the prior Form 990 or 990-EZ? Yes	X No
		Мис
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	⊠ 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 \$ 381,691 including grants of \$) (Revenue \$	١)
	See attachment #2	′
	oce accasiment #2	
4b	(Code) (Expenses \$	١
	Total grants of \$	
		-
		·
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
_		_
4d	Other program services (Describe in Schedule O.)	
-	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses > 381,691	
70	TORREDIONIGHT SCIVICE CAUCHSES F JULY USI	

Form 990 (2012) CORRECTIONAL VE
Par IV Checklist of Required Schedules CORRECTIONAL VENDORS ASSO 52-1833594 Page 3 Yes No

				1.10
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		<u></u>	<u> </u>
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-	-	<u> </u>
-	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,	<u> </u>		
_	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		<u> </u>	
	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			1
	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			1
	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,			-21
	permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX,		(48	
• •	or X as applicable		411	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule		PKARS	
_	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	IIIa		+^
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	110		<u> </u>
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	116	-	 ^
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	114		_v
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	l le	 	┼^
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		<u> </u>	 ^
14-4	Schedule D. Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120	 	+^
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ŀ	\ \v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	13	-	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		<u> </u>
J	business, investment, and program service activities outside the United States, or aggregate foreign investments		1	
	valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV	146		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	 	X
13	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	4-		\ \nu
16	·	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			١,,
47	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			,,
40	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,	1		
40	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?			
00-	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? N./A	20b	000	(0015)
JVA	12 9903 TWF 990 Copyright Forms (Software Only) – 2012 TW	Form	330	(2012)

			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 IIII	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $\dots N / A$	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? $\dots N/A$	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,			
	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes,"			
	complete Schedule L, Part i	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of			
	any of these persons? If "Yes," complete Schedule L, Part III	27	1151700	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):	8.		1.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			
	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
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, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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?			l
	Note. All Form 990 filers are required to complete Schedule O	38		X

an	 -			П
	Check if Schedule O contains a response to any question in this Part V	<u>· · · · · </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		4 4	C . & `
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			1 1 1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	2		
	gaming (gambling) winnings to prize winners?	1c		Х
2a			,	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			-3/2
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? N/A	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	× 0.		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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		X
b	If "Yes," enter the name of the foreign country:	200	\$3.E}	î.J.
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	44.	ing.	1000
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		CE LARGE O
7	Organizations that may receive deductible contributions under section 170(c).		3-8 40 8	, ,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		3	36,018
	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		فسيفا	4.4
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	de Min	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			are.
	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	سافكة الأفاد	X
9	Sponsoring organizations maintaining donor advised funds.	VA 13	3,11,18	1
a	Did the organization make any taxable distributions under section 4966?	9a	512:11 TA	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:	7 A. P.	(g-188)	17/2/23
а	Initiation fees and capital contributions included on Part VIII, line 12		440	**
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		1	25
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			N. 34
b	Gross income from other sources (Do not net amounts due or paid to other sources		Z.	* Z.
	against amounts due or received from them.)	18.33		1.16.300
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Х
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1 *	30.25	;
13	Section 501(c)(29) qualified nonprofit health Insurance issuers.	·,	** ***	130
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Х
	Note. See the instructions for additional information the organization must report on Schedule O.	是意	34.00 31.00	7 .
b	Enter the amount of reserves the organization is required to maintain by the states in which	1944		r Xiv.
	the organization is licensed to issue qualified health plans	186.78	* *	ľ
C	Enter the amount of reserves on hand	*	,} \$	4/5
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 N √A	14b	1	

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								
Secti	on A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a		8	****					
	If there are material differences in voting rights among members of the governing body,	440	* 10						
	or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b									
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	SNY 7.52	X					
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		x					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
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?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,								
_	or persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		T. 13.	1					
•	by the following:								
а	The governing body?	8a	MARCH LET	X					
b	Each committee with authority to act on behalf of the governing body?	8b		X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		<u> </u>					
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X_					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>							
	The state of the s		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100							
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots N/A$	10b							
11a		11a		X					
b		10.01	W-74						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X					
. <u></u>	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			<u> </u>					
_	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 is 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		X					
15	Did the process for determining compensation of the following persons include a review and approval by	100	(2 A M	that a					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			2					
а	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b		X					
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions).	73 Y	W 14						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1							
	with a taxable entity during the year?	16a	2002.200	X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		الملطا	A.					
-	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	***	327					
Section	on C. Disclosure	100							
17	List the states with which a copy of this Form 990 is required to be filed ▶ DC								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of the state o	nlv)							
	available for public inspection. Indicate how you made these available. Check all that apply.	<i>y)</i>							
	Own website Another's website Dupon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest								
.5	policy, and financial statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the								
	organization: See attachment #3								

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- 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 hours per	Age Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	week (list any hours for related organiza- tions below)	T R U S T E E O R		OFF-CER	KEY LOYEE	HOMPLOYEE COMPENSATED	FOR MER	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
KATHLEEN A LEONARD PRESIDENT	10.00		Ž	X						
,									,	

Part	VII Section A. Officers	, Directors	s, Truste	ees, K	ey En	nploye	es, and	Highe	est Compensated E	mployees (continu	ued)
•	(A) Name and title	(B) Average hours per		box, un	t check iless pe	rson is	nan one both an /trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organiza- tions below)	I T D N R I D U R I S E V T C	TRUSTEE	O F F C E R	K E M Y L OYEE	HOMPLOYEE TED	FORMER	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	other compensation from the organization and related organizations
1b	Sub-total							. ▶			
C	Total from continuation sh		rt VII, S	ection	1 A · · ·	• • •		. ▶			
<u>d</u>	Total (add lines 1b and 1c)		<u> </u>					· · •	l	<u></u>	
2	Total number of individuals	(including l	out not li	mited	to tho:	se liste	d above) who	received more than	\$100,000 of reporta	able compensation
	from the organization										126
3	Did the organization list any on line 1a? If "Yes," complet		-	-		•	•	•	•		Yes No
4	For any individual listed on !										W TO ALL A
	organization and related org								-		4 X
5	Did any person listed on line	1a receive	or accr	ue cor	npens	ation 1	rom any	unrel	ated organization or	ındivıdual for	
	services rendered to the org		If "Yes,"	comp	lete S	chedu	le J for s	uch p	erson	<u></u>	5 X
	n B. Independent Contracto										· · · · · · · · · · · · · · · · · · ·
1	Complete this table for your compensation from the orga										tov voor
-	compensation from the orga	(A)	epoit co	mpers	Sauon	IOI INE	Caleriu	ai yeai	(B)	Title Organizations	(C)
	Name and	d business	address						Description of se	ervices	Compensation
						_		<u> </u>			
		 .						<u> </u>		· •	A SA S
2	Total number of independer				ut not	limited	to thos	e liste	d above) who receiv	ed more than	44
JVA	\$100,000 of compensation for 12 9908 TWF 990 C				v) – 201	12 TW					Form 990 (2012

386,783

JVA

d All other revenue

Part IX Statement of Functional Expenses

Section	501(c)(3) and 501(c)(4) organizations must complete all colu	ımns. All other organ	izations must comple	ete column (A)	
	Check if Schedule O contains a response to any question	ın this Part IX			
Dò not	include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D)
7b, 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				
	organizations in the United States. See Part IV, line 21				** ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
2	Grants and other assistance to individuals in				3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	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)				
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	17		17	
d	Lobbying				·
-	Professional fundraising services. See Part IV, line 17	· · · · · · · · · · · · · · · · · · ·	** , , ,	12, 1 22 1 1 2 1	
f	Investment management fees				
g g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	11,790		11,790	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royaltes				
16	Occupancy				
17	Travel	4,360		4,360	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,000		5,000	
20	Interest			· -	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above.	8. V. V.	2000) k 2000	30 - 15 Sec. 1 1 20	\$1500 CAN THE RES
	(List miscellaneous expenses in line 24e. If line 24e				The set of
	amount exceeds 10% of line 25, column (A) amount,				
	list line 24e expenses on Schedule O.)			A Carlo	
а	PROFESSIONAL FEES	372,705	372,705	18 4 4 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	TAX PRERPARATION FEE	425	<u> </u>	425	
C	THE LINENERICATION FEE				
d					
	All other expenses			 -	
e	All other expenses	394,297	372,705	21,592	
25		334,237	372,703	21,392	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here ▶ if following SOP 98-2 (ASC 958-720)		·	L	

Form 990 (2012) ASSO Page 11 CORRECTIONAL VENDORS Part X **Balance Sheet** (A) End of year Beginning of year 228 1 2 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 ASSETS 6 organizations (see instructions) Complete Part II of Schedule L. Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges . . . 9 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation 10b 10c 11 12 13 Investments -- program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11...... 15 228 16 17 Accounts payable and accrued expenses 17 18 19 20 Tax-exempt bond liabilities 20 A B 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Ī 30 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 23 Secured mortgages and notes payable to unrelated third parties 23 E 24 Unsecured notes and loans payable to unrelated third parties 3 24 228 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here │ │ and W. 1. W. 1. W. . 3 complete lines 27 through 29, and lines 33 and 34. F N E T 27 Unrestricted net assets 27 UND 28 29 Permanently restricted net assets 29

ASSETS В ALANC O R

228

30

31

32

33

34

complete lines 30 through 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ │ | and

30 Capital stock or trust principal, or current funds

31 Paid-in or capital surplus, or land, building, or equipment fund

32 Retained earnings, endowment, accumulated income, or other funds

<u>Form</u>	990 (2012)		Page 12				
Pai	Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI	<u>.</u> <u>.</u>					
'n	Total revenue (must equal Part VIII, column (A), line 12)	1	386,783				
2	Total expenses (must equal Part IX, column (A), line 25)	2	394,297				
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,514				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4					
5	Net unrealized gains (losses) on investments	5					
6							
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	<u> </u>				
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
			Yes No				
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?		2a X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b X				
	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		A				
C	If "Yes" to lines 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?	N.	.A 2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in		3. 3.				
	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?		3a X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .	N.,					
JVA	12 99012 TWF 990 Copyright Forms (Software Only) - 2012 TW		Form 990 (2012)				

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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.

OMB No. 1545-0047

2012

Open to Rublic Line partion

Department of the Treasury Internal Revenue Service

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

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

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

- 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

		organizations. Complete Part III			
	of organization	DODG - 30000T			r identification number
		DORS ASSOCIATION		52-18	
		the organization is exem			527 organization.
1		e organization's direct and indirec			
2					
3	volunteer nours		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
Part	Complete if	the organization is exem	pt under section	501(c)(3).	· · · · · · · · · · · · · · · · · · ·
1		cise tax incurred by the organizat			▶ s
2		cise tax incurred by organization			
3		a section 4955 tax, did it file Forn			
4a	_				
	If "Yes," describe in Part IV				□ · · · ·
Par	Complete if	the organization is exem	pt under section	501(c), except section	501(c)(3).
1	Enter the amount directly e activities	xpended by the filing organization	for section 527 exemp	ot function	▶ \$
2		ng organization's funds contribute			▶ \$
3	line 17b	enditures. Add lines 1 and 2. Enter			
4		le Form 1120-POL for this year?			
5	organization made paymer the amount of political cont	s and employer identification num its. For each organization listed, e inbutions received that were prom und or a political action committed	nter the amount paid fraptly and directly deliver	om the filing organization's full red to a separate political orga	nds. Also enter anization, such
	(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
(1)					
(2)					
(3)					
(4)					
(5) 					
(6)					

	(election under section 501(h)).					b)	
af tha	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description lobbying activity.	(a)		_			
JI 1/116		Yes	No		All	iount	
	During the year, did the filing organization attempt to influence foreign, national, state or local		,	* .*	* , *	r	
	legislation, including any attempt to influence public opinion on a legislative matter or	, ' ,		, ")"	3 > 1	* 1	
	referendum, through the use of:	٠٠ - <u>١</u> - ١	**************************************	3	٠,		\$8.5.
	Volunteers?			. 23	** .	`. }	
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	_		744		- 1	
	Media advertisements?						
	Mailings to members, legislators, or the public?						
	Publications, or published or broadcast statements?	_					
	Grants to other organizations for lobbying purposes?						
	Direct contact with legislators, their staffs, government officials, or a legislative body?						
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
į	Other activities?						
	Total Add lines 1c through 1			1,4 1,244		785	
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			_ 199	. مشعد	4 112:	
	If "Yes," enter the amount of any tax incurred under section 4912	•	\$				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			1 1 de	1.325.31	CMMSC (\$
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	F	01/0	×			
rai	till-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on a	Olic)(5), U	rse	cuoi	•
				_		Va	a Na
1	More substantially all (000/ or more) dues reserved pendeductible by members?				1	Yes	
	Were substantially all (90% or more) dues received nondeductible by members?				2		X
	Did the organization agree to carry over lobbying and political expenditures from the prior year?				3	_	$\frac{1}{X}$
Dar	till-B Complete if the organization is exempt under section 501(c)(4),						
1	line 3, is answered "Yes." Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political						
	expenses for which the costion 507/0 textures point		35,5				
	expenses for which the section 527(f) tax was paid).						
а	Current year		345				
a b	• • •						
_	Current year		2a				
b c	Current year		2a 2b				
ь с 3	Current year		2a 2b 2c 3				
ь с 3	Current year		2a 2b 2c				
ь с 3 4	Current year	 	2a 2b 2c 3				
ь с 3 4	Current year	 	2a 2b 2c 3				

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SCHEDULE 0

(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.

ASSOCIATION

OMB No. 1545-0047
2012
Cranto Public

Name of the organization

CORRECTIONAL VENDORS

Employer identification number

52-1833594

N/A

990 PRINCIPAL OFFICER NAME AND ADDRESS

Attachment 1: Form 990 Page 1, Line F	
Open to Public Inspection For calendar year 2012, or tax period beginning	, and ending .
Name of Organization	Employer Identification Number
CORRECTIONAL VENDORS ASSOCIATION	52-1833594
990, Page 1, Line F	
Principal officer name	LEEN A LEONARD
Street Address	NEW HAMPSHIRE AVENUE NW STE 409
U.S. Address	
Zip code 20037 - City Washington or Foreign Address	State <u>DC</u>
City	
Province or State	
Country	<u> </u>
Postal code	<u> </u>

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment Open to Public	2: F	orm 990	Page	2, Par	t III			····		
Inspection	For calen	dar year 2012	, or tax peri	, and ending .						
Name of Organizatio					Employer Ide		nber			
CORRECTION			ASSOC:		52-1833	594				
Part III - Statemer	nt of Progr									
Code [.]		Expenses:	3	81,691 _		Grants of:		Revenue):	
CVA DEDDEC	E'NIT T NI	C COME	0 E 17 E 1	Exem	IPT Purpose	e Achieveme	ents	WITE OF F	EEODEC.	
CVA REPRES WILL FOSTE AND CVA ME	R AND	G SOME PROTEC	25 VE	NDORS D	EDICA'	e Achieveme TED TO STATE	THE PURS	SUIT OF E	FFORTS RK PROG	THAT

JVA

990 BOOKS ARE IN CARE OF

Attachm	ent	3:	Form	990	Page	e 6,	Part	VI,	Sect	ion (C, :	Line	20			
Open to Pub	lic						•	•					-			
Inspection	For calendar year 2012 or tax period beginning										, and ending .					
Name of Organ	nızation		-										Employer lo	dentification	on Number	
CORRECT	IONA	L V	ENDO	RS	ASSO	CIAT	ION						52-183	<u> 3594</u>		
Part VI - Line	20															
Individual Nam or Business Name			••••		•••				KATH	LEEN	A :	LEON	ARD			
Street Address									700	NEW I	HAM	PSHI	RE AVE	NW S	STE 409	
									-							
U.S Address:																
Zip co-	de <u>2</u>	2003	7		City	<u>Was</u>	hingt	on	·		_	Sta	te <u>DC</u>			
Foreign Addres	SS															
City .																
Provin	ce or S	tate														
Countr	y								• • • • • • •						·····	
Postal	code															
Phone	Numb	er .											<u>(</u>	202)6	572-5579	
Fax Nu	ımber	• • •										• • • •	····.· –			

52-1833594

STATEMENT #1 - Membership dues (990-EO PG 9 Line 1b)								
MEMBERSHIP DUES								
TOTAL CARRIED TO 990-EO PG 9 Line 1b	386,783							
STATEMENT #2 - Management travel (990 EO PG 10 Line 17c)								
TRAVEL LODGING								
TOTAL CARRIED TO 990 EO PG 10 Line 17c	4,360							
STATEMENT #3 - Management acct. services (990 EO PG 10 Line 11cc)								
BANK SERVICE CHARGES								
TOTAL CARRIED TO 990 EO PG 10 Line 11cc	17							
STATEMENT #4 - Management other (990 EO PG 10 Line 11gc)								
SUPPLIES								
TOTAL CARRIED TO 990 EO PG 10 Line 11gc	11,790							

JVA