Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. 2015

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Vertical State Vert	A	For t	he 2015 ca	alendar year, or tax year beginning , 2015, and ending			,		
Section of the properties of	В			D Employer i	dentification number				
Total retains Total retain	H	VETEDANC FOINDATTON THE					95-3533029		
First performance Local Accounting Method: Cash Accrual Other (specify) Accidence pending Accidence pending Website: N/A H Check Minimum Method: Cash Accrual Other (specify) Accidence pending Method: Minimum Minimum Method: Minimum Mini		12021 WILSHIRE BLVD #630							
Revenue Reve	H	I OC ANCELEC CA COOSE					310 476 4100		
G Accounting Method:									
Website: N_NA						Number.	Group Exemption Number►		
Tax-exempt status (fleek only one)	G	Acco	unting Met	thod: X Cash Accrual Other (specify) ►	H Check	► X if the	organization is not		
K Form of organization:	I	Webs	site: ► N	I/A					
L Add lines 5b. 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ \$ 8,450. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	J	Tax-ex	cempt status ((Form	990, 990-E	Z, or 990-PF).		
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part) Check if the organization used Schedule 0 to respond to any question in this Part			-						
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	L	Add I asset	lines 5b, 6 ts (Part II,	c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	more, or it	f total ► \$	8,450.		
Check if the organization used Schedule O to respond to any question in this Part L 1 Contributions, gifts, grants, and similar amounts received. 2 2 Program service revenue including government fees and contracts. 2 3 Membership dues and assessments. 4 Investment income. 4 5 a Gross amount from sale of assets other than inventory. 5 a b Less: cost or other basis and sales expenses. 5 b c 6 Garinging and fundraising events and sales expenses are find and an expension of 6 Garinging and fundraising events from fundraising events (not including \$ of contributions for \$ of contributions for \$ of contributions for \$ of contributions from fundraising events (not including \$ of contributions for \$ of contributi	Pa	ırt I	Revenu	ue, Expenses, and Changes in Net Assets or Fund Balances (see	the inst	tructions f			
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21 Net assets or fund balances at end of year. Combine lines 18 through 20		20				L	11,014.		
							20 277		
	ВА					1 1	Form 990-EZ (2015)		

Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II.								
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22	Cash, savings, and investments			594	. 22	4,370.		
23	Land and buildings	CEE COUPDIII			23			
24				16,420		15,907.		
25	Total assets		L	17,014		20,277.		
26	Total liabilities (describe in Schedule O			0	. 26	0.		
27	Net assets or fund balances (line 27 of			17,014	. 27	20,277. Expenses		
Par	t III Statement of Program Service AcCheck if the organization used Sc	ccomplishments (see the hist chedule O to respond to any o	nuctions for Part III)	III X	(Da au	•		
What	s the organization's primary exempt purpose? SE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			uired for section 501 and 501(c)(4)		
Desc	ribe the organization's program service a	accomplishments for each of	its three largest prod	gram services, as		nizations; optional		
meas	ribe the organization's program service a sured by expenses. In a clear and concis fited, and other relevant information for e	e manner, describe the servi each program title.	ces provided, the nu	imber of persons	101 01	thers.)		
28	THE ORGANIZATION IS WORKI							
	(Grants \$) If th	nis amount includes foreign g	rants, check here		28 a	5,187.		
29								
	(Grants \$) If th	nis amount includes foreign g	ranta abady bara	╌╌╌╌╌	29 a			
30	(Grants \$	ils amount includes foreign g	rants, theth here		29 a			
30								
	(Grants \$) If th	nis amount includes foreign g	rants, check here	:	30 a			
31	Other program services (describe in Sch	nedule O)						
	(Grants \$) If th	nis amount includes foreign g	rants, check here	▶ 🔲	31 a			
32	Total program service expenses (add li	<u> </u>			32	5,187.		
Par	 · · · · · · · · · · · · · · · · ·							
	Check if the organization used Sc	chedule O to respond to any o	question in this Part			<u></u>		
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensa (Forms W-2/1099-MISC		ovee	(e) Estimated amount of		
	•	position	(if not paid, enter -0-)	benefit plans, and defe compensation	erred	other compensation		
PHI	LL WEISSMAN							
CFC))	1		0.	0.	0.		
	RRY_SHAW							
	SIDENT & CEO	5		0.	0.	0.		
	VEN_SOKOL	_			_	•		
	RECTOR	1		0.	0.	0.		
	<u> PRGE GIANFRANCISCO</u> CRETARY	1		0.	0.	0.		
	ODY FOXX	1		0.	0.	0.		
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BAA		TEEA0812L 1	0/12/15			Form 990-EZ (2015)		

Pai	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. X
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
33	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
ŀ	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35 c		- V
36	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	30 C		X
37 :	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	b Did the organization file Form 1120-POL for this year?	37 b		Х
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		
ŀ	b If 'Yes,' complete Schedule L, Part II and enter the total	30 a		X
39	amount involved			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities			
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
40 6				
ı	b Section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess			
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
,		70.5		$\stackrel{\wedge}{\vdash}$
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
C	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed NONE			<u> </u>
	a The organization's books are in care of ► HARRY SHAW Located at ► 12021 WILSHIRE BLVD. SUITE 630 LOS ANGELES CA ZIP + 4 ► 90025 b 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)? If 'Yes,' enter the name of the foreign country: ►	95.0 42b	315_ Yes	No X
C	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		► ☐	N/A N/A No
	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 a		X
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		X
C	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		X
ŀ	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		Х

						Yes	No
46 Did cand	the organization engage, directly or indire didates for public office? If 'Yes,' complete	ctly, in political campa Schedule C, Part I	ign activities on behalf o	of or in opposition to	46		X
Part VI							
	All section 501(c)(3) organization for lines 50 and 51.		uestions 47-49b and	d 52, and complete	the table	es	
	Check if the organization used Schedul	le O to respond to any	question in this Part VI.				<u> </u>
47 Did 1	the organization engage in lobbying activities	or have a section 501(h) election in effect during	the tax year? If 'Yes,'		Yes	No
com	plete Schedule C, Part II						Χ
	ne organization a school as described in se		·				X
	the organization make any transfers to an 'es,' was the related organization a section	•	•				X
	respond to the related organization a section replete this table for the organization's five high	-					<u> </u>
	loyees) who each received more than \$100,0				- 5		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
NONE							
f Tota	al number of other employees paid over \$7	<u> </u> ∩∩ ∩∩∩					
51 Com	pplete this table for the organization's five high	hest compensated indep	endent contractors who ea	_ ach received more than \$	3100,000 of		
com	pensation from the organization. If there i		1				
	(a) Name and business address of each independent c	ontractor	(b) Type	of service	(c) Comp	ensatio	n
NONE _							
					 		
-							
	al number of other independent contractors	.	•				
	the organization complete Schedule A? N pleted Schedule A				► X Yes	. [No
Under penalt	ties of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	including accompanying sche	dules and statements, and to the	e best of my knowledge and be			
trac, correct,	and complete. Becaused of preparer (one: than office	n) is based on an information.	or which preparer has any known	euge.			
Sign	Signature of officer	Date					
Here	HARRY SHAW	PRESIDENT			0		
	Type or print name and title Print/Type preparer's name	Preparer's signature	Date		PTIN		
	BRUCE L. BIALOSKY	BRUCE L. BIALO		Check A if	20011856	5	
Paid Preparer	Firm's name ► BRUCE L. BIALOS		NOTE 1	Son employed F	2011020	<u> </u>	
Use Only	Firm's address > 9301 WILSHIRE B						
		CA 90210-5424		Phone no. (31	.0) 273-	8250)
May the II	RS discuss this return with the preparer sh	nown above? See instr	uctions		► X Yes	,	No