**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 black lung benefit trust or private foundation)**

- Sponsoring organization of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

**For the 2011 calendar year, or tax year beginning 2011, and ending**

**A**

- Name of organization: AMERICAN VALUES ACTION
- Address: 2800 SOUTH SHIRLINGTON ROAD 950
- City or town, state or country, and ZIP + 4: ARLINGTON, VA 22206

**B**

- Check if applicable: Address change
- Check if applicable: Name change
- Initial return: 2011
- Terminated: No
- Amended return: No
- Application pending: Yes

**C**

- Employer identification number: 27-2299035
- Telephone number: (703) 671-2446

**D**

- Accounting Method: Cash
- Tax-exempt status: 501(c)(3)
- Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Yes

**G**

- 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, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Contributions, gifts, grants, and similar amounts received</td>
<td>55,000</td>
</tr>
<tr>
<td>2</td>
<td>Program service revenue including government fees and contracts</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Membership dues and assessments</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Investment income</td>
<td>4</td>
</tr>
<tr>
<td>5a</td>
<td>Gross amount from sale of assets other than inventory</td>
<td>5a</td>
</tr>
<tr>
<td>5b</td>
<td>Less cost or other basis and sales expenses</td>
<td>5b</td>
</tr>
<tr>
<td>5c</td>
<td>Gain or (loss) from sale of assets other than inventory</td>
<td>5c</td>
</tr>
<tr>
<td>6</td>
<td>Gaming and fundraising events</td>
<td>6</td>
</tr>
<tr>
<td>6a</td>
<td>Gross income from gaming (attach Schedule G if greater than $15,000)</td>
<td>6a</td>
</tr>
<tr>
<td>6b</td>
<td>Less direct expenses from gaming and fundraising events</td>
<td>6b</td>
</tr>
<tr>
<td>7a</td>
<td>Gross sales of inventory, less returns and allowances</td>
<td>7a</td>
</tr>
<tr>
<td>7b</td>
<td>Less cost of goods sold</td>
<td>7b</td>
</tr>
<tr>
<td>7c</td>
<td>Gross profit or loss from sales of inventory</td>
<td>7c</td>
</tr>
<tr>
<td>8</td>
<td>Other revenue (describe in Schedule O)</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Total revenue. Add lines 1, 2, 3, 4, 5a, 6a, 7a, 7c, and 8</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td>
<td>32,462</td>
</tr>
<tr>
<td></td>
<td>Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)</td>
<td>198</td>
</tr>
<tr>
<td></td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Net assets or fund balances at end of year. Combine lines 18 through 20</td>
<td>32,660</td>
</tr>
</tbody>
</table>
**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.

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>198.22</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>0.23</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>0.24</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>198.25</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>0.26</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>198.27</td>
</tr>
</tbody>
</table>

**Part III** Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III.

<table>
<thead>
<tr>
<th></th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)</td>
</tr>
</tbody>
</table>

28 SEE ATTACHED STATEMENT A

(Grants $0.) If this amount includes foreign grants, check here □ 28a 22,132.

29

(Grants $ ) If this amount includes foreign grants, check here □ 29a

30

(Grants $ ) If this amount includes foreign grants, check here □ 30a

31 Other program services (describe in Schedule O)

(Grants $ ) If this amount includes foreign grants, check here □ 31a

32 Total program service expenses (add lines 28a through 31a) □ 32 22,132.

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV). Check if the organization used Schedule O to respond to any question in this Part IV.

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter 0)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>GARY BAUER</td>
<td>2800 S. SHIRLINGTON ROAD ARLINGTON VA 22206 PRESIDENT</td>
<td>2.00 15,000. 0. 0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAROL BAUER</td>
<td>2800 S. SHIRLINGTON ROAD ARLINGTON VA 22206 DIRECTOR</td>
<td>1.00 0. 0. 0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DORIE BLACK</td>
<td>2800 S. SHIRLINGTON ROAD ARLINGTON VA 22206 SECRETARY/REASURER</td>
<td>1.00 4,500. 0. 0.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Additional Notes:**

- The form is titled "AMERICAN VALUES ACTION" and is version 27-2299035 from 2011.
- The form includes sections for balance sheets, statement of program service accomplishments, list of officers, directors, trustees, and key employees.
- Specific data points are filled out for each section, including financial figures and personnel information.
Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in
the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of
each activity in Schedule O  □ Yes □ No □

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect
a change to the organization’s name. Otherwise, explain the change on Schedule O (see instructions) □

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities
(such as those reported on lines 2, 6a, and 7a, among others)? □
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O □
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,
reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III □

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the
year? If "Yes," complete applicable parts of Schedule N □

37a Enter amount of political expenditures, direct or indirect, as described in the instructions □
37b Did the organization file Form 1120-POL for this year? □

38a 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? □
38b If "Yes," complete Schedule L, Part II and enter the total amount involved □

39 Section 501(c)(7) organizations Enter □
39a Initiation fees and capital contributions included on line 9 □
39b Gross receipts, included on line 9, for public use of club facilities □

40 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under
section 4911 □, section 4912 □, section 4955 □
40b 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 □
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organizations
managers or disqualified persons during the year under sections 4912, 4955, and 4958 □
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization □
40e 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 □

41 List the states with which a copy of this return is filed □

42a The organization's
books are in care of □
DORIE BLACK
Located at □ 2800 S. SHIRLINGTON ROAD ARLINGTON, VA 22206 Telephone no □ (703) 671-2446 □

42b 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)? □

42c At any time during the calendar year, did the organization maintain an office outside of the U.S.? □

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here
and enter the amount of tax-exempt interest received or accrued during the tax year □

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead
of Form 990-EZ □
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed
instead of Form 990-EZ □
44c Did the organization receive any payments for indoor tanning services during the year? □
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in
Schedule O □

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? □
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) □
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(1) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None'.

(a) Name and address of each employee paid more than $100,000
(b) Title and 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) Estimated amount of other compensation

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter 'None'.

(a) Name and address of each independent contractor paid more than $100,000
(b) Type of service
(c) Compensation

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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.

SIGNATURE OF PREPARER

Date: 8/22/12

Paid Preparer Use Only

Print or type preparer's name

Robert E. Lane

Date: 8/22/12

PREPARESIGNATURE

Check if self-employed

PTIN

Form 990-EZ (2011) 02/14/12
<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMERICAN VALUES ACTION</td>
<td>27-2299035</td>
</tr>
</tbody>
</table>
Other expenses (describe in Schedule O)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>BANK FEES</td>
<td>406</td>
</tr>
</tbody>
</table>

Total 406
Exempt purpose

The mission of American Values Action is to be an advocate for the traditional values of faith, family and free enterprise in the public policy arena. American Values Action will educate the American people about the myriad ways in which Washington impacts their values and how they can influence Washington.

Program Service Accomplishments

In 2011, Gary Bauer and American Values Action held numerous briefings with conservative leaders, policy makers and reporters regarding SAFE – Securing America’s Future Energy. These meetings were designed to inform and educate the participants on the urgent need to develop secure, domestic sources of energy and to promote the electrification of the U.S. auto fleet.

In addition to promoting the goals of SAFE, American Values Action also partnered with Walmart to promote issues related to free enterprise, open markets and lower taxes. American Values Action provided educational materials and information to our network of grassroots activists concerning public policy developments and their impact on free enterprise.
Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Name of exempt organization or other filer, see instructions</th>
<th>Employer identification number (EIN) or Social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AMERICAN VALUES ACTION</strong></td>
<td>27-2299035</td>
</tr>
<tr>
<td>Number, street, and room or suite number If a P.O. box, see instructions</td>
<td></td>
</tr>
<tr>
<td>2800 SOUTH SHRILLINGTON ROAD, #950</td>
<td></td>
</tr>
<tr>
<td>City, town or post office, state, and ZIP code For a foreign address, see instructions</td>
<td>VA 22206</td>
</tr>
</tbody>
</table>

Enter filer's identifying number, see instructions

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

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 990-EZ</td>
<td>01</td>
<td>Form 4720</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (section 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

The books are in the care of **DORIE BLACK**

Telephone No (703) 671-2446 FAX No. **

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 15, 2012, to file the exempt organization return for the organization named above

The extension is for the organization's return for

- □ calendar year 2011 or
- □ tax year beginning ________, 20____, and ending ________, 20____

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions

3b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit

3c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Paperwork Reduction Act Notice, see Instructions.
**Form 8868 (Rev 1-2012) AMERICAN VALUES ACTION**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part II | Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

**File by the extended due date for filing the return.** See instructions.

**AMERICAN VALUES ACTION**

Name of exempt organization or other filer, see instructions

Employer identification number (EIN) or social security number (SSN)

27-2299035

Number, street, and room or suite number If a P.O. box, see instructions

City, town or post office, state, and ZIP code For a foreign address, see instructions

2800 SOUTH SHIRLINGTON ROAD, #950

Arlington VA 22206

Enter filer’s identifying number, see instructions

**Application**

<table>
<thead>
<tr>
<th>Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990</td>
<td>01</td>
<td>Form 1041-A</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 4720</td>
</tr>
<tr>
<td>Form 990-EZ</td>
<td>01</td>
<td>Form 5227</td>
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<td>Form 990-T (trust other than above)</td>
<td>06</td>
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</tr>
</tbody>
</table>

**Return Code**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>08</td>
</tr>
<tr>
<td>09</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

**STOP!** Do not complete Part II if you were not already granted an additional 3-month extension on a previously filed Form 8868.

- The books are in care of DORIE BLACK
  Telephone No (703) 671-2446 FAX No.

- If the organization does not have an office or place of business in the United States, check this box.

- If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN).
  If this is for the entire group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members of the extension is for.

4 I request an additional 3-month extension of time until Nov 15, 2012.

5 For calendar year 2011, or other tax year beginning, 20, and ending, 20 .

6 If the tax year entered in line 5 is for less than 12 months, check reason:
  Initial return Final return Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions

8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868

8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

**Signature and Verification** must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to execute this form.

**Signature**

**Title**

**Date** 8/13/12

BAA

FIF200502 07/29/11

Form 8868 (Rev 1-2012)