Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

| Α | For the | 2016 calen | dar year, or tax year beginning , 2016, an | d ending | | | mspection |
|-------------------------|---------------|-------------------|--|---|---|-----------------------------|------------------------|
| В | | applicable: | C , 2010, an | d chang | D Employ | er identificat | tion number |
| | Add | ress change | VOLUNTEERS FOR VETERANS FOUNDATION | | i | | |
| | Nam | ne change | 9473 EMERALD AVENUE | | E Telepho | 440794 | <u> </u> |
| | Initia | al return | FONTANA, CA 92335-5829 | | | | |
| | Final | return/terminated | | | 909 | 823-0 | 899 |
| | Ame | ended return | | | ١ | | |
| | Appl | lication pending | F Name and address of principal officer: BETTY VOLK | H(a) Ic | G Gross return | | 209,036. |
| | | , , | SAME AS C ABOVE | | | | |
| ī | Tax-ex | empt status | X 501(c)(3) | TEO7 | re all subordinates 'No,' attach a list. | inciuded? (see instructi | ons) Yes No |
| J | | site: N/ | , (manually 10 17 (a)(1) of | 327 | | | |
| K | Form o | f organization: | V | | roup exemption nu | | |
| Pa | nd I | Summar | 1 | of formation: | | tate of legal | domicile: CA |
| | 1 B | riefly descril | be the organization's mission or most significant activities: SEE | | | | |
| d) | - | . – – – – . | SEE . | SCHEDULE | _0 | | |
| Activities & Governance |] [| | | | | | - - |
| Ĕ | _ | · | | | - | | |
| Š | | heck this bo | | d of more tha | n 25% of its r | et assets | |
| න | 3 N 4 N | umber of vo | ing members of the governing body (Part VI line 1a) | | | 3 | 9 |
| es | 4 11 | umber of mo | ependent voting members of the governing body (Part VI, line 1b) |) | | 4 | |
| iviti | 6 T | otal number | of individuals employed in calendar year 2016 (Part V, line 2a) of volunteers (estimate if necessary) | • | | 5 | 0 |
| Act | 7a To | otal unrelate | d business revenue from Part VIII, column (C), line 12 | • | | 6 | 0 |
| _ | b N | et unrelated | business taxable income from Form 990-T, line 34 | | | 7a 7b | 0. |
| | | | | | Prior Year | | 0. |
| . | 8 C | ontributions | and grants (Part VIII, line 1h) | | 48,2 | | Current Year |
| Revenue | 9 Pi | rogram servi | ce revenue (Part VIII, line 2g) | <u> </u> | 40,2 | +4. | 171,932. |
| e e | 10 In | vestment in | come (Part VIII, column (A), lines 3, 4, and 7d) | | 1. | 11. | 30. |
| Œ | 11 0 | ther revenue | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 27,10 | | 10,702. |
| _ | 12 (| otal revenue | add lines 8 through 11 (must equal Part VIII, column (A), line 1 | 2) | 75,40 | | 182,664. |
| | 13 G | rants and sir | nilar amounts paid (Part IX, column (A), lines 1-3) | | 66,28 | | 92,180. |
| | 14 Be | enefits paid | o or for members (Part IX, column (A), line 4) | | | | |
| စ္က | 15 Sa | alaries, othe | compensation, employee benefits (Part IX, column (A), lines 5-10 | 0) | | | |
| ST. | 16a Pr | ofessional f | ındraising fees (Part IX, column (A), line 11e) | | | | 59,250. |
| Expenses | b To | otal fundraisi | ng expenses (Part IX, column (D), line 25) ► 59.2 | 250. | | | 33/23 |
| W | 17 Ot | ther expense | s (Part IX, column (A), lines 11a-11d, 11f-24e) | | 7,58 | 26 | 10,089. |
| | 18 To | tal expense | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 73,86 | | 161,519. |
| | 19 Re | evenue less | expenses. Subtract line 18 from line 12 | | 1,59 | | 21,145. |
| 90 | | | | Begin | nning of Current | | End of Year |
| Assets Baland | 20 To | otal assets (F | 'art X, line 16) | | 37,87 | | 59,015. |
| | | | (Part X, line 26) | | 0,,0, | 0. | 0. |
| Func | 22 Ne | et assets or | und balances. Subtract line 21 from line 20 | | 37,87 | 0. | 59,015. |
| Pai | | Signature | | | | | |
| Under | penalties | of perjury, I dec | are that I have examined this return, including accompanying schedules and statements, r (other than officer) is based on all information of which preparer has any knowledge. | , and to the best o | of my knowledge ar | nd belief, it is | true, correct, and |
| Compi | ete. Decia | T. | r (other than officer) is based on all information of which preparer has any knowledge. | | | | |
| ٠. | | Signature | of officer | | | | |
| Sig | n | 1. | | | Date | | |
| Her | е | | Y VOLK | TRE | ASURER | | |
| | | Print/Type pre | rint name and title | | | | |
| | | | Jan San San San San San San San San San S | e | Check X | if PTIN | |
| Paid | | | MELTON | | self-employed | P00 | 424972 |
| | parer Only | Firm's name | MELTON, KAHYAI AND CO., CPA'S | | | | |
| -30 | . Unity | Firm's address | OCCI INCUINCTON IIVE | | Firm's EIN ► | | |
| Max | the IDC | disques #5:- | RIVERSIDE, CA 92506-3906 | | Phone no. | 951) <i>e</i> | 83-5300 |
| IVIDA | use IKS | uiscuss this | return with the preparer shown above? (see instructions) | | | X | Yes No |
| RAA | For Pa | perwork Re | duction Act Notice, see the separate instructions. | TEEA0113L 1 | 11/16/16 | | Form 990 (2016) |

| - | n 990 (2016) | VOLUNTEERS FOR | VETERANS FOUNDATION | 26-440794 | 0. | P | Page 2 |
|-----|--------------------------|-----------------------------|--|-----------------------|--------------|---------|-----------|
| Pai | rt III Stat | ement of Program S | Service Accomplishments | | | | |
| | Chec | k if Schedule O contains | a response or note to any line in this Part III | | | | X |
| 1 | briefly desc | ribe the organization's m | ission: | | | | - |
| | SEE_SCHE | EDULE O | | | | | |
| | | | | | | | . – – – |
| | | | | | | | |
| | Did the every | i-diament la la | | | | | |
| 2 | Form 990 or | ization undertake any sign | ificant program services during the year which were not listed on the | prior | _ | | |
| | | cribe these new services | | | Yes | X | No |
| 3 | | | | | | _ | |
| 3 | If 'Yes,' des | cribe these changes on S | g, or make significant changes in how it conducts, any program schedule O. | services? | Yes | X | No |
| 4 | Describe the Section 501 | e organization's program | service accomplishments for each of its three largest program se | ervices, as measure | d by e | (pen | ses. |
| | and revenue | e, if any, for each program | nizations are required to report the amount of grants and allocat n service reported. | ions to others, the t | otal ex | pens | es, |
| | | | | | | | |
| 4 a | (Code: |) (Expenses \$ | 92,180. including grants of \$ 92,180.) | (Revenue \$ | 182 | 66 | 54.) |
| | PROVIDE | D_SUPPORT_AND_AS | SISTANCE TO INDIVIDUAL VETERANS OF THE U | . S. ARMED F | ORCE | SA | ND |
| | ACTIVE I | MILITARY PERSONN | EL AFTER THE LOCAL VA HOSPITAL HAD REVIE | WED THE APPL | TCAT | LOM | OF- |
| | THE MEMI | SER AND AUTHORIZ | ED THE DISBURSEMENT. ALSO PROVIDED SUPP | ORT AND ASSI | STAN | E | <u> </u> |
| | DIRECTLY | Y TO THE LOCAL V | A HOSPITAL. | 700 100 100 1 | DIM | <u></u> | |
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| 4 b | (Code: |) (Expenses \$ | including grants of \$ | (Revenue \$ | | | |
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| 4 c | (Code: |) (Expenses \$ | including grants of \$ | (Revenue \$ | | | |
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| 4 d | Other program | m services (Describe in S | Schedule O.) | | | | |
| | (Expenses | \$ | including grants of \$) (Revenue \$ | |) | | |
| 4 e | Total progran | n service expenses 🕨 | 92,180. | | | | |
| | | | | | | | |

| | | | Yes | 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 | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. | 3 | | Х |
| | 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 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | X |
| | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I. | 6 | | 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? <i>If 'Yes,' complete Schedule D, Part II</i> | 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 | | X |
| | 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 | | Х |
| 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 | | Х |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> | 11 a | | Х |
| | Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. | 11 ь | | Х |
| c l | 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? <i>If 'Yes,' complete Schedule D, Part VIII</i> | 11 c | | Х |
| ' | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d | | Х |
| | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | | Х |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | | Х |
| 12 a [| Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete</i> Schedule D, Parts XI and XII | 12a | | х |
| b١ | 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 | 12 b | | X |
| | s the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b [| Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i> | 14b | | Х |
| 5 [| Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. | 15 | | X |
| 6 [| Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | X |
| 7 [| 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? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions) | 17 | х | |
| 8 [| Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, ines 1c and 8a? If 'Yes,' complete Schedule G, Part II. | 18 | х | |
| 9 [| 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 |

Part IV | Checklist of Required Schedules (continued)

| | | | Yes | No |
|----|--|-----|-----|----|
| 20 | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20a | | Х |
| | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. | 21 | х | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. | 22 | Х | |
| 23 | | 23 | | Х |
| | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a | 24a | | X |
| | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 | a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 | | Х |
| | 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 | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II | 26 | | Х |
| 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 | | Х |
| 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): | | | |
| | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | Х |
| ı | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| ď | 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? <i>If</i> 'Yes,' complete Schedule M | 20 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 30 | | 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 | | Х |
| 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 | | Х |
| | 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 |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| t | olf '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 | | Х |
| | 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 | | Х |
| 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 | | Х |

Form 990 (2016) VOLUNTEERS FOR VETERANS FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.....

| 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 0 | | |
|--|------------|--------------|------------|
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 | | |
| 2a Enter the number of ampleyees asset to 5 | 10 | | |
| 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 | 0 | | |
| an at least one is reported on line 2a, did the organization file all required todays. | | | |
| and the sum of lines to drive a list of eater than 250, you may be required to a con- | 2 b | | |
| a a lia di di garizzationi nave uniferated business aross incomo of \$1 000 or manie di citi | | | ٠, |
| 1 NO 10 IIIIS year: 11 NO 10 IIIIE 3D. Drovide an explanation in Schodulo O | | | <u>X</u> |
| 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)? | 3 b | - | |
| h If 'Yes' enter the name of the feature of of the fea | 4a | | Х |
| and total and to | 74 | | |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | _ | | |
| The organization a party to a prompted tax shelter transaction at any time during the transaction at any time | 5a | | Χ |
| and any taxable party notify the organization that it was or is a narty to a prohibited toy shelter transaction | 5 b | | X |
| on rest, to line 3d of 3b, did the organization file Form 8886-T? | F - | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization | | | _ |
| 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were | 6.5 | | _ |
| 7 Organizations that may receive deductible contributions under section 170(c). | 6 b | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and b If 'Yes' did the organization and the second sec | | | |
| on res, did the organization notify the donor of the value of the goods or sorvings provided | 7a | | <u>X</u> _ |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | 7 b | _ | |
| | 7 c | - , | X |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | 1 2 | X |
| . The the organization, during the year, pay premiums, directly or indirectly on a personal handfit control of | 7f | 7 | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 | | | _ |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | 7 g | -+ | _ |
| | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | 8 | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 a | | |
| 10 Section 501(c)(7) organizations. Enter: | 9b | | |
| a Initiation fees and capital contributions included to D. 1989 to the | | | |
| DIGIOSS receipts, included on Form 990, Part VIII, line 12, for multiplication of the country of | _ | | |
| 11 Section 501(c)(12) organizations. Enter: | _ | | |
| a Gross income from members or shareholders | | | |
| b Gross income from other sources (Do not net amounts due or paid to attack a | \dashv 1 | | |
| against amounts due of received from them.) | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | .0000 |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| and the state of t | | | |
| a 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 additional information in the second control of the second con | | | |
| 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 | | | |
| C Line the amount of reserves on hand | - | | |
| 14a Did the organization receive any payments for indoor tanning services during the tay year? | . 14a | X | đ |
| bit res, rias it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14b | +* | - |
| TEEA0105L 11/16/16 | | 90 (2016 | ₹ |

Form 990 (2016) VOLUNTEERS FOR VETERANS FOUNDATION 26-4407940 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management X 1 a Enter the number of voting members of the governing body at the end of the tax year Yes No If there are material differences in voting rights among members 9 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 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 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? Did the organization make any significant changes to its governing documents 3 X since the prior Form 990 was filed?.... 4 5 Did the organization have members or stockholders?.... 5 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 6 members of the governing body?.... 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by a The governing body?.... **b** Each committee with authority to act on behalf of the governing body?.... 8 a X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 8 b X organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 9 Х 10 a Did the organization have local chapters, branches, or affiliates?.... Yes No b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 a X operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.... b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 11 a X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12 a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done..... 12 c 13 Did the organization have a written whistleblower policy?.... 13 X Did the organization have a written document retention and destruction policy?.... 14 \overline{X} Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15 a **b** Other officers or key employees of the organization. X 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... X 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19

BAA

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SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

| orm 990 (2016) | VOLUNTEERS | FOR | VETERANC | FOUNDATION |
|----------------|------------|-----|----------|------------|
| | | | | |

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

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

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

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

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

| | (C) | | | | | - | , 00 | unec | ior, or trustee. | |
|----------------------------|---|----------|--|----------|--------------|------------------------------|----------|------------------------------|--|--|
| (A) Name and Title | (B) Average hours per | | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | son a | Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other |
| | week (list any hours for related organiza- tions below dotted line) | rec è | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) LLOYD "BUTCH" SCHULTZ | 5 | | | | | | | | | |
| DIRECTOR (2) WARREN REEVES | 0 | X | _ | | | | | 0. | 0. | 0. |
| DIRECTOR | 2 | | | | | | | | | |
| (3) JIM ST PIERRE | 0 | X | _ | _ | | - | | 0. | 0. | 0. |
| DIRECTOR | $-\frac{2}{0}$ | х | | | | | | | _ | |
| (4) GARY MARTIN | 2 | ^ | | _ | _ | | | 0. | 0. | 0. |
| DIRECTOR | 0 | Х | | | | | | 0. | | |
| (5) JOHN CZAPIEWSKI | 2 | | | | | | - | | 0. | 0. |
| DIRECTOR | 0 | Х | | | | | | 0. | 0. | 0. |
| (6) MARK MARTINEZ | 2 | | | | | | 7 | | 0. | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0. |
| _(7)_LARRY_VOLK | _ 20 | | | | | | | | | |
| CHAIRMAN | 0 | | | X | | | | 0. | 0. | 0. |
| (8) BETTY VOLK | _ 30 _ | | | | | - 1 | - | | | |
| TREASURER (9) NANCY CIRINO | 0 | _ | _ | Х | _ | | _ | 0. | 0. | 0. |
| SECRETARY | _ 20 _ | | | | | | | | | |
| (10) | 0 | | - | X | | | -+ | 0. | 0. | 0. |
| | | ł | | | | | | | | |
| (11) | | \dashv | \dashv | \dashv | \dashv | \dashv | \dashv | | | |
| | | | | | | | | | | |
| (12) | | \neg | \dashv | \dashv | + | _ | \top | | | |
| | | | | | | | l | | | |
| (13) |] | | | | \Box | | | | | |
| (14) | | _ | | \perp | | | \perp | | | |
| \'''\ | | | | | | | | | | |
| BAA | TEE 401/ | | | | | | | | | |

| - are the occuping officers, Directors, The | | ney | CII | | | :es, | an | a nignest Con | npensated Emp | loyees (continued) |
|--|---|--------------------|------------------------------|-----------------------------------|-------------------------------|----------------------|--------------|-------------------------------------|--|--|
| (A) Name and title | (B) (C) Position Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee) | | Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other | | | | | |
| | (list any hours for related organiza tions below dotted line) | or director | Institutional trustee | Officer | Key employee | employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | - | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | - | | | | | | |
| (24) | | | 1 | | | | | | | |
| (25) | | | \dashv | | | | | | | |
| 1 b Sub-total c Total from continuation sheets to Part VII, Section | | | | | | | > | 0. 0. | 0. 0. | 0. |
| d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited from the organization ► 0 | | | | | | | ved | 0. more than \$100,000 | 0. O of reportable comp | 0. ensation |
| 3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such | or, or trus | stee, <i>al</i> | key | em | ploy | /ee, (| or h | ighest compensat | ed employee | Yes No |
| 4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual | reportabl | e cor | nner | nsat | tion | and | othe | er compensation f | | . 4 X |
| 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes | compen | satio | n fro hedu | om a ule . | any <i>J foi</i> | unre r <i>suc</i> | late h pe | d organization or | individual | 5 X |
| Section B. Independent Contractors | | | | | | | | | | |
| Complete this table for your five highest compens compensation from the organization. Report compens | sation for t | he ca | ient Iend | cor lar y | itrac ear | endir | tnai ng w | vith or within the org | janization's tax year. | |
| Name and business addr | ess | | | | | | | (B) Description o | f services | (C) Compensation |
| | | | | | | | | - | | |
| | | | | | | | | | | |
| 2 Total number of independent contractors (including be | | ted to | thos | se li: | sted | abov | ve) v | who received more | than | |
| \$100,000 of compensation from the organization | | EEA0 | 108L | 11/10 | 6/16 | | | | | Form 990 (2016) |

Part VIII Statement of Revenue

| | | Check if Schedule O contains a resp | onse or note to a | nv line in this Part | VIII | | |
|------------------------------|-----------------------|---|---------------------|----------------------|--|---|--|
| | | The property of the second of the property of | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from ta under sections 512-514 |
| Contributions, Gifts, Grants | A Care Similar Amount | b Membership dues 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f: \$ | 171,932. 87,664. | | | | |
| Program Service Revenue | _ | h Total. Add lines 1a-1f | Business Code | 171,932. | | | |
| Progra | +- | f All other program service revenue g Total. Add lines 2a-2f | | | | | |
| | 3 4 5 | Investment income (including dividends, other similar amounts) Income from investment of tax-exempt be Royalties. | oond proceeds | 30. | | | 30. |
| | | a Gross rents | (ii) Personal | | The state of the s | | |
| | 7 8 | A Gross amount from sales of assets other than inventory D Less: cost or other basis and sales expenses | (ii) Other | | | | |
| Ð | c | Gain or (loss) Net gain or (loss) | | | | | |
| Other Revenu | b | of contributions reported on line 1c). See Part IV, line 18 | 37,074. 26,372. | | | See And the Second See See See See See See See See See Se | |
| ₫ | 9 a | Ret income or (loss) from fundraising even Gross income from gaming activities. See Part IV, line 19 | ents | 10,702. | | | 10,702. |
| - | c IOa b | Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances | | | | | |
| 1 | 1a b | Net income or (loss) from sales of inventor | Business Code | 71) | | | 16 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| 1 | e | All other revenue. Total. Add lines 11a-11d. Total revenue. See instructions. | | 182,664. | | | STEER COLUMN TO THE RESERVE OF THE PROPERTY OF |
| AA | | | | 104,004. | 0. | 0. | 10,732. |

Part IX Statement of Functional Expenses

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

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

| | cricar ii concade o contains a | response of flote to al | iy line in this Part IX. | | |
|-----------|---|-------------------------|------------------------------|-------------------------------------|--|
| Do 6b, | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | F1 600 | | | expenses |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 51,600. | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 40,580. | 40,580 | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | | | | SE 1985 19 |
| 6 | Compensation not included above to | 0. | 0. | 0. | 0. |
| | disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 0. | 0. | 0. | 0. |
| 7 | Other salaries and wages | | <u> </u> | <u> </u> | 0. |
| 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): | | | | |
| | Management | | | | |
| b | Legal | | | | |
| c | : Accounting. | | | | |
| | Lobbying. | 775. | | 775. | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 59,250. | | | 59,250. |
| g | Other, (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 11g expenses on Schedule (A) | | | | |
| 12 | Advertising and promotion | 1,857. | | 1,857. | |
| | Office expenses | 2,124. | | 2,124. | |
| | Information technology | | | | |
| | Royalties | | | | |
| | Occupancy | | | | |
| | Travel | | | | |
| | Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| | Interest | | | | |
| | Payments to affiliates | | | | |
| | Depreciation, depletion, and amortization | | | | |
| | Insurance | 791. | | 791. | |
| | Other expenses. Itemize expenses not covered above (List miscellaneous expenses | 2000 | | | The second secon |
| | in line 24e. If line 24e amount exceeds 10% | | | | |
| | of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| | SUPPLIES | 0.000 | | | |
| | PERMITS | 2,888. | | 2,888. | |
| | POSTAGE AND SHIPPING | 914. | | 914. | |
| q | EOSTAGE WID SHILLING+ | 740. | | 740. | |
| _ | All other expenses | | , <u>.</u> | | |
| | Total functional expenses. Add lines 1 through 24e | 1.61 .510 | 00.100 | | |
| | | 161,519. | 92,180. | 10,089. | 59,250. |
| | 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) | | | | |
| AA | 001 J0-2 (A00 3J0-720) | | | | <u> </u> |
| ~~ | | | | | |

Part X Balance Sheet

| 1 Cash - non-interest-bearing End or year End or year 2 Savings and temporary cash investments 37, 870. 1 59, 015 3 Piedges and grants receivable, net 3 3 3 3 4 Accounts receivable, net 3 3 4 4 4 4 4 5 Loans and other receivables from current and former officers, directors, fuscious, key employees, and highest compensated employees. Complete Part II of Schedule L 5 5 5 5 5 5 5 5 5 | | | Check if Schedule O contains a response or note to any line in this Part X | | | |
|--|----------|----|---|--------------------------|----------|---------------------------------------|
| 2 Savings and temporary cash investments 3 Pledges and grants receivable, net. 4 Accounts receivable, net. 5 Loans and other receivables from current and former officers, directors, interests, key employees, and highest compensated employees. Complete Paral to 1 Schedule L. 6 Loans and other receivables from other disqualified persons (as defined under employers and sporsoning organizations of control SCIC(3(B) and controluting employers and sporsoning organizations of control SCIC(3(B) and controluting employers and sporsoning organizations of control SCIC(3(B) and controluting employers and sporsoning organizations (see instructions). Complete Part II of Schedule L. 7 Notes and loans receivable, net. 8 Inventiories for sale or use. 9 Prepaid expenses and deferred charges. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D. 11 Investments – publicly traded securities. 12 Investments – program-related. See Part IV, line 11. 13 Investments – program-related. See Part IV, line 11. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 34). 37, 870. 16 59, 015. 37, 870. 16 59, 015. 38 Grants payable and accrued expenses. 37 Tax excempt bond liabilities. 20 Tax excempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Tax excempt bond liabilities. 23 Unsecured notes and loans payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Total liabilities. And lines 31 and 34. 26 Total liabilities. And lines 17 through 25. 27 Organizations that follow SFAS 117 (ASC 958), check here Fixed and complete lines 30 through 34. 28 Permanently restricted net assets. 39 Particular or capital surplus, or land, building, or equipment fund. 30 Particular or capital surplus, or land, building, or equipment fund. 31 Particular or capital surplus, or land, building, or equipment fund. 31 Particular or capita | _ | | | (A) Beginning of year | | <u> </u> |
| 2 Savings and graits receivable, net. 4 Accounts receivable, net. 5 Loans and other receivables from current and former officers, directors, trustless, key enembers, and highest compensated employees. Complete 6 Loans and other receivables from current and former officers, directors, trustless, key enembers, and highest compensated employees. Complete 6 Loans and other receivables from other deparatified persons, (as defined under section 4988)(11), possons described in section 4989(10), possons described in section 501(c)(9) voluntary employers and sponsoring organizations of section 501(c)(9) voluntary employers beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 7 Notes and loans receivable, net. 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 9 Prepaid expenses and deferred charges. 9 Prepaid expenses and deferred charges. 10a b Less: accumulated depreciation. 11 Investments – publicly traded securities. 12 Investments – other securities. See Part IV, line 11. 13 Investments – other securities. See Part IV, line 11. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add intent 1 through 15 (must equal line 34). 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred reverue. 19 Deferred reverue. 19 Deferred reverue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Secured mortgages and notes and ones payable to unrelated third parties. 26 Total liabilities. And lines 31 not included on lines 17-24-2, Complete Part X of Schedule D. 27 Total liabilities and lines 31 not included on lines 17-24-2, Complete Part X of Schedule D. 28 Total liabilities and lines 33 and 34. 29 Permanently restricted net assets. 29 Permanently restricted net assets. 29 P | | 1 | Casn - non-interest-bearing | 37,870. | 1 | 59.015 |
| A Accounts receivable, net. Lans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Lans and other receivables from other designatified persons (as defined under section 4958)(11). Persons described in section 4958 (10). Persons described in section 5016(26) was described by the section 4958 (10). Persons described in section 5016(26) was described by the section 4958 (10). Persons described in section 5016(26) was described by the section 4958 (10). Persons described in section 5016(26) was described by the section 4958 (10). Persons described in section 5016(26) was described by the section 5016(26) was desc | | 1 | Savings and temporary cash investments | | 2 | 37,020 |
| A Accounts receivable, net. Lans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Lans and other receivables from other designatified persons (as defined under section 4958)(11). Persons described in section 4958 (10). Persons described in section 5016(26) was described by the section 4958 (10). Persons described in section 5016(26) was described by the section 4958 (10). Persons described in section 5016(26) was described by the section 4958 (10). Persons described in section 5016(26) was described by the section 4958 (10). Persons described in section 5016(26) was described by the section 5016(26) was desc | | [| Pledges and grants receivable, net | | 3 | |
| Loans and other receivables from current and former efficers, directors, rusteess, key employees, and highest compensated employees. Complete Part II of Schedule L. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(n)1), persons described in section 4958(n)3(B), and contributing employers and sonsoring organizations (See instructions). Complete Part II of Schedule L. 7 Notes and loans receivable, net. 8 Prepaid expenses and deferred charges. 9 Prepaid expenses and deferred charges. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment; cost or other basis. Complete Part IV of Schedule D. 11 Investments — publicity traded securities. 12 Investments — publicity traded securities. 13 Investments — publicity traded securities. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 34). 37, 870, 16 59, 015. 18 Grants payable. 20 Tax-exempt bond liabilities. 19 Deferred revenue. 19 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Escrow and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 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 D. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and lones payable to unrelated third parties. 25 Other liabilities and lones payable to unrelated third parties. 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Permanently restricted net assets. 29 Permanently restricted net assets. 37, 870, 27 59, 015. 30 Total liabilities and the assets or fund balances. 37, 870, 33 59, 015. 31 Radio dear | | 4 | Accounts receivable, net | | 4 | - |
| 6 Loans and other receivables from other disqualitied persons (as defined under section 4958/0(1)), persons described in section 4958(0(3)(3), and contributing employars and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 7 8 Inventories for sale or use. 9 9 Prepaid expenses and deferred charges. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part II of Schedule D. 10b Less: accumulated depreciation. 10b 10c 111 Investments – publicly traded securities. 110 10c 111 Investments – program-related. See Part IV, line 11. 12 13 Investments – program-related. See Part IV, line 11. 13 13 Investments – program-related. See Part IV, line 11. 15 Total assets. See Part IV, line 11. 15 Total assets. Add lines 1 through 15 (must equal line 34). 37, 870. 16 59, 015. 17 Accounts payable and accrued expenses. 17 18 Grants payable. 19 Deferred revenue. 19 19 Deferred revenue. 19 20 Tax-exempt bond liabilities. 20 Tax-exempt bond li | | 5 | Loans and other receivables from current and former officers, directors, | | | |
| 7 Notes and loans receivable, net | | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule I | | | |
| 8 Inventories for sale or use. 8 9 Prepaid expenses and deferred charges. 9 Prepaid expenses and deferred charges. 9 10a Land, buildings, and equipment: cost or other basis. 10a 10c 11 Investments — publicly traded securities. 111 Investments — publicly traded securities. 111 12 Investments — publicly traded securities. 111 12 Investments — publicly traded securities. 111 12 Investments — potential publicly traded securities. 114 12 Investments — potential publicly traded securities. 114 12 Intangible assets. 144 | ţ | 7 | Notes and loans receivable, net | | | |
| 10a And, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10b 10c 11c 11 | ŠŠ | 8 | Inventories for sale or use | | <u> </u> | |
| 10a Land, buildings, and equipment: cost or other basis. 10a 10b 10c 10c 10b 10c 11c | ¥ | 9 | Prepaid expenses and deferred charges. | | | <u> </u> |
| b Less: accumulated depreciation 10b 10c 11 Investments – publicly traded securities 12 Investments – other securities. See Part IV, line 11. 12 13 Investments – program-related. See Part IV, line 11. 13 Investments – program-related. See Part IV, line 11. 13 Investments – program-related. See Part IV, line 11. 13 Intangible assets . 14 Intangible assets. See Part IV, line 11. 15 Other assets. See Part IV, line 11. 15 Total assets. Add lines 1 through 15 (must equal line 34). 37,870. 16 59,015. 18 Grants payable and accrued expenses 17 Intended I | | 10 | | | 9 | |
| 1 | | | b Less: accumulated depreciation | | 10 - | |
| 12 Investments — other securities. See Part IV, line 11. | | | Investments — publicly traded securities. | | | |
| 13 Investments - program-related. See Part IV, line 11. | | 12 | Investments – other securities. See Part IV, line 11. | | | |
| 14 | | 13 | Investments - program-related. See Part IV, line 11 | | | |
| The control assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 34). 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 29 Permanently restricted net assets. 29 Permanently restricted net assets. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 Total liabilities and net assets/fund balances. 37, 870, 33 59, 015. | | 14 | Intangible assets | | | |
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| 18 Grants payable 18 18 19 18 19 19 19 19 | | | Accounts payable and accrued expenses | 37,670. | | 39,015. |
| Deterred revenue | | _ | Grants payable | | | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | | Deferred revenue | | 19 | |
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| Total liabilities and net assets/fund balances | s l | | Organizations that follow SFAS 117 (ASC 958), check here ▶ v and complete | | | 0. |
| 34 Total liabilities and net assets/fund balances | 8 | | mios 27 through 25, and lines 35 and 34. | | | 500 |
| 34 Total liabilities and net assets/fund balances | 틸 | | Unrestricted net assets. | 37,870. | 27 | 59,015. |
| 34 Total liabilities and net assets/fund balances | Ba | | Temporarily restricted net assets | | 28 | |
| 34 Total liabilities and net assets/fund balances | 5 | 29 | Permanently restricted net assets | | 29 | |
| 34 Total liabilities and net assets/fund balances | or Fu | | and complete lines 30 through 34. | | | |
| 34 Total liabilities and net assets/fund balances | 2 | | Capital stock or trust principal, or current funds | | 30 | |
| 34 Total liabilities and net assets/fund balances | 8 | | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| 34 Total liabilities and net assets/fund balances | Ž | | Retained earnings, endowment, accumulated income, or other funds | | | |
| 34 Total liabilities and net assets/fund balances | <u>ş</u> | | Total net assets or fund balances | | | 59.015 |
| | | | Total liabilities and net assets/fund balances | | | |

Form **990** (2016)

| | Form 990 (2016) VOLUNTEERS FOR VETERANS FOUNDATION 26-4 | | | | Page |
|-----|--|---|------|-------------|------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | _ |
| 1 | | | | · · · · · · | |
| 2 | rotal expenses (must equal Part IX, column (A) line 25) | | | 182, | 664 |
| 3 | Revenue less expenses. Subtract line 2 from line 1. | 2 | | 161, | 519 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). | 3 | | 21, | 145 |
| 5 | Net diffealized gains (losses) on investments | | | 37, | 870 |
| 6 | Donated services and use of facilities. | 5 | | | |
| 7 | Investment expenses | 6 | | | |
| 8 | Prior period adjustments. | 7 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 8 | | | |
| 10 | NEL ASSEIS OF HIDD DAIANCES at end of year Combine lines 2 H | | | | 0 |
| | | 10 | | | |
| Par | t XII Financial Statements and Reporting | 10 | | 59, | 012 |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | _ |
| | | • | | | |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | | Yes | No |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | - | | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | _ | | |
| | If 'Yes,' check a box below to indicate whether the financial state of the state of | • | 2a | | X |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed basis, consolidated basis, or both: | ewed on a | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 2 | | |
| b | Were the organization's financial statements audited by an independent accountant? | | ۱., | | ., |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both: | arate | 2 b | | Х |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| c | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aureview, or compilation of its financial statements and selection of an independent accountant? | dit, | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | _2 c | | |

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?

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. BAA

Form **990** (2016)

3 a

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number VOLUNTEERS FOR VETERANS FOUNDATION 26-4407940 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (i) Name of supported organization (v) Amount of monetary (ii) EIN (iii) Type of organization (described on lines 1-10 (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) above (see instructions)) your governing document? Yes No (A) (B) (C) (D) **(E)**

Total

| Calcinate year (or fiscal year beginning in) - (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total members beginning in) - (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total include any fundated parts). The value of services or facilities furnished by a governmental unit to the organization's benefit and governmental unit to the organization without charge of facilities furnished by a governmental unit to the organization without charge of facilities furnished by a governmental unit to the organization without charge of facilities furnished by a governmental unit to the organization without charge of facilities furnished by a governmental unit to the organization without charge of facilities furnished by a governmental unit to the organization without charge of facilities furnished by a governmental unit to the organization without charge of facilities furnished by a governmental unit to the organization stop of the facilities furnished by a governmental unit to the organization of total organization of total organization with the facilities of facilities for the facilities of the facilities of facilities for the facilities of facilities for the facilities of facilities for facilities facilitie | Part II Support Schedul (Complete only if you conganization fails to question A. Public Support Schedul Section A. Public Support Calendar year for the section Section Section Section Section Section Section Section Sec | e for Organizathecked the box on line the test under the test to t | tions Describe ine 5, 7, or 8 of Pa sts listed below, p | ed in Sections rt I or if the organiz please complete F | DUNDATION 170(b)(1)(A)(iv) Part III.) | 26-4407 and 170(b)(1)(| 940 A)(vi) |
|--|---|--|---|---|--|--|----------------------|
| I defin, greats contributions and membrating the strong of membrating the strong of the membrating of the me | Calendar year (o | | | | urt III.) | | 5 |
| Section B. Total Support Consistency representations by the form the section of | · ····· · · · · · · · · · · · · · · · | (a) 2012 | (b) 2012 | | | | · |
| neduse any vinusual grants (5) not 2 Tax revenues leaved to the organization's benefit and either paid to or expended on its behalf. 2 Tax revenues leaved to the organization should be a seen organization or the paid of the paid to organization without charge. 3 The value of services or focilities humshed by a organization without charge. 4 Total. Add lines 1 through 3 to the proportion of the proporti | membership fees reasons, and | | (b) 2013 | (c) 2014 | (d) 2015 | | 7 |
| organization stores of securities for the organization of the securities for spending of securities for spending of spending o | include any 'unusual grants') | | | | 172015 | (e) 2016 | (f) Total |
| Total support. Subtract line 5 The portion of total continues of the property of the portion of total continues of the property of the portion of total continues by each person (checking) or the property of the property o | organization's benefit and | | | | | | |
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| Controllors by each person controllors by each person controllors a governmental organization by supported organization check this box and stop here. The organization did not check a box on line 13, column (f). First five years, if the Form 990 is for the organization did not check has on line 13, and line 14 is 33-1/3% support est-2016. If the organization did not check a box on line 13, and line 15 is 33-1/3% or more, check this box and stop here. Explain in east VI how for organization qualifies as a publicly supported organization. | Jule portion of total | | | | | 1 | |
| unit or publicly sympotres or direction of the direction | Contributions by oach | | | | | | |
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| Schedule A (Form 990 or 990 F.7) 2016 | | | | | A . 1 | | |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| and nembership leasures, received (Op not include any virulusual grants). 36,509. 80,767. 53,446. 48,244. 171,932. 39 Gloss receipts from aministors, performed or facilities that are not an unrelated in any activity that is related to the organization's tax-exempt purpose. 3 Gross receipts from activities that are not an unrelated trad? 4 Tax revenues levied for the organization's henefit and either paid to or expended on its behalf. 5 The value of several control of the organization without charge organization without charge. 6 Total, Add ines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from on other than exceed the preater of \$5,000 or 1% of the amount on line 13 for the year. 6 Total Add lines 1 through 5. 7a Amounts included on lines 2 and 3 received from on other than exceed the preater of \$5,000 or 1% of the amount on line 13 for the year. 6 Add lines 7a and 7b. 9 Amounts from line 6. 8 Public support, (Subtract line 7c from line 6). Calendar year (or fiscal year beginning in) * 9 Amounts from line 6. 113,333. 99,092. 123,369. 114,435. 209,006. 65: 113,333. 99,092. 123,369. 114,435. 209,006. 65: 113,333. 99,092. 123,369. 114,435. 209,006. 65: 113,333. 99,092. 123,369. 114,435. 209,006. 65: 113,333. 99,092. 123,369. 114,435. 209,006. 65: 113,333. 99,092. 123,369. 114,435. 209,006. 65: 113,333. 99,092. 123,369. 114,435. 209,006. 65: 113,333. 99,092. 123,369. 114,435. 209,006. 65: 113,333. 99,092. 123,369. 114,435. 209,006. 65: 113,333. 99,092. 123,369. 114,435. 209,006. 65: 113,333. 99,092. 123,369. 114,435. 209,006. 65: 113,333. 99,092. 123,369. 114,435. 209,006. 65: 114 let income from unrelated business adulties not from interest, obtending from the form of the business is regularly careful on the form of the business is regularly careful on the form of the business is regularly careful on the form of the business is regularly careful on the form of the business is regularly careful on the form of the form of the business is regularly careful on the form of t | 74. 268,337. 0. 0. 06. 659,235. |
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| line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | organization |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | ons |

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI*.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes, answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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| 11 Has the organization accepted a gift or contribution from any of the following persons? a A person vind indexly or indirectly controls, effect alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 3% controlled entity of a person described in (a) above? c A 3% controlled entity of a person described in (a) of (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, tustees, or memberany of one or more supported organizations have the power for regularly account in Part VI. In the directors of trustees, or memberany of one or more supported organizations have the power for regularly account in Part VI. In the International Accounts of the Companization of the Companization described in the Companization of the Companization described in the Companization of the Companizati | Pa | rt IV Supporting Organizations (continued) | | | 5- |
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| a A person who directly or indirectly controls, after alone or together with persons described in (ii) and (ii) below, the governing body of a supported organization. b A family member of a person described in (ii) above? If Yes' to a. b., or c., provide detail in Part VI. The Control of | -1-1 | | | Yes | No |
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| the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its | . • | supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its | I | the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the | 2b | | |
| each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its | 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> 'Yes,' <i>describe in</i> Part VI <i>the role played by the organization in this regard.</i> 3b | i | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| | i | b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard. | 3b | | |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | aniza | ations | |
|-------|--|--------|--|--------------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio | t on I | Nov. 20, 1970 (explain ir ust complete Sections A | n Part VI). See through E. |
| Sec | tion A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| _1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). | 8 | | |
| Sec | tion B — Minimum Asset Amount | · | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | (Applied) | Tagenta |
| | Average monthly value of securities | 1a | | |
| | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | |
| | e Discount claimed for blockage or other factors (explain in detail in Part VI): | | ### ### ### ### ###################### | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sec | tion C — Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | 7 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | 2 (5.5 cm (4.4)) 2 (6.6) | |
| 7 | Check here if the current year is the organization's first as a non-functionally inte (see instructions). | grate | d Type III supporting org | anization |
| BAA | | | Schedule A (Fo | orm 990 or 990-EZ) 2016 |

Schedule A (Form 990 or 990-EZ) 2016 VOLUNTEERS FOR VETERANS FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) 26-4407940 Section D — Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) Excess (ii) Underdistributions Section E — Distribution Allocations (see instructions) (iii) Distributable Distributions Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required - explain in Part VI). See instructions Excess distributions carryover, if any, to 2016: c From 2013. d From 2014. **e** From 2015..... f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D. line 7: a Applied to underdistributions of prior years **b** Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2017. Add lines 3j and 4c. Breakdown of line 7:

BAA

b Excess from 2013 . . . c Excess from 2014 d Excess from 2015 e Excess from 2016.

Schedule A (Form 990 or 990-EZ) 2016

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

2016

OMB No. 1545-0047

Employer identification number VOLUNTEERS FOR VETERANS FOUNDATION 26-4407940 Organization type (check one): Filers of: Section: Form 990 or 990-EZ $\overline{|X|}$ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. \rfloor For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year..... **Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

of

1 of Part I

VOLUNTEERS FOR VETERANS FOUNDATION

Employer identification number 26-4407940

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space | ce is needed | 1107540 |
|---------------|--|-------------------------------|--|
| (a) Numbe | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | SAN MANUEL BAND OF MISSION INDIANS 26569 COMMUNITY CENTER DR HIGHLAND, CA 92346 | - - \$12,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | PAUL D WARE CHARITABLE FOUNDATION 3270 INLAND EMPIRE BLVD, STE 3 ONTARIO, CA 91764 | \$5,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | UNION PACIFIC FOUNDATION 1400 DOUGLAS ST OMAHA, NE 68179-1560 | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | ROCK & BREWS 777 SAN MANUEL BLVD HIGHLAND., CA 92346 | \$ <u>23,200.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) lumber | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions.) |
| (a) umber | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions.) |

Page

of Part II

Name of organization

Employer identification number

VOLUNTEERS FOR VETERANS FOUNDATION 26-4407940 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received N/A (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I

(a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received

(b) Description of noncash property given

BAA

(a) No. from Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

(c) FMV (or estimate) (see instructions)

(d) Date received

VOLUNTEERS FOR VETERANS FOUNDATION

Employer identification number

| Part III | Exclusively religious, charitable | oto contributions to | | 26-4407940 | | | | | |
|---------------------------|--|--------------------------------------|----------------------------|--|--|--|--|--|--|
| | exclusively religious, charitable, or (10) that total more than \$1,000 for the following line entry. For organizations | the year from any one contributions | izations d | escribed in section 501(c)(7), (8), | | | | | |
| | | | | | | | | | |
| | | | instructions in | | | | | | |
| | The supplied of Fall III II additions | al space is needed. | | s.) | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | | |
| | N/A | | | | | | | | |
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| | (e) Transfer of gift | | | | | | | | |
| | Transferents manner addition | Transfer of gift | | | | | | | |
| | Transferee's name, addre | ess, and ZIP + 4 | Relat | ionship of transferor to transferee | | | | | |
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| (a) | (h) | | | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | | |
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| | | (e) Transfer of gift | | | | | | | |
| | Transferee's name, addre | ess. and ZIP + 4 | Relati | onship of transferor to transferee | | | | | |
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| (a) No. from | (b) Purpose of gift | (c) | | (4) | | | | | |
| No. from Part I | Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | | |
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| | (e) Transfer of gift | | | | | | | | |
| | Transferee's name, addre | ss, and ZIP + 4 | Relation | onship of transferor to transferee | | | | | |
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| (2) | (1) | | | | | | | | |
| (a) lo. from | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | | |
| Part I | | | | bescription of now gift is need | | | | | |
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| | | (e) Transfer of gift | | | | | | | |
| | Transferee's name, addres | i ranster of gift ss. and ZIP + 4 | Polationchin of two of two | | | | | | |
| <u> </u> | The state of the s | | neia(i) | onship of transferor to transferee | | | | | |
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

| VOLUNTEERS FOR VETERANS | FOUNDATTO | N | | | Employer identific | |
|---|--|--------------|------------------------------|-----------------------------------|---------------------------------------|---------------------------------------|
| Fundraising Activities Comm | loto if the organic | | vered 'Yes' | on Form 990, Part IV, lin | 26-440794 ne 17. | 10 |
| Form 990-EZ filers are not Indicate whether the organizatio | required to com | ibiete this | nart | | | |
| a X Mail solicitations | raioca idilas (i | rirough an | y or the lor e | | all that apply. government grants | |
| b X Internet and email solicitatio | ns | | f | Solicitation of gove | _ | |
| c X Phone solicitations | | | g | X Special fundraising | • | |
| d X In-person solicitations | | | | | | |
| 2 a Did the organization have a written employees listed in Form 990. P | or oral agreemer | nt with any | individual (| including officers, directo | rs, trustees, or key | |
| b If 'Yes.' list the 10 highest paid in | ndividuals or on | tition (fund | anon with n | Motessional fundraising | carvinac? | X Yes No |
| compensated at least \$5,000 by | the organization |). | iraisers) pt | arsuant to agreements i | under which the fundra | iser is to be |
| (i) Name and address of individual | | (iii) Did | l fundraiser | | (v) Amount paid to | (a) Amazant maid to |
| or entity (fundraiser) | (ii) Activity | | ody or control ributions? | (iv) Gross receipts from activity | (or retained by) fundraiser listed in | (vi) Amount paid to (or retained by) |
| CHARITY AUTO DONATION COR | | Yes | | | column (i) | organization |
| 1 5290 OVERPASS RD, STE 105 | VEHICLE | ies | No | | | |
| GOLETA CA 93111 | DONATION PROGRAM | | X | 87,664. | 59,250. | 28,414. |
| | | | | 3.7001. | 33,230. | 20,414. |
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| | 1 | <u> </u> | | | | |
| 7 List all states in which the against | | | | 87,664. | 59,250. | 28,414. |
| 3 List all states in which the organizati or licensing. | on is registered o | or licensed | to solicit co | ntributions or has been n | otified it is exempt from i | registration |
| <u>CA</u> | | | | | | |
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Schedule G (Form 990 or 990-EZ) 2016 VOLUNTEERS FOR VETERANS FOUNDATION 26-4407940 Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) through column (c)) CAR SHOW NONE REVENUE (event type) (event type) (total number) 1 Gross receipts..... 37,074. 37,074. Gross income (line 1 minus line 2).... 3 37,074. 37,074. 4 Noncash prizes..... DIRECT Rent/facility costs..... EXPENSES 8 Entertainment..... Other direct expenses..... 26,372. 26,372. 10 Direct expense summary. Add lines 4 through 9 in column (d) 26,372. Net income summary. Subtract line 10 from line 3, column (d)..... 10,702. Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming REVENUE (a) Bingo bingo/progressive bingo (c) Other gaming (add column (a) through column (c) Gross revenue..... EXPENSES DIRECT Rent/facility costs..... Other direct expenses..... Yes Yes Yes Volunteer labor..... No No No 7 Direct expense summary. Add lines 2 through 5 in column (d)..... **9** Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? **b** If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?..... Yes **b** If 'Yes,' explain:

| Sch | nedule G (Form 990 or 990-EZ) 2016 VOLUNTEERS FOR VETERANS FOUNDATION | 26-4407 | 940 | Page 3 |
|-----|--|--------------------------|------------------|-----------|
| | Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed administer charitable gaming? | .0 | | |
| | | | Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | 1 1 | | |
| | a The organization's facility | 13а | | % |
| | b An outside facility | 12h | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and recor | ds: | | |
| | Name • | | | |
| | Address • | | | |
| 15 | a Does the organization have a contract with a third party from whom the organization receives gaming revel | | | |
| | | the amoun | | No |
| | or garring revenue retained by the third party - \$ | the amoun | · | |
| 1 | c If 'Yes,' enter name and address of the third party: | | | |
| | Name • | | | |
| | Address • | | | 1 |
| 16 | Gaming manager information: | | | ' |
| | Name • | | | |
| | Gaming manager compensation ► \$ | | | - |
| | Description of services provided | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | | |
| 17 | Mandatory distributions | | | |
| a | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | | | □ |
| ŧ | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in | the | Yes | No |
| | organization's own exempt activities during the tax year > \$ | | | |
| Par | Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions | olumns (ii ny additio | i) and (v nal | /); |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2016

OMB No. 1545-0047

Open to Public Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

% ⊠ **Employer identification number** Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 26-4407940 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part I General Information on Grants and Assistance VOLUNTEERS FOR VETERANS FOUNDATION Part II

| or government | | (if applicable) | (4) Amicain of cash giant | (e) Amount of non-cash | (f) Method of valuation | (g) Description of | (h) Purpose of grant |
|--|--------------------------|-----------------------|---------------------------|------------------------|---------------------------------|--------------------|----------------------------|
| | | , | | dastaldine | (book, riviv, appraisal, other) | noncash assistance | or assistance |
| (1) VA_LOMA_LINDA | | | | | | | |
| 11201_BENTON_STREET | | | | | | | |
| LOMA LINDA, CA 92354 | 95-3625072 | | 31,600. | 0. | | | |
| (2) MEMORIAL HONOR DETAIL | | | | | | | |
| 22495_VAN_BUREN_BLVD | | | | | | | |
| | 33-0877071 | | 10,000. | C | | | |
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| |) and government org | janizations listed II | n the line I table | | | • | 0 |
| S Enter total number of other organizations listed in the line I table. | ons listed in the line i | table | | | | ▲ | 2 |
| BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. | see the Instructions | for Form 990. | | TEEA3901L 11/03/16 | 1/03/16 | Schodulo | Schodule 1/Eerm 000 (2016) |

Schedule I (Form 990) (2016)

TEEA3901L 11/03/16

Page 2

Schedule I (Form 990) (2016) VOLUNTEERS FOR VETERANS FOUNDATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| ASSISTANCE TO VETERANS IN | | | | | |
| 1 NEED | 850 | 40,580. | | | |
| 7 | | | | | |
| m | | | | | |
| 4 | | | | | |
| | | | | | |
| 9 | | | | | |
| 7 | | | | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information | le the information | required in Part I, | line 2; Part III, col | umn (b); and any other | additional information |
| | | | | | |

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

VOLUNTEERS FOR VETERANS FOUNDATION

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 26-4407940

| P | art I Types of Property | | | | -4407940 |
|--------|--|-------------------------------|---|---|--|
| | Types of Froperty | | 1 | | |
| 1 | Art. Works of art | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
| ' | Art — Works of art | | | | |
| 2 | and the cooling of th | | | | |
| 3 | The state of the s | | | | |
| 4 | Books and publications | | | | |
| 5 | and the decention goods | | | | |
| 6 | The district formoics | X | 65 | 87,664. | SELLING PRICE |
| 7 8 | | | | | |
| 9 | Intellectual property. | | | | |
| 10 | Securities – Publicly traded | | | | |
| 11 | Securities - Closely held stock | | | | |
| 12 | Securities — Partnership, LLC, or trust interests. | | | | |
| | oonanoodo | | | | |
| 13 | Qualified conservation contribution — Historic structures | | | | |
| 14 | _ | | | | |
| 15 | Real estate – Residential | | | | |
| 16 | Real estate — Commercial | | | | |
| 17 | Real estate — Other. | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens. | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | | | | | |
| 26 | Other ► () | | | | |
| 27 | Other ► () | | | | |
| 28 | Other () | | | | |
| | | | | | |
| 29 | Number of Forms 8283 received by the organization du | iring the tax | year for contributions for | which the | |
| | organization completed Form 8283, Part IV, Donee | Acknowled | gement | | 29 |
| | | | | | Yes No |
| 30a | During the year, did the organization receive by contrib it must hold for at least three years from the date of for exempt purposes for the entire holding period?. | of the initial | pperty reported in Part I, I contribution, and which | isn't required to be us | |
| b | If 'Yes,' describe the arrangement in Part II. | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | X |
| | Does the organization have a gift acceptance policy | v that requir | es the review of any no | onstandard contribution | c? 21 V |
| | Does the organization hire or use third parties or re | elated organ | | ess, or sell | |
| b | If 'Yes,' describe in Part II. | | | ***************** | 32a X |
| | If the organization didn't report an amount in colum describe in Part II | nn (c) for a t | type of property for which | ch column (a) is checke | ed, |

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

VOLUNTEERS FOR VETERANS FOUNDATION 26-4407940

Employer identification number

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

PROVIDE SUPPORT AND ASSISTANCE TO VETERANS OF THE U. S. ARMED FORCES AND ACTIVE MILITARY PERSONNEL. PROVIDE SUPPORT AND ASSISTANCE TO OTHER CHARITABLE OR GOVERNMENT ORGANIZATIONS THAT OFFER SUPPORT AND/OR EDUCATION PROGRAMS TO VETERANS OR MILITARY PERSONNEL IN NEED OF FINANCIAL ASSISSTANCE.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

PROVIDE SUPPORT AND ASSISTANCE TO VETERANS OF THE U. S. ARMED FORCES AND ACTIVE MILITARY PERSONNEL. PROVIDE SUPPORT AND ASSISTANCE TO OTHER CHARITABLE OR GOVERNMENT ORGANIZATIONS THAT OFFER SUPPORT AND/OR EDUCATION PROGRAMS TO VETERANS OR MILITARY PERSONNEL IN NEED OF FINANCIAL ASSISSTANCE.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.