Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2006 calendar year, or tax year beginning 01-01-2006 and ending 12-31-2006

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION
SERVICE FOUNDATION

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1213 S DALE AVENUE

City or town, state or country, and ZIP + 4
ANAHEIM, CA 928044922

D Employer identification number
95-6056761

E Telephone number
(714) 761-5811

F Accounting method ☑ Cash ☐ Accrual
☐ Other (specify) ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? ☐ Yes ☑ No
H(b) If "Yes" enter number of affiliates ▶
H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☑ Yes ☐ No
I Group Exemption Number ▶
M Check ▶ ☑ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site: ▶ na

J Organization type (check only one) ▶ ☑ 501(c) (19) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than 25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 25,051,232

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a	23,451,039		
	b	Direct public support (not included on line 1a)	1b			
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	**Total** (add lines 1a through 1d) (cash $ 23,451,039 noncash $)			1e	23,451,039
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	764,136
	5	Dividends and interest from securities			5	39,879
	6a	Gross rents	6a	761,816		
	b	Less rental expenses	6b	233,707		
	c	Net rental income or (loss) subtract line 6b from line 6a			6c	528,109
	7	Other investment income (describe ▶)			7	

			(A) Securities		(B) Other		
	8a	Gross amount from sales of assets other than inventory		8a	34,362		
	b	Less cost or other basis and sales expenses		8b			
	c	Gain or (loss) (attach schedule)		8c	34,362		
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)				8d	34,362

	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	24,817,525
Expenses	13	Program services (from line 44, column (B))			13	2,319,283
	14	Management and general (from line 44, column (C))			14	349,220
	15	Fundraising (from line 44, column (D))			15	19,011,625
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** Add lines 16 and 44, column (A)			17	21,680,128
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	3,137,397
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	33,599,540
	20	Other changes in net assets or fund balances (attach explanation)			20	-44,201
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	36,692,736

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash $ 1,100,597 noncash $) If this amount includes foreign grants, check here	22a	1,100,597	1,100,597		
22b Other grants and allocations (attach schedule) (cash $ noncash $) If this amount includes foreign grants, check here	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	41,500		41,500	
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b and c	26	8,743,948	1,041,749		7,702,199
27 Pension plan contributions not included on lines 25a, b and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29	705,012	88,302		616,710
30 Professional fundraising fees	30	3,207,981			3,207,981
31 Accounting fees	31	12,230		12,230	
32 Legal fees	32	127,981		127,981	
33 Supplies	33	15,063	15,063		
34 Telephone	34	49,655	7,350	4,468	37,837
35 Postage and shipping	35	14,759	4,373	4,812	5,574
36 Occupancy	36	846,008	510	510	844,988
37 Equipment rental and maintenance	37	21,019			21,019
38 Printing and publications	38	28,590	15,767	12,823	
39 Travel	39	4,996	4,996		
40 Conferences, conventions, and meetings	40	13,092		13,092	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	785,002		28,967	756,035
43 Other expenses not covered above (itemize)					
a SEE SCHEDULE II ATTACHED	43a	5,962,695	40,576	102,837	5,819,282
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	21,680,128	2,319,283	349,220	19,011,625

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ☐ **Yes** ☐ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $______, **(ii)** the amount allocated to Program services $______, **(iii)** the amount allocated to Management and general $, and **(iv)** the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶ SERVICE TO ALL VETERANS All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a PROGRAMS,HOUSING AND EQUIPMENT APPROVED BY THE VETERANS ADMINSTRATION MEDICAL CENTERS FOR THE BENEFITS OF OUR VETERANS AND ARE JUSTIFIED BY VAMC ACKNOWLEDGEMENT MONTHLY (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	1,100,597
b EMPLOY ACCREDITED SERVICE OFFICERS IN ALL VETERANS ADMINSTRATION MEDICAL CENTERS, REGIONAL OFFICES, AND ON MANY MILITARY BASES TO HELP ALL VETERANS OBTAIN BENEFITS THEY DESERVE AND RECEIVE OTHER NEEDED INFORMATION THE SERVICE OFFICERS RECEIVE YEARLY TRAINING, EQUIPMENT, OFFICE SPACE, TELEPHONE, AND SUPPLIES NEEDED TO COMPLETE THEIR SERVICES TO OUR VETERANS (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	1,218,686
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . ▶	2,319,283

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets					
45	Cash—non-interest-bearing		4,330,907	45	3,878,957
46	Savings and temporary cash investments		16,573,973	46	20,474,007
47a	Accounts receivable	47a			
b	Less allowance for doubtful accounts	47b		47c	
48a	Pledges receivable	48a			
b	Less allowance for doubtful accounts	48b		48c	
49	Grants receivable			49	
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b	
51a	Other notes and loans receivable (attach schedule)	51a 1,184,384			
b	Less allowance for doubtful accounts	51b	1,250,529	51c	1,184,384
52	Inventories for sale or use		619,213	52	619,213
53	Prepaid expenses and deferred charges			53	
54a	Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV			54a	
b	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV			54b	
55a	Investments—land, buildings, and equipment basis	55a			
b	Less accumulated depreciation (attach schedule)	55b		55c	
56	Investments—other (attach schedule)		600,000	56	600,000
57a	Land, buildings, and equipment basis	57a 14,488,558			
b	Less accumulated depreciation (attach schedule)	57b 4,301,466	10,324,035	57c	10,187,092
58	Other assets, including program-related investments (describe ▶)		649,879	58	542,280
59	**Total assets** (must equal line 74) Add lines 45 through 58		34,348,536	59	37,485,933
Liabilities					
60	Accounts payable and accrued expenses		597,718	60	630,408
61	Grants payable			61	
62	Deferred revenue			62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
64a	Tax-exempt bond liabilities (attach schedule)			64a	
b	Mortgages and other notes payable (attach schedule)			64b	
65	Other liabilities (describe ▶)		151,278	65	162,789
66	**Total liabilities** Add lines 60 through 65		748,996	66	793,197
Net Assets or Fund Balances					
	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted			67	
68	Temporarily restricted			68	
69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds			70	
71	Paid-in or capital surplus, or land, building, and equipment fund			71	
72	Retained earnings, endowment, accumulated income, or other funds		33,599,540	72	36,692,736
73	**Total net assets or fund balances** Add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)		33,599,540	73	36,692,736
74	**Total liabilities and net assets / fund balances** Add lines 66 and 73		34,348,536	74	37,485,933

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			**a**	6,129,698
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	**b1**			
2	Donated services and use of facilities	**b2**			
3	Recoveries of prior year grants	**b3**			
4	Other (specify)	**b4**			
	Add lines **b1** through **b4**			**b**	
c	Subtract line **b** from line **a**			**c**	6,129,698
d	Amounts included on Part I, line 12, but not on line **a**				
1	Investment expenses not included on Part I, line 6b	**d1**			
2	Other (specify)	**d2**	18,687,827		
	Add lines **d1** and **d2**			**d**	
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			**e**	24,817,525

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			**a**	2,902,717
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	**b1**			
2	Prior year adjustments reported on Part I, line 20	**b2**			
3	Losses reported on Part I, line 20	**b3**			
4	Other (specify)	**b4**			
	Add lines **b1** through **b4**			**b**	
c	Subtract line **b** from line **a**			**c**	2,902,717
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	**d1**			
2	Other (specify)	**d2**	18,777,411		
	Add lines **d1** and **d2**			**d**	18,777,411
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			**e**	21,680,128

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(If not paid, enter -0-.)**	**(D)** Contributions to employee benefit plans & deferred compensation plans	**(E)** Expense account and other allowances
SEE SCHEDULE V ATTACHED 1213 S DALE AVE ANAHEIM, CA 92804	VARIOUS 0 00	0	0	41,500

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 7			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" ▶	75c		No
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	75d	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		No
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		No
	If "Yes," attach a conformed copy of the changes			
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a		No
b	If "Yes," enter the name of the organization ▶ ______ and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions) 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		No

Part VI Other Information *(continued)*

		Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		No
b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) **82b**			
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a		
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 *501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a		
b Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
If "Yes," was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c Dues assessments, and similar amounts from members **85c**			
d Section 162(e) lobbying and political expenditures **85d**			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices **85e**			
f Taxable amount of lobbying and political expenditures (line 85d less 85e) **85f**			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86 *501(c)(7) orgs.* Enter **a** Initiation fees and capital contributions included on line 12 **86a**			
b Gross receipts, included on line 12, for public use of club facilities **86b**			
87 *501(c)(12) orgs.* Enter **a** Gross income from members or shareholders **87a**			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **87b**			
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		No
b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a *501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ ______, section 4912 ▶ ______, section 4955 ▶ ______			
b *501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶			
e *All organizations.* At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		
f *All organizations.* Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g *For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		No

90a List the states with which a copy of this return is filed ▶

b Number of employees employed in the pay period that includes March 12, 2006 (See instructions) **90b** 480

91a The books are in care of ▶ The Organization Telephone no ▶ (714) 761-5811

Located at ▶ 1213 S DALE AVENUE ANAHEIM, CA ZIP + 4 ▶ 928044922

		Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		No

If "Yes," enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts

Part VI Other Information *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No
	If "Yes," enter the name of the foreign country ▶			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***—Check here . . . . ▶ ☐			
	and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶	92		

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	764,136	
96 Dividends and interest from securities			14	39,879	
97 Net rental income or (loss) from real estate					
a debt-financed property			16	528,109	
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	34,362	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,366,486	

105 Total (add line 104, columns (B), (D), and (E)) . . . . ▶ 1,366,486

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . ☐ **Yes** ☑ **No**

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . ☐ **Yes** ☑ **No**

NOTE: *If "Yes" to* ***(b)****, file Form 8870* ***and*** *Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

****** — 2007-10-24

Signature of officer — Date

JOSEPH T KOLANO VICE PRESIDENT

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4: WINDES & McCLAUGHRY ACCT CORP PO BOX 87 LONG BEACH, CA 908010087			EIN Phone no (562) 435-1191

TY 2006 DAFCashGrantsPaidSchedule

Name: AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION
SERVICE FOUNDATION

EIN: 95-6056761

Class of Activity	Recipient's name	Address	Amount	Relationship
SEE SCHEDULE I ATTACHED	VARIOUS	1213 S DALE AVENUE ANAHEIM, CA 92804	1,100,597	NA

TY 2006 Depreciation and Depletion Schedule

Name: AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION
SERVICE FOUNDATION

EIN: 95-6056761

Asset	Amount
DETAILS AVAILABLE UPON REQUEST	756,035
DETAILS AVAILABLE UPON REQUEST	28,967

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2006 Gain/Loss from Sale of Other Assets Schedule

Name: AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION
SERVICE FOUNDATION

EIN: 95-6056761

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)	Accumulated Depreciation
GAIN ON SALE OF PROPERTY	2006-06	DONATED	2006-06		34,362	0	0	34,362	

TY 2006 Investments - Other Schedule

Name: AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION
SERVICE FOUNDATION

EIN: 95-6056761

Description	Book Value	Cost/FMV
SEE SCHEDULE IV ATTACHED	600,000	C

TY 2006 Officer Compensation Schedule

Name: AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION
SERVICE FOUNDATION

EIN: 95-6056761

SEE SCHEDULE V ATTACHED

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General			41,500
Fundraising			

TY 2006 Other Assets Schedule

Name: AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION
SERVICE FOUNDATION

EIN: 95-6056761

Description	Beginning of Year Amount	End of Year Amount
SEE SCHEDULE III ATTACHED	649,879	542,280

TY 2006 Other Changes in Net Assets Schedule

Name: AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION
SERVICE FOUNDATION

EIN: 95-6056761

Description	Amount
PRIOR ADJUSTMENT	-44,201

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TY 2006 Other Expenses Not Included Schedule

Name: AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION
SERVICE FOUNDATION

EIN: 95-6056761

Description	Amount
THRIFT STORE EXPENSES NET AGAINST REVENUE	19,011,625
CASH VS ACCRUAL ADJUSTMENT	-234,214

TY 2006 Other Liabilities Schedule

Name: AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION
SERVICE FOUNDATION

EIN: 95-6056761

Description	Beginning of Year Amount	End of Year Amount
SEE SCHEDULE III ATTACHED	151,278	162,789

TY 2006 Other Revenues Not Included Schedule

Name: AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION SERVICE FOUNDATION

EIN: 95-6056761

Description	Amount
THRIFT STORE EXPENSES NET AGAINST REVENUE	19,011,625
CASH VS ACCRUAL ADJUSTMENT	-323,798