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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

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

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 ▶ 0838

M Check ▶ ☑ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site: ▶ n/a

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 ▶ 31,097,573

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			
	b	Direct public support (not included on line 1a)	1b	5,169,582		
	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 $ 4,020 noncash $ 5,165,562)			1e	5,169,582
	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	214,017
	5	Dividends and interest from securities			5	985,695
	6a	Gross rents	6a	213,291		
	b	Less rental expenses	6b	105,746		
	c	Net rental income or (loss) subtract line 6b from line 6a			6c	107,545
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory — (A) Securities: ; (B) Other: 31,800	8a	31,800		
	b	Less cost or other basis and sales expenses — (A) Securities: ; (B) Other: 1,406	8b	1,406		
	c	Gain or (loss) (attach schedule) — (A) Securities: ; (B) Other: 30,394	8c	30,394		
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	30,394
	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	24,483,188		
	b	Less cost of goods sold	10b	24,483,188		
	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	6,507,233
Expenses	13	Program services (from line 44, column (B))			13	2,503,102
	14	Management and general (from line 44, column (C))			14	298,216
	15	Fundraising (from line 44, column (D))			15	
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** Add lines 16 and 44, column (A)			17	2,801,318
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	3,705,915
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	36,692,736
	20	Other changes in net assets or fund balances (attach explanation)			20	-382,079
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	40,016,572

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 $ ____ noncash $ ____) If this amount includes foreign grants, check here ▶ ☐	**22a**				
22b Other grants and allocations (attach schedule) (cash $ 1,135,039 noncash $ ____) If this amount includes foreign grants, check here ▶ ☐	**22b**	1,135,039	1,135,039		
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**	175,537	133,537	42,000	
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**	1,004,671	1,004,671		
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**	93,345	93,345		
30 Professional fundraising fees	**30**				
31 Accounting fees	**31**	36,440		36,440	
32 Legal fees	**32**	79,040		79,040	
33 Supplies	**33**	31,383	24,427	6,956	
34 Telephone	**34**	10,308	6,602	3,706	
35 Postage and shipping	**35**	12,833	9,919	2,914	
36 Occupancy	**36**				
37 Equipment rental and maintenance	**37**	3,121		3,121	
38 Printing and publications	**38**	33,043	21,783	11,260	
39 Travel	**39**	23,368	3,371	19,997	
40 Conferences, conventions, and meetings	**40**				
41 Interest	**41**				
42 Depreciation, depletion, etc (attach schedule)	**42**	46,300	7,460	38,840	
43 Other expenses not covered above (itemize)					
a See Additional Data Table	**43a**				
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**	2,801,318	2,503,102	298,216	

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 GRANTS AWARDED TO POST AND DISTRICTS AND USED AT VARIOUS VAMC HOSPITALS, AND VETERANS HOME FOR SERVICE AND REHABILITATION OF VETERANS PROGRAMS,HOUSING AND EQUIPMENT APPROVED BY THE VETERANS ADMINSTRATION MEDICAL CENTERS FOR THE BENEFITS OF OUR VETERANS SEE ATTACHED LIST OF GRANTS (Grants and allocations $ 1,135,039) If this amount includes foreign grants, check here ▶ ☐	1,135,039
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 THE FOUNDATION IS CURRENTLY PROVIDING CLAIMS ASSISTANCE IN 4 REGIONAL OFFICES, 10 VA HOSPITALS AND 4 OUT-PATIENT CLINICS, STAFFED BY 36 SERVICE OFFICERS OVER 259,000 CONTACTS BY SERVICE OFFICERS WERE MADE FOR THE YEAR ENDED DECEMBER 31, 2007 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	1,368,063
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) . . . . ▶	2,503,102

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		3,878,957	45	1,427,134
46	Savings and temporary cash investments		20,474,007	46	4,239,352
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 1,060,344			
b	Less allowance for doubtful accounts	51b	1,184,384	51c	1,060,344
52	Inventories for sale or use		619,213	52	619,213
53	Prepaid expenses and deferred charges			53	228,027
54a	Investments—publicly-traded securities ☐ Cost ☐ FMV			54a	
b	Investments—other securities (attach schedule) ☐ Cost ☑ FMV		600,000	54b	23,745,395
55a	Investments—land, buildings, and equipment basis	55a			
b	Less accumulated depreciation (attach schedule)	55b		55c	
56	Investments—other (attach schedule)			56	
57a	Land, buildings, and equipment basis	57a 14,757,887			
b	Less accumulated depreciation (attach schedule)	57b 4,945,837	10,187,092	57c	9,812,050
58	Other assets, including program-related investments (describe ▶)		542,339	58	239,130
59	**Total assets** (must equal line 74) Add lines 45 through 58		37,485,992	59	41,370,645
Liabilities					
60	Accounts payable and accrued expenses		630,408	60	1,056,201
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 ▶)		162,848	65	297,872
66	**Total liabilities** Add lines 60 through 65		793,256	66	1,354,073
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		36,692,736	72	40,016,572
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)		36,692,736	73	40,016,572
74	**Total liabilities and net assets / fund balances** Add lines 66 and 73		37,485,992	74	41,370,645

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	6,682,356
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	b1	69,377		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify)	b4	105,746		
	Add lines **b1** through **b4**			b	175,123
c	Subtract line **b** from line **a**			c	6,507,233
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			
	Add lines **d1** and **d2**			d	175,123
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ►			e	6,507,233

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

a	Total expenses and losses per audited financial statements			a	2,907,064
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	105,746		
	Add lines **b1** through **b4**			b	105,746
c	Subtract line **b** from line **a**			c	2,801,318
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			
	Add lines **d1** and **d2**			d	
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ►			e	2,801,318

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
MANUEL TOLEDO 1213 SOUTH DALE AVE ANAHEIM,CA 92804	PRESIDENT 2 00	6,000	0	0
JOSEPH KOLANO 1213 SOUTH DALE AVE ANAHEIM,CA 92804	VICE PRESIDENT 2 00	139,537	0	0
JOANQUIN SILVA 1213 SOUTH DALE AVE ANAHEIM,CA 92804	TREASURER 2 00	6,000	0	0
DONALD MCDONALD 1213 SOUTH DALE AVE ANAHEIM,CA 92804	SECRETARY 2 00	6,000	0	0
JOEL DEVENISH 1213 SOUTH DALE AVE ANAHEIM,CA 92804	TRUSTEE 2 00	6,000	0	0
GEORGE MANESS 1213 SOUTH DALE AVE ANAHEIM,CA 92804	TRUSTEE 2 00	6,000	0	0
ARTHUR BENTON JR 1213 SOUTH DALE AVE ANAHEIM,CA 92804	DEPT COMMANDER 2 00	3,000	0	0
JAMES PIDGEON 1213 SOUTH DALE AVE ANAHEIM,CA 92804	DEPT COMMANDER 2 00	3,000	0	0

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? . . . If "Yes," attach a conformed copy of the changes	**77**		No
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	Yes	
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 ▶ CA

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) **90b** 498

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	214,017	
96 Dividends and interest from securities . . .			14	985,695	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property			16	107,545	
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	30,394	
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)) . .				1,337,651	

105 **Total** (add line 104, columns (B), (D), and (E)) . . . . ▶ 1,337,651

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
a				
b				
c				
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
a				
b				
c				
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

****** | 2008-11-04
Signature of officer | Date

JAMES D PIDGEON 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

Additional Data

Software ID:
Software Version:
EIN: 95-6056761
Name: AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

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
a INSURANCEWORKER'S COMP	43a	39,004	9,479	29,525	
b ADVERTISING & PUBLICATION	43b	1,016	1,016		
c PEST CONTROL	43c	739		739	
d LICENSES AND OTHER TAXES	43d	297		297	
e REAL ESTATE TAX	43e	5,601		5,601	
f SMALL TOOLS & EQUIPMENT	43f	532	532		
g UTILITIES	43g	4,709		4,709	
h MISC EXPENSES	43h	5,081	4,491	590	
i TRAINING	43i	47,430	47,430		
j MAINTENANCE AND REPAIRS	43j	12,481		12,481	

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2007

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION	Cost of Goods Sold	95-6056761

Part I **Election To Expense Certain Property Under Section 179**
Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	1	125,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	500,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7 Listed property Enter the amount from line 29	7			
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7			8	
9 Tentative deduction Enter the **smaller** of line 5 or line 8			9	
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562			10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)			11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11			12	
13 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12 ▶	13			

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	726,427

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	
Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28			21	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr			22	726,427
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23			

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.)*

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No | **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 . **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 . . . . **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles) . .												
31 Total commuting miles driven during the year .												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use? .												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year (see instructions)					

43 Amortization of costs that began before your 2007 tax year **43**

44 **Total.** Add amounts in column (f) See the instructions for where to report . . **44**

TY 2007 Cash Grants Paid Schedule

Name: AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION

EIN: 95-6056761

Class of Activity	Recipient's name	Address	Amount	Relationship
SERVICE AND REHABILITATION OF VETERANS	BARSTOW VETERANS HOME	100 E VETERANS PARKWAY BARSTOW, CA 92311	68,050	NA
SERVICE AND REHABILITATION OF VETERANS	CHULA VISTA VETERANS HOME	700 EAST NAPLES COURT CHULA VISTA, CA 91911	34,348	NA
SERVICE AND REHABILITATION OF VETERANS	FRESNO VAMC	2615 EAST CLINTON AVE FRESNO, CA 93703	107,280	NA
SERVICE AND REHABILITATION OF VETERANS	LIVERMORE VAMC	4951 ARROYO ROAD LIVERMORE, CA 94550	16,449	NA
SERVICE AND REHABILITATION OF VETERANS	LOMA LINDA VAMC	11201 BENTON STREET LOMA LINDA, CA 92357	32,882	NA
SERVICE AND REHABILITATION OF VETERANS	LONG BEACH VAMC	5901 EAST 7TH STREET LONG BEACH, CA 90822	108,773	NA
SERVICE AND REHABILITATION OF VETERANS	LOS ALAMITOS TRAINING BASE	4522 SARATOGA AVE LOS ALAMITOS, CA 90720	40,000	NA
SERVICE AND REHABILITATION OF VETERANS	LOS ANGELES VA CLINIC	11301 WILSHIRE BLVD LOS ANGELES, CA 90073	7,742	NA

Class of Activity	Recipient's name	Address	Amount	Relationship
SERVICE AND REHABILITATION OF VETERANS	NEVADA VAMC	5460 RENO CORPORATE DRIVE RENO, NV 89511	75,583	NA
SERVICE AND REHABILITATION OF VETERANS	PALO ALTO VAMC	3801 MIRANDA AVE PALO ALTO, CA 943041290	2,200	NA
SERVICE AND REHABILITATION OF VETERANS	SAN DIEGO VAMC	3350 LA JOLLA VILLAGE DRIVE SAN DIEGO, CA 92161	46,580	NA
SERVICE AND REHABILITATION OF VETERANS	SEPULVEDA VAMC	9737 HASKELL AVE SEPULVEDA, CA 91343	3,591	NA
SERVICE AND REHABILITATION OF VETERANS	WEST LOS ANGELES VAMC	11301 WILSHIRE BLVD LOS ANGELES, CA 90073	91,423	NA
SERVICE AND REHABILITATION OF VETERANS	YOUNTVILLE VAMC	4150 CLEMENT STREET SAN FRANCISCO, CA 94121	119,326	NA
SERVICE AND REHABILITATION OF VETERANS	EDUCATIONAL FUNDS	1213 S DALE AVE ANAHEIM, CA 92804	28,111	NA
SERVICE AND REHABILITATION OF VETERANS	HOSPITAL CARE KITS	1213 S DALE AVE ANAHEIM, CA 92804	25,851	NA

Class of Activity	Recipient's name	Address	Amount	Relationship
SERVICE AND REHABILITATION OF VETERANS	MATHER	1213 S DALE AVE ANAHEIM, CA 92804	6,080	NA
SERVICE AND REHABILITATION OF VETERANS	OPERATIONS DVD	1213 S DALE AVE ANAHEIM, CA 92804	20,000	NA
SERVICE AND REHABILITATION OF VETERANS	PSYCHOLOGICAL CO	1213 S DALE AVE ANAHEIM, CA 92804	4,500	NA
SERVICE AND REHABILITATION OF VETERANS	ROTC PROGRAM	1213 S DALE AVE ANAHEIM, CA 92804	112,867	NA
SERVICE AND REHABILITATION OF VETERANS	SAN JOSE NATIONAL CEMETARY	1213 S DALE AVE ANAHEIM, CA 92804	650	NA
SERVICE AND REHABILITATION OF VETERANS	STORIES OF SERVICE	1213 S DALE AVE ANAHEIM, CA 92804	100,000	NA
SERVICE AND REHABILITATION OF VETERANS	TEAM RIVER RUNNER	1213 S DALE AVE ANAHEIM, CA 92804	30,000	NA
SERVICE AND REHABILITATION OF VETERANS	VARIOUS SYMPOSIUM VALLEY FORGE	1213 S DALE AVE ANAHEIM, CA 92804	44,284	NA

Class of Activity	Recipient's name	Address	Amount	Relationship
SERVICE AND REHABILITATION OF VETERANS	WALK OF HONOR	1213 S DALE AVE ANAHEIM, CA 92804	5,719	NA
SERVICE AND REHABILITATION OF VETERANS	WHEEL CHAIRS	1213 S DALE AVE ANAHEIM, CA 92804	2,750	NA

TY 2007 Depreciation and Depletion Schedule

Name: AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION

EIN: 95-6056761

Asset	Amount
SERVICE FDN PROPERTY VEHICLES & EQUIPMENT	38,840
COMPUTER EQUIPMENT-SERVICES & REHAB	7,460

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

TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name: AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION

EIN: 95-6056761

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
VEHICLESEQUIPMENT-THRIFT STORES	2007-06	PURCHASED	2007-06		31,800	262,697		0	30,394	261,291

TY 2007 Investments - Securities Schedule

Name: AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION

EIN: 95-6056761

Description	Book Value	Cost/FMV
CERTIFICATES OF DEPOSIT	601,159	F
US GOVERNMENTAGENCY SECURITIES	23,144,236	F

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TY 2007 Land etc. Schedule

Name: AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION

EIN: 95-6056761

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
SERVICE FDN PROPERTY VEHICLES & EQUIPMENT	2,794,595	644,386	2,150,209
COMPUTER EQUIPMENT-SERVICES & REHAB	63,883	30,541	33,342
THRIFT STORE PROPERTY VEHICLES EQUIPMENT	11,899,409	4,270,910	7,628,499

TY 2007 Other Assets Schedule

Name: AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION

EIN: 95-6056761

Description	Beginning of Year Amount	End of Year Amount
WORK COMP LOSS FUND	60,510	0
PREPAID INSURANCE	130,859	0
OTHER PREPAID EXPENDITURES	135,474	0
GOODWILL	202,555	0
DEPOSITS - REFUNDABLE	12,941	0
ACCRUED INTEREST RECEIVABLE	0	94,418
DEFERRED COMPENSATION PLAN ASSETS	0	142,704
OTHER ASSETS	0	2,008

TY 2007 Other Changes in Net Assets Schedule

Name: AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION

EIN: 95-6056761

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	69,377
ADJUSTMENT TO ACCRUAL BASIS OF ACCOUNTING	-451,456

TY 2007 Other Expenses Included Schedule

Name: AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION

EIN: 95-6056761

Description	Amount
RENTAL EXPENSES NETTED AGAINST RENTAL INCOME	105,746

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TY 2007 Other Liabilities Schedule

Name: AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION

EIN: 95-6056761

Description	Beginning of Year Amount	End of Year Amount
SECURITY DEPOSIT	10,000	0
DEFERRED COMPENSATION PLAN LIABILITY	0	142,704
SALES TAX PAYABLE	152,848	155,168

TY 2007 Other Revenues Included Schedule

Name: AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION

EIN: 95-6056761

Description	Amount
RENTAL EXPENSES NETTED AGAINST RENTAL INCOME	105,746