

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

2008

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 **2008** calendar year, or tax year beginning and ending

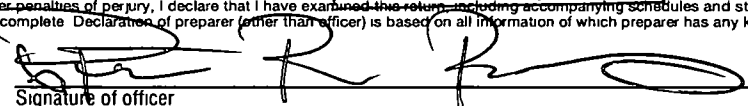
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION		D Employer identification number 95-6056761
		Doing Business As		E Telephone number 714-761-5811
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1213 S. DALE AVENUE		G Gross receipts \$ 36,842,634.
		City or town, state or country, and ZIP + 4 ANAHEIM, CA 92804-4922		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 0838
		F Name and address of principal officer: JAMES D. PIDGEON SAME AS C ABOVE		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (19) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ N/A				
K Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation: 1970 M State of legal domicile: CA				

Part I Summary


Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SERVICE TO ALL VETERANS			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7	
	5 Total number of employees (Part V, line 2a)	5	801	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	5,169,582.	9,978,021.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,199,712.	951,908.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	137,939.		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,507,233.	10,929,929.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,135,039.	4,111,849.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,180,208.	2,000,873.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		3,899,692.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,899,692.			
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	486,071.	730,831.	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,801,318.	10,743,245.	
	19 Revenue less expenses. Subtract line 18 from line 12	3,705,915.	186,684.	
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
		21 Total liabilities (Part X, line 26)	41,370,645.	41,640,131.
		22 Net assets or fund balances Subtract line 21 from line 20	1,354,073.	1,572,675.
			40,016,572.	40,067,456.

Part II Signature Block

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.

Sign Here:  Date: **11/16/09**

Signature of officer: **PETER RAMIREZ, SECRETARY**
Type or print name and title

Paid Preparer's Use Only: Preparer's signature:  Date: **11/16/09** Check if self-employed: Preparer's identifying number (see instructions):
Firm's name (or yours if self-employed), address, and ZIP + 4: **SUAR, MILNER, PETERSON ET. AL. LLP**
4100 NEWPORT PLACE, THIRD FLOOR
NEWPORT BEACH, CA 92660
EIN ▶ Phone no. ▶

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission
SERVICE TO ALL VETERANS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ **4,111,849.** including grants of \$ **4,111,849.**) (Revenue \$)
GRANTS AWARDED TO POST AND DISTRICTS TO BE USED AT VARIOUS VAMC HOSPITALS, AND VETERANS HOME FOR SERVICE AND REHABILITATION OF VETERANS. PROGRAMS, HOUSING AND EQUIPMENT APPROVED BY THE VETERANS ADMINISTRATION MEDICAL CENTERS FOR THE BENEFITS OF OUR VETERANS.

4b (Code) (Expenses \$ **1,410,417.** including grants of \$) (Revenue \$)
EMPLOY ACCREDITED SERVICE OFFICERS IN ALL VETERANS ADMINISTRATION 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 37 SERVICE OFFICERS AND ONE ADMINISTRATIVE ASSISTANT.

4c (Code.) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)
4e **Total program service expenses** ▶ \$ **5,522,266.** (Must equal Part IX, Line 25, column (B))

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
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>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules *(continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entry (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37	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? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1a	31		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	801		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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)?		X
4b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter N/A		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

		Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that 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?		X
3	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?	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?	X	
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		X
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
15	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:		
15a	The organization's CEO, Executive Director, or top management official?		X
15b	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)		X
16a	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
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 714-761-5811**
1213 S. DALE AVENUE, ANAHEIM, CA 92804-4922

832006 12-18-08

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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.

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES PIDGEON PRESIDENT	6.00	X		X			9,500.	0.	0.	
PETER RAMIREZ SECRETARY	4.00	X		X			3,000.	0.	0.	
HELEN WONG TREASURER	3.00	X		X			1,500.	0.	0.	
MEL POSEY DEPT. COMMANDER	3.00	X					3,000.	0.	0.	
RICHARD HUM TRUSTEE	3.00	X					0.	0.	0.	
JERRY MARTINEZ TRUSTEE	3.00	X					1,500.	0.	0.	
GENE SUSTAITIA TRUSTEE	3.00	X					1,500.	0.	0.	
PATRICIA SMITHSON STORE MANAGER	40.00					X	210,886.	0.	0.	
ROMELIA ASTORGA STORE MANAGER	40.00					X	123,577.	0.	0.	
YADER HERNANDEZ STORE MANAGER	40.00					X	123,855.	0.	0.	
DAMON FABELA STORE MANAGER	40.00					X	111,874.	0.	0.	
MARIA SANTIAGO STORE MANAGER	40.00					X	117,434.	0.	0.	
JOSEPH KOLANO VICE PRESIDENT (FORMER)	2.00					X	116,000.	0.	0.	

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Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	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	9978021.			
	g Noncash contributions included in lines 1a-1f \$		9972886.			
	h Total. Add lines 1a-1f		9,978,021.			
	Program Service Revenue	2 a _____	Business Code			
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		918,691.		918,691.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		39,026.		
		b Less cost or other basis and sales expenses		5,809.		
		c Gain or (loss)		33,217.		
	d Net gain or (loss)		33,217.	33,217.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	25906896				
	b Less. cost of goods sold	b	25906896			
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a _____	a					
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		10929929.	33,217.	0.	918,691.	

832009 02-02-09

Form 990 (2008)

**AMVETS DEPARTMENT OF CALIFORNIA
SERVICE FOUNDATION**

Form 990 (2008)

95-6056761 Page 10

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,111,849.	4,111,849.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	707,626.		707,626.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,193,992.	1,164,992.	29,000.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	99,255.	99,255.		
11 Fees for services (non-employees)				
a Management				
b Legal	102,790.		102,790.	
c Accounting	126,427.		126,427.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	3,899,692.			3,899,692.
f Investment management fees				
g Other	80,905.		80,905.	
12 Advertising and promotion	4,155.	4,155.		
13 Office expenses	96,729.	46,715.	50,014.	
14 Information technology				
15 Royalties				
16 Occupancy	150,727.	9,959.	140,768.	
17 Travel	22,664.	6,894.	15,770.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,038.	7,460.	31,578.	
23 Insurance	39,374.	14,396.	24,978.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a TRAINING	46,297.	46,297.		
b PRINTING/PUBLICATIONS	21,725.	10,294.	11,431.	
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	10,743,245.	5,522,266.	1,321,287.	3,899,692.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**AMVETS DEPARTMENT OF CALIFORNIA
SERVICE FOUNDATION**

Form 990 (2008)

95-6056761 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,427,134.	1	3,138,098.	
	2 Savings and temporary cash investments	4,239,352.	2	10,636,611.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net	1,060,344.	7	109,541.	
	8 Inventories for sale or use	619,213.	8	1,098,578.	
	9 Prepaid expenses and deferred charges	228,027.	9	229,308.	
	10a Land, buildings, and equipment cost basis	15,604,767.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D	5,552,537.			
		9,812,050.	10c	10,052,230.	
	11 Investments - publicly traded securities	23,745,395.	11	16,110,908.	
	12 Investments - other securities See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
15 Other assets. See Part IV, line 11	239,130.	15	264,857.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	41,370,645.	16	41,640,131.		
Liabilities	17 Accounts payable and accrued expenses	1,056,201.	17	1,386,572.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow account liability Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable		24		
	25 Other liabilities. Complete Part X of Schedule D	297,872.	25	186,103.	
	26 Total liabilities. Add lines 17 through 25	1,354,073.	26	1,572,675.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets		27		
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds	0.	30	0.	
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.	
	32 Retained earnings, endowment, accumulated income, or other funds	40,016,572.	32	40,067,456.	
33 Total net assets or fund balances	40,016,572.	33	40,067,456.		
34 Total liabilities and net assets/fund balances	41,370,645.	34	41,640,131.		

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 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?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization **AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION**

Employer identification number
95-6056761

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- | | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

**AMVETS DEPARTMENT OF CALIFORNIA
SERVICE FOUNDATION**

Schedule D (Form 990) 2008

95-6056761 Page 3

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
DEFERRED COMPENSATION PLAN LIABILITY	186,103.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	
	186,103.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**AMVETS DEPARTMENT OF CALIFORNIA
SERVICE FOUNDATION**

Schedule D (Form 990) 2008

95-6056761 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,929,929.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,743,245.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	186,684.
4	Net unrealized gains (losses) on investments	4	<74,012.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	<61,788.>
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	<135,800.>
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	50,884.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	6,268,599.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	<74,012.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	<74,012.>
3	Subtract line 2e from line 1	3	6,342,611.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	4,587,318.
c	Add lines 4a and 4b	4c	4,587,318.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	10,929,929.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	6,155,927.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,155,927.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	4,587,318.
c	Add lines 4a and 4b	4c	4,587,318.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	10,743,245.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SEPARATELY STATED THRIFT STORE EXPENSES: 4587318.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

SEPARATELY STATED THRIFT STORE EXPENSES: 4587318.

AMVETS DEPARTMENT OF CALIFORNIA

Schedule G (Form 990 or 990-EZ) 2008

SERVICE FOUNDATION

95-6056761 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts				
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses				
	8	Direct expense summary Add lines 4 through 7 in column (d)				()
	9	Net income summary Combine lines 3 and 8 in column (d)				()

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary Combine lines 1 and 7 in column (d)				()

9	Enter the state(s) in which the organization operates gaming activities _____	Yes	No
a	Is the organization licensed to operate gaming activities in each of these states?		
b	If "No," Explain _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
b	If "Yes," Explain _____		
11	Does the organization operate gaming activities with nonmembers?		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		

AMVETS DEPARTMENT OF CALIFORNIA

Schedule G (Form 990 or 990-EZ) 2008

SERVICE FOUNDATION

95-6056761 Page 3

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a	%
------------	---

b An outside facility

13b	%
------------	---

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a	Yes	No
------------	-----	----

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

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?

17a	Yes	No
------------	-----	----

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Schedule G (Form 990 or 990-EZ) 2008

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

**Open to Public
Inspection**

Name of the organization **AMVETS DEPARTMENT OF CALIFORNIA
SERVICE FOUNDATION**

Employer identification number
95-6056761

Part I General information on Grants and Assistance

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? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POST #311 BARSTOW 100 W. VETERANS PARKWAY BARSTOW, CA 92311	33-0826269	501C3	5,500.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.
DP CHULA VISTA		GOVT	76,836.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.
POST #700 CHULA VISTA 5070 MADISON AVENUE SAN DIEGO, CA 92115	91-2136321	501C3	23,440.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.
POST #56 TULARE 240 E. KING AVENUE TULARE, CA 93274		501C3	18,234.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.
FRESNO VAMC 2615 EAST CLINTON AVE FRESNO, CA 93703		GOVT	12,865.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.
POST #7093 LAKE ELSINORE 20290 MIDLAND DRIVE SONORA, CA 95370	33-0562751	501C3	6,000.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

**AMVETS DEPARTMENT OF CALIFORNIA
SERVICE FOUNDATION**

95-6056761 Page 2

Schedule I (Form 990) 2008
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: BUDGET ARE PROVIDED DURING THE GRANT REQUEST PROCESS AND THE ORGANIZATION MONITORS THE USE OF FUNDS THROUGH A FOLLOW UP PROCESS, RECONCILIATIONS OF DISBURSEMENTS AND SUBMITTAL OF RECEIPTS, IF APPLICABLE.

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

**AMVETS DEPARTMENT OF CALIFORNIA
SERVICE FOUNDATION**

Employer identification number
95-6056761

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
POST #1990 STOCKTON PO BOX 692142 STOCKTON, CA 95269	94-3152881	501C3	17,211.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.		
DF LONG BEACH 5901 EAST 7TH STREET LONG BEACH, CA 90822		GOVT	49,986.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.		
DISTRICT #2 LONG BEACH			17,052.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.		
LOS ALAMITOS TRAINING BASE 4522 SARATOGA AVE. LOS ALAMITOS, CA 90720		GOVT	3,222,401.	0.			TO REHABILITATE VETERANS SERVICE CENTER/CREATE A PARK ON LOS ALAMITOS TRAINING BASE		
POST #21 SEPULVEDA VAMC 16111 PLUMMER BLDG 20 ROOM B113 MISSION HILLS, CA 91343	95-4336312	501C3	5,393.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.		
NEVADA VAMC 5460 RENO CORPORATE DRIVE RENO, NV 89511		GOVT	46,765.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.		
POST #2 WEST LOS ANGELES 750 S. SPAULDING AVENUE, UNIT 221 LOS ANGELES, CA 90230	95-6118701	501C3	11,706.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.		
POST #116 WEST LOS ANGELES 12023 ALLIN STREET CULVER CITY, CA 90230	95-4693191	501C3	26,723.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.		

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public Inspection

Name of the organization **AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION** Employer identification number **95-6056761**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DF WEST LOS ANGELES		GOVT	6,000.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.		
DF YOUNTVILLE		GOVT	110,000.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.		
EDUCATIONAL FUNDS 1213 S. DALE AVE. ANAHEIM, CA 92804			17,000.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.		
HOSPITAL CARE KITS 1213 S. DALE AVE. ANAHEIM, CA 92804			24,230.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.		
STORIES OF SERVICE 1213 S. DALE AVE. ANAHEIM, CA 92804			100,000.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.		
VARIOUS SYMPOSIUM VALLEY FORGE 1213 S. DALE AVE. ANAHEIM, CA 92804			41,236.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.		
ARMY 315 PSYCHOLOGICAL UNIT		GOVT	20,000.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.		
CALIFORNIA VETERANS MEMORIAL		501C3	25,000.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.		

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Name of the organization **AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION** Employer identification number **95-6056761**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
POST #1240 FONTANA 14808 IRIS DRIVE FONTANA, CA 92335	26-0076942	501C3	25,000.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.		
DF SACRAMENTO		GOVT	5,000.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.		
FORT BROOKS MILITARY BASE		GOVT	6,466.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.		
POST #113 IRWINDALE 475 S. ROCK RIVER ROAD DIAMOND BAR, CA 91765	95-6099980	501C3	8,231.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.		
POST #18 ORANGE COUNTY 3638 ASPEN VILLAGE WAY #A SANTA ANA, CA 92704	33-0042227	501C3	6,445.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.		
AMVETS DEPT OF CALIFORNIA 240 E. KING AVENUE TULARE, CA 93274	95-1526290	501C3	150,000.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.		
VARIOUS GRANTS UNDER \$10,000			27,129.	0.			SUPPORT VETERANS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION STATEMENT.		

2 Enter total number of Section 501(c)(3) and government organizations
3 Enter total number of other organizations

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2008

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

Name of the organization **AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION** Employer identification number **95-6056761**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

2008

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Inspection

▶ Attach to Form 990.

Name of the organization **AMVETS DEPARTMENT OF CALIFORNIA
SERVICE FOUNDATION** Employer identification number
95-6056761

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		9,972,886	FMV LESS COSTS TO SELL
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
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	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

AMVETS DEPARTMENT OF CALIFORNIA

Schedule M (Form 990) 2008

SERVICE FOUNDATION

95-6056761

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33
Also complete this part for any additional information

SCHEDULE M, LINE 32B: THE ORGANIZATION HAS ARRANGEMENTS WITH TAXABLE ENTITIES IN CONNECTION WITH THE SOLICITATION AND SALE IN THRIFT STORES OF USED CLOTHING AND OTHER ITEMS DONATED TO THE ORGANIZATION. THE ARRANGEMENTS VARY AMONG THE TAXABLE ENTITIES.

SCHEDULE M, LINE 5:

THE ORGANIZATION RECIEVED \$26,386,261 OF THRIFT STORE DONATIONS. THE REVENUE HAS BEEN REDUCED TO REFLECT \$16,413,375 OF COSTS RELATED TO THE OPERATIONS OF THE THRIFT STORE.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization	AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION	Employer identification number	95-6056761
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FORM 990, PART VI, SECTION A, LINE 3: THE ORGANIZATION DELEGATED MANAGEMENT DUTIES RELATED THE OPERATION OF THE THRIFT STORES TO A UNRELATED THIRD PARTY.

FORM 990, PART VI, SECTION A, LINE 6: DOES THE ORGANIZATION HAVE MEMBERS OR STOCKHOLDERS? TO BE ELIGIBLE FOR MEMBERSHIP IN AMVETS, YOU MUST HAVE SERVED IN THE U.S. ARMED FORCES, INCLUDING THE NATIONAL GUARD AND RESERVES, ANYTIME AFTER SEPT. 15, 1940. ADDITIONALLY, UNLESS STILL SERVING, YOUR DISCHARGE MUST HAVE BEEN UNDER HONORABLE CONDITIONS. IF YOU SERVED AS AN AMERICAN CITIZEN IN THE ARMED FORCES OF AN ALLIED NATION, UNDER HONORABLE CONDITIONS, BETWEEN SEPT. 15, 1940 AND MAY 8, 1975, YOU ARE ALSO ELIGIBLE, AS ARE WARTIME MEMBERS OF THE MERCHANT MARINE.

FORM 990, PART VI, SECTION A, LINE 7A: DOES THE ORGANIZATION HAVE MEMBERS, STOCKHOLDERS, OR OTHER PERSONS WHO MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY? YES, ELECTIONS FOR THE GOVERNING BODY ARE HELD AT THE ANNUAL CONVENTION.

FORM 990, PART VI, SECTION A, LINE 7B: ARE ANY DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL BY MEMBERS, STOCKHOLDERS, OR OTHER PERSONS? YES, CHANGES TO THE GOVERNING DOCUMENTS MUST BE VOTED ON BY ALL MEMBERS.

FORM 990, PART VI, SECTION A, LINE 10: PAID CPA FIRM PREPARES THE 990 AND PROVIDES TO THE BOARD OF DIRECTORS FOR REVIEW FOR ACCURACY AND REASONABLENESS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

AMVETS DEPARTMENT OF CALIFORNIA
SERVICE FOUNDATION

Employer identification number

95-6056761

FORM 990, PART VI, SECTION B, LINE 12C: ORGANIZATION IS IN THE PROCESS OF IMPLEMENTING A MONITORING PROCESS FOR POTENTIAL CONFLICTS OF INTEREST, AS WELL AS A WHISTLEBLOWER POLICY.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO PUBLIC UPON REQUEST.

PART XI FINANCIAL STATEMENTS AND REPORTING

DOES THE ORGANIZATION HAVE A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATION OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT? AN AUDIT COMMITTEE HAS BEEN FORMED TO CHOOSE INDEPENDENT AUDITORS, REVIEW THE AUDIT REPORT AND MANAGEMENT COMMENT LETTER.

**AMVETS DEPARTMENT OF CALIFORNIA
SERVICE FOUNDATION**

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)	
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization AMVETS DEPARTMENT OF CALIFORNIA SERVICE FOUNDATION	Employer identification number 95-6056761
	Number, street, and room or suite no. If a P.O. box, see instructions. 1213 S. DALE AVENUE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ANAHEIM, CA 92804-4922	

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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

THE ORGANIZATION

- The books are in the care of ▶ **1213 S. DALE AVENUE - ANAHEIM, CA 92804-4922**
Telephone No ▶ **(714) 761-5811** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

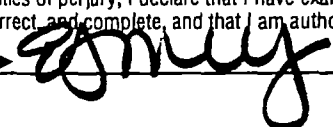
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2009**
- 5 For calendar year **2008**, or other tax year beginning _____, and ending _____
- 6 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$ N/A

Signature and Verification

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

Signature ▶  Title ▶ **CPA** Date ▶ **8/13/09**

COPY