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Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545 0052 2014

Department of the Treasury Internal Revenue Service

Dr JEG DENINTOS

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	ale	ndaı	year 2014, or tax year beginning	7/01 , 2014,	and ending (5/3		
				NID.		A	Employer identification nur	nber
			I VETERANS ASSISTANCE GRO ORNIA	ער		В	33-0720008 Telephone number (see inst	ructions)
			1927				714-744-4993	
			IA, CA 92711			c	If exemption application is	nending check here
	NL -	.11	11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Indual values of a feet	and a place all and a	`	a exemption application is	pending, encor nere
G	ne	ck al	that apply Initial return	Initial return of a form Amended return	ner public charity	D	1 Foreign organizations, chec	k here
				X Name change			2 Foreign organizations meet	ing the 85% test, check
H	he	ck tv		1(c)(3) exempt private f	oundation	┨	here and attach computation	n 🟲 📗
	Γ		ction 4947(a)(1) nonexempt charitable		rivate foundation	E	If private foundation status	
1 F	air r				ash X Accrual	1	under section 507(b)(1)(A)	, check here
		Part .	II, column (c), line 16)	Other (specify)		F	If the foundation is in a 60	
	\$	1.8		, column (d) must be or	cash basis)		under section 507(b)(1)(B)	, check here
Par	t I		nalysis of Revenue and	(a) Revenue and	(b) Net investme	nt	(c) Adjusted net	(d) Disbursements
		co	(penses (The total of amounts in lumns (b), (c), and (d) may not neces-	expenses per books	income		income	for charitable purposes
			rily equal the amounts in column (a) ee instructions))					(cash basis only)
	-1	1	Contributions, gifts, grants, etc, received (attach schedule)	132,155.				
		2	Ck If the foundn is not required to attach Sch B	102,100.				
		2						<u> </u>
		3 4	Interest on savings and temporary cash investments Dividends and interest from securities					
		-	Gross rents					
		b	Net rental income or (loss)			,		
R		6 a	Net gain or (loss) from sale of assets not on line 10				*	
V		_	Gross sales price for all assets on line 6a.					×
R E V E N		7 8	Capital gain net income (from Part IV, line 2) Net short-term capital gain					`
U		9	Income modifications		4			* .
E		10 a	Gross sales less returns and		-			
		h	allowances Less Cost of					
		~	goods sold					
		11	Gross profit or (loss) (attach schedule) Other income (attach schedule)					*
		• •	outer meome (attach schedule)					
		12	Total. Add lines 1 through 11	132,155.		0.	0.	
		13	Compensation of officers, directors, trustees, etc.	2,000.				2,000.
		14	Other employee salaries and wages				EIVED	
	-	15	Pension plans, employee benefits Legal fees (attach schedule) SEE ST 1	271	- Pi	- C	ELA POL	271
	A		Accounting fees (attach sch) SEE ST 2	271. 15,645.	1 5		2015 101	271. 15,645.
	M	_	Other prof fees (attach sch)	13,043.	105	nE'	1 1 1 1 1	10,040.
o	N	17	Interest		181	n-	DIENT	
O P E R A T	S T R	18	Taxes (attach schedule)(see instrs)		1-6		OFFILE	
Ā	Ă	19	Depreciation (attach sch) and depletion			0		
ı	įΙ	20	Occupancy					
	Ė	21	Travel, conferences, and meetings	6,613.				5,940.
A N D	E X P	22	Printing and publications					
D	P	23	Other expenses (attach schedule) SEE STATEMENT 3	74,976.		9.		74,976.
	E N S	24	Total operating and administrative	12,510.	<u> </u>	<u> </u>	-	12,310.
	E S		expenses. Add lines 13 through 23	99,505.		9.		98,832.
		25	Contributions, gifts, grants paid PART XV	24,218.				24,218.
		26	Total expenses and disbursements. Add lines 24 and 25.	123,723.		9.	0.	123,050.
	\dashv	27	Subtract line 26 from line 12:	125,725.		٠.	<u> </u>	
		а	Excess of revenue over expenses	0.430				
		h	and disbursements. Net investment income (if negative, enter -0-)	8,432.		0.		
	-		Adjusted net income (if negative, enter -0-).			٠.	0.	

Form **990-PF** (20)

Par		Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only	Beginning of year	End o	f year
- 41		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing		16,790.	16,790.
	2	Savings and temporary cash investments			
	3	Accounts receivable 800.			
		Less allowance for doubtful accounts		800.	800.
	4	Pledges receivable	· · · · · · · · · · · · · · · · · · ·		
	_	Less allowance for doubtful accounts •			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
A S S E T		Less allowance for doubtful accounts			
š	8	Inventories for sale or use			_
E T	9	Prepaid expenses and deferred charges			
Ś	10 a	a Investments — U.S. and state government obligations (attach schedule)			:
	l t	Investments — corporate stock (attach schedule)			
	(: Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment basis ►			
		Less accumulated depreciation (attach schedule)	All definitions and the section of the first three than the section of the sectio		
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis ►		· 7	St. 11 4 1 - 12 1
		Less, accumulated depreciation (attach schedule)	-		to the state of th
	15 16				
	17	see the instructions. Also, see page 1, item I)	0.	17,590.	17,590.
Ī	17	Accounts payable and accrued expenses		9,158.	
A	18	Grants payable			
B	19	Deferred revenue			
Ļ	20	Loans from officers, directors, trustees, & other disqualified persons.			
Ť	21	Mortgages and other notes payable (attach schedule) Other liabilities (describe ►)			
Į	22	Other habilities (describe		· · · · · · · · · · · · · · · · · · ·	
E S	23	Total liabilities (add lines 17 through 22)	0.	9,158.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
N F	24	Unrestricted			
N F E U T N	25	Temporarily restricted			
ח	1 26	Permanently restricted			
A B A L A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
ĚΪ	27	Capital stock, trust principal, or current funds			, 1
T A S N	28	Paid-in or capital surplus, or land, bldg, and equipment fund		·	
С	29	Retained earnings, accumulated income, endowment, or other funds		8,432.	, ,
O E R S	30	Total net assets or fund balances (see instructions)	0.	8,432.	
•	31	Total liabilities and net assets/fund balances	0.		,
	<u> </u>	(see instructions)	0.	17,590.	
Par	t III	Analysis of Changes in Net Assets or Fund Balance	es	·	
1	Tota end-	l net assets or fund balances at beginning of year – Part II, coli of-year figure reported on prior year's return)	umn (a), line 30 (must a	gree with 1	0.
2		er amount from Part I, line 27a		2	8,432.
3		increases not included in line 2 (itemize)		3	-,
4		lines 1, 2, and 3		4	8,432.
5	Decre	ases not included in line 2 (itemize)		5	
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)) - Part II, column (b), I	ine 30 6	8,432.
					

r[©]

(a) List and describ	be the kind(s) of property sold (e.g., i use, or common stock, 200 shares MI	eal estate,	(b) How acq P — Purch D — Dona	ase (month, day, year)	
1a N/A			D - Dona	ion	
b					
C					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bar plus expense of s		(h) Gain o (e) plus (f) i	
a					
b					
С					
d					
e					
Complete only for assets sho (i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if	ın (ı)	(i) Gains (Co gain minus column than -0-) or Losses ((k), but not less
a					
b					
С					
d					
e		, <u>, , , , , , , , , , , , , , , , , , </u>		· · · · · · · · · · · · · · · · · · ·	
2 Capital gain net income or (r		enter in Part I, line 7 ter -0- in Part I, line 7	-	2	
3 Net short-term capital gain o	r (loss) as defined in sections 1222(5) and (6)			
If gain, also enter in Part I, li in Part I, line &	ine 8, column (c) (see instructions)	f (loss), enter -0-	-	3	
Part V Qualification Und	er Section 4940(e) for Reduce	d Tax on Net Investr	nent Inco	me	
(For optional use by domestic private	foundations subject to the section 4940	(a) tax on net investment in	come)	N/A	-
If section 4940(d)(2) applies, leave	a this part blank				
ii section 4540(u)(z) applies, leave	s this part blank			_	
	section 4942 tax on the distributable a		base period	l ² ∐Yes	∐ No
	ualify under section 4940(e) Do not o				
	n each column for each year, see the in	structions before making an	y entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use a	ssets	(d) Distributio (column (b) divided	
2013				·	
2012					
2011					
2010					
2009		<u>-</u>			
2 Total of line 1 lines (A)			İ		
2 Total of line 1, column (d)			.	2	
	the 5-year base period — divide the ion has been in existence if less than		the	3	
4 Enter the net value of nonch	arıtable-use assets for 2014 from Par	rt X, line 5	_	4	
5 Multiply line 4 by line 3			-	5	
6 Enter 1% of net investment			ŀ	_	
7 Add lines 5 and 6	income (1% of Part I, line 27b)			6	
	income (1% of Part I, line 27b)			7	
8 Enter qualifying distributions	, , , , , , ,		-		

		20008		P	age 4
Parl		struction	s)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling or determination letter (attach copy of letter if necessary – see instrs)				
		1			0.
	check here ► and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)	-	~		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				
		2			0.
	——————————————————————————————————————	3			0.
		4			0.
		5			0.
	Credits/Payments				
	2014 estimated tax pmts and 2013 overpayment credited to 2014	3 33-	, Σ,	* * *	
	Exempt foreign organizations – tax withheld at source		.,	· 🗸	
	Tax paid with application for extension of time to file (Form 8868)			, ,	
	Backup withholding erroneously withheld 6 d 6 d			<	
		7			0.
		8			
	Tak and the state of this of the state of th	9			0.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				-
	Enter the amount of line 10 to be Credited to 2015 estimated tax	1			
Par	VILA Statements Regarding Activities				
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1 a	Yes	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	ļ	1 Ь		Х
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities				
	Did the foundation file Form 1120-POL for this year?	į	1 c	2 423E 3	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	İ	310-2	ुद्र	
	(1) On the foundation \Rightarrow 0. (2) On foundation managers \Rightarrow	0.		رگري.	, \$4
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers	ļ		2.5	
2	<u></u>				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes.' attach a detailed description of the activities	j	2		X
	, , , , , , , , , , , , , , , , , , ,	1	****		,
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	ļ	اللكومة .		
4.	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	ļ	3 4 a	Х	V
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	ļ	4 a	Ŋ.T	X /A
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	1	5	1/1	X
J	If 'Yes,' attach the statement required by General Instruction T		ر د ق. د		_^
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		3		۶,
	By language in the governing instrument, or	-		* * 4	
		ļ	10 10 3		
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 		6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions) CA				
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G? If 'No,' attach explanation</i>		8 b	v	
_		14045.45	0.0	_X	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 49 for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' complete F	942(J)(5) Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses SEE STATEMENT 4		10	х	
BAA		Fo	rm 99 0	J-PF (2	014)

r orn	n 990-PF (2014) AMERICAN VETERANS ASSISTANCE GROUP	33-	.072000	8	F	Page !
Par	rt VII-A Statements Regarding Activities (continued)					
						1
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified pe advisory privileges? If 'Yes,' attach statement (see instructions)	rson had		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exempt	on applica	ition?	13	Х	
	Website address ► N/A				· .	
14	The books are in care of ► SANTIAGO COMMUNITIES, INC. Located at ► P O BOX 11927 SANTA ANA CA Telepho ZIP + 4	ne no	714-74	14-4	993	
15		22,	- <u>+</u>	~~\nT/78		
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check her	e		N/A	_	
	and enter the amount of tax-exempt interest received or accrued during the year	▶_	15			N/A
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authorit	v over a			Yes	No
	bank, securities, or other financial account in a foreign country?	•		16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-center the name of the foreign country	22 1) If 'Y	es,'		, 1	
Par	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		••	,	Yes	No
1 a	a During the year did the foundation (either directly or indirectly)			×	(3.0)	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	XNo	. 2.		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		□ □.			
	·	Yes	X No		14	3.4
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No	14°, 40°	5 2.3	18 To
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X Yes	No		: 3.4	
	(E) Transfer any income or assets to a disqualified person for make any of other evaluable		_	160		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	XNo		W	
	is the seriest of the disqualities person,		_ ANO			
	(6) Agree to pay money or property to a government official? (Exception, Check 'No' if the					
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination			78.3		434
	of government service, if terminating within 90 days)	Yes	X No	200		
_	h If any angular is 'Vac' to 1a/1\' (6\) and any of the cate fall to qualify under the assessment of the cate fall to supply under the assessment of the cate fall to supply under the assessment of the cate fall to supply under the assessment of the cate fall to supply under the assessment of the cate fall to supply under the cate fall					
L	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instruction	n s\?		1 b	22.54	v
		5).			W. W.	X
	Organizations relying on a current notice regarding disaster assistance check here	•		, 'A		
c	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted act	S.			· 2· \$	7223
	that were not corrected before the first day of the tax year beginning in 2014?	•		1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			43		
2	a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d			F		
	and 6e, Part XIII) for tax year(s) beginning before 2014?	Yes	X No	٠.	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	If 'Yes,' list the years ► 20 , 20 , 20 , 20	□	<u> </u>	. 4	ž.	. 1
	20 , 20 , 20 , 20			, ,	\$7. 5.1 (2)	. ig i
b	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 494	(2(a)(2)		2.8	χ. ΄ «. ΄ ς	12
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 494	2(a)(2) to			377	1
	all years listed, answer 'No' and attach statement — see instructions)			2 b	N	/A
C	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years	here			્	,
	► 20 _ , 20 _ , 20 _ , 20 _				(1	
2.						
3 8	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No	`		4
Ŀ	b If 'Yes,' did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation	n			,	¥
_	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approx	ed				
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approx by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or					
	(3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C. Form 4720, to					
	determine if the foundation had excess business holdings in 2014)		ļ	3 b	N,	/A
4 a	a Did the foundation invest during the year any amount in a manner that would jeopardize its					
	charitable purposes?			4 a		Х
t	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could					
	jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?			AL		 V
	the tax year admining in 2017			4 b		Х

, 3					
Form 990-PF (2014) AMERICAN VETERANS			33-07:	20008	Page
Part VII-B Statements Regarding Activiti		1 4720 May Be Req	uired (continued)		
5 a During the year did the foundation pay or incu(1) Carry on propaganda, or otherwise attempt		n (section 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ition drive?	4955), or to carry	Yes X	No	
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No	
(4) Provide a grant to an organization other the in section 4945(d)(4)(A)? (see instructions	nan a charitable, etc, oi	ganization described	Yes X	No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention			Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the excep ding disaster assistance	tions	, , ,	
Organizations relying on a current notice rega	rding disaster assistand	ce check here	▶ □	5 b	N/A
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respons	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	No 👯	
If 'Yes,' attach the statement required by Regi	ulations section 53 494	5-5(d)			
6 a Did the foundation, during the year, receive ar on a personal benefit contract?			Yes X	No	
b Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870				. 127871	X
7 a At any time during the tax year, was the found				No 🔣	
Part VIII Information About Officers, Diand Contractors				N/A 7b mployees	,
1 List all officers, directors, trustees, foundation	n managers and their	companyation (see inst	ructions)		
Elst an officers, directors, trustees, foundation	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense	account
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation		owances
SEE STATEMENT 5				·····	
		2,000.	0.		0.
2 Compensation of five highest-paid employees (of		on line 1 – see instructio	ns). If none, enter 'NONE		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense other all	account, owances
NONE			compensation		
-		<u> </u>	_		
Total number of other employees paid over \$50,000)		.		
				<u> </u>	

* and Contractors (continued) 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.' (a) Name and address of each person paid more than \$50,000 (b) Type of service NONE NONE Total number of others receiving over \$50,000 for professional services Partix: **Partix:*A** Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	(c) Compensat
(a) Name and address of each person paid more than \$50,000 (b) Type of service NONE Total number of others receiving over \$50,000 for professional services Partix: A: Summary of Direct Charitable Activities	(c) Compensat
NONE Total number of others receiving over \$50,000 for professional services Partition Summary of Direct Charitable Activities	
Total number of others receiving over \$50,000 for professional services Partix: Summary of Direct Charitable Activities	
PartIX:A Summary of Direct Charitable Activities	
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PartIX:A Summary of Direct Charitable Activities	
PartIX:A Summary of Direct Charitable Activities	
PartIX:A Summary of Direct Charitable Activities	
2	
3	
4	
Part IX By Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
N/A	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	

Page 8

see instructions.)		
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a Average monthly fair market value of securities	1 a	
b Average of monthly cash balances	1 b	36,076.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	36,076.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)	0.	•
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	36,076.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	541.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	35,535.
6 Minimum investment return. Enter 5% of line 5	6	1,777.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private and certain foreign organizations check here ► and do not complete this		ndations
1 Minimum investment return from Part X, line 6	1	1,777.
2 a Tax on investment income for 2014 from Part VI, line 5		
b Income tax for 2014 (This does not include the tax from Part VI) 2b		
c Add lines 2a and 2b	2 c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	1,777.
4 Recoveries of amounts treated as qualifying distributions	4	·
5 Add lines 3 and 4	5	1,777.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	1,777.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26.	1 a	123,050.
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purpose	es 2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3 a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line		123,050.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	123,050.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years	er the foundation	
BAA	F	orm 990-PF (2014)

Part.XIII Undistributed Income (see instructions)

1. Distributable amount for 2014 from Part XI, bre 7 2. Undestributed score, if any, so of the east of 2014, a Entirer amount for 2013 only 3 3. Excess destributions carryone, if any, to 2015. a From 2009 b From 2010 c From 2010 c From 2010 c From 2011 d From 2012 c From 2013 3. Total of Innes 3 at brough e		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
2. Undestributed recome, if any, as of the end of 2014, a Enter amount for 2013 only b Total for pror years: 20 20 20 20 30 30 30 50 50 50 50 50 50 50 50 50 50 50 50 50				:	1.777.
b Total for prior years: 20	2 Undistributed income, if any, as of the end of 2014.				
3 Excess distributions carryover, if any, to 2014, a From 2009 b From 2010 c From 2011 d From 2012 e From 2013 d From 2012 e From 2013 d From 2012 e From 2013 d From 2012 e From 2013 d From 2014 d From 2015 d F	a Enter amount for 2013 only			0.	
a From 2009 b From 2010 c From 2011 d From 2012 d From 2013 f Total of lines 3a through e 1 Qualifying distributions for 2014 from Part XII, line 4: ▶ \$ 123,050, a Applied to 2013, but not more than line 2a b Applied to undistributed income of prior years (Election required — see instructions) c Treated as distributions out of corpus (Election required — see instructions) d Applied to 2014 distributed amount e Remaining amount distributed out of corpus Exess distributions cargiver applied to 2014 from 2014 distributed amount e Remaining amount distributed out of corpus 5 Exists distributions cargiver applied to 2014 from 2014 from 2015 6 Enter the net total of each column as indicated below: a Carpus Add lines 3i, 4c, and 4e Subtract line 5 b From years' undistributed income Subtract line 4b from line 2b the Prior years' undistributed encome Subtract line 4b from line 2b than amount of prior years' undistributed encome as undirected below: a Carpus Add lines 3i, 4c, and 4e Subtract line 5 b From years' undistributed income Subtract line 4b from line 2b. The prior years' undistributed encome Subtract line 4b from line 2b. The prior years' undistributed encome Subtract line 4b from line 2b. The prior years' undistributed encome subtract line 4b from line 2b. The prior years' undistributed encome Subtract line 5 c Enter the amount of prior years' undistributed encome subtract line 4b from line 2b. The prior years' undistributed encome Subtract line 5 d Subtract line 6c from line 6b. Taxable amount — see instructions 0 . 1 Undistributed income for 2013 Subtract lines 4a from line 2a. Taxable amount — see instructions 0 . 2 Excess distributions carryover from 2009 not applied on lines 7 and 8 from line 6a. 10 Analysis of line 9 a Excess from 2010 b Excess from 2010 c Excess from 2010 c Excess from 2012 d Excess from 2013	b Total for prior years: 20 , 20 , 20		0.		
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a Corpus. Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable amount — see instructions e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount — see instructions f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions) 8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) 9 Excess distributions carryover to 2015. Subtract lines 9 a Excess from 2010 b Excess from 2010 b Excess from 2012 d Excess from 2013		*			
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income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable amount — see instructions e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount — see instructions f Undistributed income for 2014 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions) 8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) 9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a 121, 273. 10 Analysis of line 9 a Excess from 2010 b Excess from 2011 c Excess from 2012 d Excess from 2013	b Prior years' undistributed income Subtract line 4b from line 2b	`	0.		
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line 2a. Taxable amount — see instructions f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions) 8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions). 9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a 121, 273. 10 Analysis of line 9 a Excess from 2010 b Excess from 2011 c Excess from 2012 d Excess from 2013	amount - see instructions		0.	, ,	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions) 8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) 9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a 121, 273. 10 Analysis of line 9 a Excess from 2010 b Excess from 2011 c Excess from 2012 d Excess from 2013	e Undistributed income for 2013. Subtract line 4a from				ĺ, ý
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Subtract lines 7 and 8 from line 6a 121, 273. 10 Analysis of line 9 a Excess from 2010 b Excess from 2011 c Excess from 2012 d Excess from 2013	8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions).	0.			
10 Analysis of line 9 a Excess from 2010 b Excess from 2011 c Excess from 2012 d Excess from 2013	9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	121,273.			
b Excess from 2011 c Excess from 2012 d Excess from 2013	10 Analysis of line 9				
c Excess from 2012 d Excess from 2013	a Excess from 2010				
d Excess from 2013	b Excess from 2011				
	c Excess from 2012				
e Excess from 2014 121, 273.	d Excess from 2013]			
	e Excess from 2014 121, 273.	<u> </u>			

Form 990-PF (2014) AMERICAN VETERAN			1 2 41 2	33-072000	<u>-</u>
Part XIV Private Operating Founda 1 a if the foundation has received a ruling or determined.					N/A
is effective for 2014, enter the date of the	ruling		· ·	le ruinig ▶	
b Check box to indicate whether the foundate	tion is a private op	erating foundation	described in section	4942(J)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
investment return from Part X for each year listed	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon					-
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i).					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter			-		
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
assets at any time during to a seets at any time during to a linformation Regarding Foundation Mana a List any managers of the foundation who have close of any tax year (but only if they have NONE	egers: ve contributed more t	than 2% of the total of	contributions received e section 507(d)(2))	by the foundation bef	ore the
b List any managers of the foundation who ow a partnership or other entity) of which the NONE	n 10% or more of the e foundation has a	e stock of a corporation 10% or greater inter	on (or an equally larg rest	e portion of the owner	ship of
2 Information Regarding Contribution, Gra Check here ☐ if the foundation only m requests for funds If the foundation make complete items 2a, b, c, and d a The name, address, and telephone number of	akes contributions to es gifts, grants, etc	preselected charitate (see instructions) t	ole organizations and to individuals or orga	anizations under oth	
SEE STATEMENT 6					
b The form in which applications should be	submitted and info	ermation and materi	als they should incli	ıde	
	and mile		and they arredic men		
SEE STATEMENT FOR LINE 2A c Any submission deadlines					
SEE STATEMENT FOR LINE 2A					
d Any restrictions or limitations on awards,	such as by geogra	phical areas, charita	able fields, kinds of	ınstitutions, or other	factors
CEE CTATEMENT EAD IINE AN					
SEE STATEMENT FOR LINE 2A		55402401 5533533			000 PT 1001 **
BAA	π	EEA0310L 06/17/14		F	orm 990-PF (2014)

· with the last terms of the l				
3 Grants and Contributions Paid During the Ye	ear or Approved for Fut	ure Paymen	<u>t</u>	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year				,
SEE STATEMENT 7				
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		ļ		
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		ļ		
			ļ	
Total		.I.	► 3a	24,218.
b Approved for future payment	T	T		24,210.
a ripproved for fatare payment				
	<u> </u>	L	<u> </u>	
Total			► 3b	1

Part XVI-A Analysis of Income-Producing Activities

Enter aros	ss amounts unless otherwise indicated	Unrelate	d business income	Excluded	d by section 512, 513, or 514	
3		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions)
1 Prog	gram service revenue			code		(See instructions)
a				ļ <u>.</u>		
b						
Ğ						
d						
f				 		
a Fees	s and contracts from government agencies			 	- ,	711
_	nbership dues and assessments					
	est on savings and temporary cash investments					
4 Divid	dends and interest from securities		· · · · · ·		· · · · · · · · · · · · · · · · · · ·	
5 Net	rental income or (loss) from real estate			423	**	\$4.00 P. C. S. S. S. S. S. S. S. S. S. S. S. S. S.
a Debi	t-financed property					
b Not	debt-financed property					
	ental income or (loss) from personal property					
	er investment income					- 1-2
	or (loss) from sales of assets other than inventory			1		
	income or (loss) from special events			 		
	ss profit or (loss) from sales of inventory er revenue		3542 C		> 4% (000 (000))	
a a	er revenue			` <u> </u>	1000 (1000 1000 1000 1000 1000 1000 100	
b				 		
č			· · · · · · · · · · · · · · · · · · ·	 		<u> </u>
d		<u> </u>		 		
е				 		
10	hadal Add and mana (b) (d) and (a)			A. ~ F. CHMC		
ı∠ Subi	total Add columns (b), (d), and (e)			語音灣		
13 Tota	II. Add line 12, columns (b), (d), and (e)	<u>:</u>		SEC CO	13	0.
13 Tota		ons)			13	0.
13 Tota (See work	II. Add line 12, columns (b), (d), and (e)		shment of Exemp			0.
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated I;B. Relationship of Activities to the	Accompli	orted in column (e) of F	ot Purpo	Oses A contributed important	ly to the
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculation. Relationship of Activities to the	Accompli	orted in column (e) of F	ot Purpo	Oses A contributed important	ly to the
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated I;B. Relationship of Activities to the	Accompli	orted in column (e) of F	ot Purpo	Oses A contributed important	ly to the
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated I;B. Relationship of Activities to the	Accompli	orted in column (e) of F	ot Purpo	Oses A contributed important	ly to the
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated I;B. Relationship of Activities to the	Accompli	orted in column (e) of F	ot Purpo	Oses A contributed important	ly to the
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated [1,18]. Relationship of Activities to the	Accompli	orted in column (e) of F	ot Purpo	Oses A contributed important	ly to the
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated [1,18]. Relationship of Activities to the	Accompli	orted in column (e) of F	ot Purpo	Oses A contributed important	ly to the
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated [1,18]. Relationship of Activities to the	Accompli	orted in column (e) of F	ot Purpo	Oses A contributed important	ly to the
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated [1,18]. Relationship of Activities to the	Accompli	orted in column (e) of F	ot Purpo	Oses A contributed important	ly to the
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13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated [1,18]. Relationship of Activities to the	Accompli	orted in column (e) of F	ot Purpo	Oses A contributed important	ly to the
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated [1,18]. Relationship of Activities to the	Accompli	orted in column (e) of F	ot Purpo	Oses A contributed important	ly to the
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13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated I;B. Relationship of Activities to the	Accompli	orted in column (e) of F	ot Purpo	Oses A contributed important	ly to the
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13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated I;B. Relationship of Activities to the	Accompli	orted in column (e) of F	ot Purpo	Oses A contributed important	ly to the
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated I;B. Relationship of Activities to the	Accompli	orted in column (e) of F	ot Purpo	Oses A contributed important	ly to the
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated I;B. Relationship of Activities to the	Accompli	orted in column (e) of F	ot Purpo	Oses A contributed important	ly to the
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated I;B. Relationship of Activities to the	Accompli	orted in column (e) of F	ot Purpo	Oses A contributed important	ly to the
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated I;B. Relationship of Activities to the	Accompli	orted in column (e) of F	ot Purpo	Oses A contributed important	ly to the

Form 990-PF (2014) AMERICAN VETERANS ASSISTANCE GROUP 33-0720008 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

described in section 501 relating to political organ	(c) of the Code (ot nizations?	ngage in any of the following wither than section 501(c)(3) orga	anizations) or in section	on 527,	Yes No
·	ting foundation to	a noncharitable exempt organi	zation of		_ <u> </u>
(1) Cash					1 a (1) X
(2) Other assets					1 a (2) X
b Other transactions					
(1) Sales of assets to a	noncharitable exe	mpt organization			1 b (1) X
(2) Purchases of assets	from a noncharita	ble exempt organization			1 b (2) X
(3) Rental of facilities, e	quipment, or other	r assets			1 b (3) X
(4) Reimbursement arra	ngements				1 b (4) X
(5) Loans or loan guarar	ntees				1 b (5) X
(6) Performance of serv	ices or membersh	ip or fundraising solicitations			1 b (6) X
c Sharing of facilities, equi	ipment, mailing lis	its, other assets, or paid emplo	yees		1 c X
d If the answer to any of the goods, other assets, or any transaction or sharing	ne above is 'Yes,' r services given by h ng arrangement, sh	complete the following schedul the reporting foundation If the for how in column (d) the value of	e Column (b) should alundation received less that the goods, other assets.	ways show the fair in fair market value in or services received	market value of ed
(a) Line no. (b) Amount involve		of noncharitable exempt organization	_,~	nsfers, transactions, and	
N/A					
					·
				·	····
	-				
					
		· · · · · · · · · · · · · · · · · · ·	+		
					
					
				· · · · · · · · · · · · · · · · · · ·	
			 	· · · · · · · · · · · · · · · · · · ·	
	- <u> </u>		L		
2 a Is the foundation directly of described in section 501b If 'Yes.' complete the following the following that is a section of the followi	(c) of the Code (of	d with, or related to, one or more ther than section 501(c)(3)) or	tax-exempt organizations in section 527?		Yes X No
(a) Name of organi		(b) Type of organizatio	n (4	c) Description of rel	ationship
N/A	ization	(b) Type of organizatio		bescription of fer	attoristip
N/A					
					
Haday papalties of payury La	toclare that I have exam	ined this return including accompanying:	schodules and statements, and t	a the hart of my knowledge	on and hallof at a tage
correct, and complete Declar	at on of pleparer (other	than laxpayer) is based on all information	of which preparer has any know	o the best of my knowledge vledge	May the IRS discuss this return with the
1 / // W / OB		10-1-	VICE PRESI	DENT	preparer shown below (see instructions)?
Signature of officer or trust	e) "	Sate	Title		X Yes No
fint/Type prepare	Seat me	Preparer's signature	Date (2	Checkif	PTIN
Paid BRADFORD	P. CARR, CPA	A BRADFORD P. CAI	RR, CPA 12-8-15	self-employed	P00053250
Preparer Firm's name	GENSKE, MU	JLDER & CO., LLP		Firm's EIN > 95-3	623488
Jse Only Firm's address		OURS STE. 250			
		CA 91764-5913		Phone no (909	9) 483-2100
BAA				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Form 990-PF (2014)
					(2017)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545 0047

2014

Name of the organization AMERICAN VETERANS	ASSISTANCE GROUP	Employer identification number		
OF CALIFORNIA		33-0720008		
Organization type (check one)				
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation		
	527 political organization			
Form 990-PF	X 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private trust trust treated as a private trust trust treated as a private trus	vate foundation		
	501(c)(3) taxable private foundation			
Check if your organization is covered by the Ge	eneral Rule or a Special Rule			
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a	Special Rule See instructions		
General Rule				
X For an organization filing Form 990, 990-EZ property) from any one contributor Comple	7, or 990-PF that received, during the year, contributions to te Parts I and II See instructions for determining a contribu- tion	aling \$5,000 or more (in money or utor's total contributions		
Special Rules				
under sections 509(a)(1) and 170(b)(1)(A)(vi).	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% sup that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, ne year, total contributions of the greater of (1) \$5,000 or (2 0-EZ, line 1 Complete Parts I and II	16a or 16b and that		
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, lochildren or animals. Complete Parts I, II, and III	from any one contributor, iterary, or educational		
during the year, contributions exclusively fo \$1,000 If this box is checked, enter here the charitable, etc., purpose. Do not complete a	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received or religious, charitable, etc., purposes, but no such contribution total contributions that were received during the year for any of the parts unless the General Rule applies to this orgole, etc., contributions totaling \$5,000 or more during the year.	ions totaled more than an <i>exclusively</i> religious, anization because		
990-PF), but it must answer 'No' on Part IV, Iir	the General Rule and/or the Special Rules does not file Some 2, of its Form 990, or check the box on line H of its Form e filing requirements of Schedule B (Form 990, 990-EZ, or some the Instructions for Form 990, 990-EZ, or some the Instructions for Form 990, 990-EZ.	1990-EZ or on its Form 990-PF, 990-PF)		
or 990-PF.	e the manuchons for Form 330, 330EZ, Schedule B	(Form 990, 990-EZ, or 990-PF) (2014)		

Schodule	P	(Form 99	0	990-F7	or 990-PF)	(2014)
ocneaule	Б	(corm 99	υ. :	99U·EZ,	or 990-PF)	(2014)

Page

1 of Part 1

Name of organization

Employer identification number

AMERICAN	VETERANS	ASSISTANCE	GROUP		

33-0720008 Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (d)
Type of contribution (a) Number (b) (c) Total contributions Name, address, and ZIP + 4 X Person AFFORDABLE COMMUNITY LIVING CORP Payroll 100,588 PO BOX 11927 Noncash (Complete Part II for SANTA ANA, CA 92711 noncash contributions) (b) Name, address, and ZIP + 4 (a) Number (c) Total contributions (d) Type of contribution Person X 2__ JOHN AND JANE CAUFFMAN **Payroll** 32703 CASPIAN SEA 5,000 Noncash (Complete Part II for DANA POINT, CA 92629 noncash contributions) (d) Type of contribution (a) Number (b) Name, address, and ZIP + 4 (c) Total contributions Person **Payroll** Noncash (Complete Part II for noncash contributions) (b) Name, address, and ZIP + 4 (d) Type of contribution (a) Number (c) Total contributions Person Payro!! Noncash (Complete Part II for noncash contributions) (c) Total (d)
Type of contribution (b) Name, address, and ZIP + 4 (a) Number contributions Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) Number (b) Name, address, and ZIP + 4 (c) Total (d) Type of contribution contributions Person **Payroll** Noncash (Complete Part II for noncash contributions)

Page

1 to

1 of Part II

Name of organization

Employer identification number

AMERICAN VETERANS ASSISTANCE GROUP 33-0720008

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional spaces.	pace is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		- \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
~ ~ ~ -		_ _ _ _ _ _ _ _	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - -	
DAA	<u> </u>	<u> </u>	

1 to

of Part III

Name of organizat	ion		
AMERICAN	VETERANS	ASSISTANCE	GROUP

Employer identification number

	AN VETERANS ASSISTANCE GROUP		33-0720008			
Part III	Exclusively religious, charitable, etc., c	ontributions to organization	ons described in section 501(c)(7), (8)			
	or (10) that total more than \$1,000 for the year	ar from any one contributor.	Complete columns (a) through (e) and			
	the following line entry. For organizations completely the second of the					
	contributions of \$1,000 or less for the year (Ente Use duplicate copies of Part III if additional space	r this information once See instr e is needed	uctions) • \$N/A			
(a)			(d)			
(a) No. from Part I	Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	N/A					
		(e)				
		(e) Transfer of gift				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
(a)	(b)	(c)	(d)			
(a) No. from	(b) Purpose of gift	(c) Use of gift	Description of how gift is held			
Part I						
		(e) Transfer of gift				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
	ļ					
(a)	(b)	(6)	(d)			
(a) No. from	Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
		(e) Transfer of gift				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
			,			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	ruipose oi giit	ose of grit	Description of now gift is neig			
,,,						
	1	 				

(e) Transfer of gift Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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AMERICAN VETERANS ASSISTANCE GROUP OF CALIFORNIA

33-0720008

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STATEMENT 1 FORM 990-PF, PART I, LINE 16A LEGAL FEES

		(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MEHRAB, ROBINSON & JACKSON	TOTAL	\$ 271. \$ 271.	\$ 0.	\$ 0.	\$ 271. \$ 271.

STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES

		(A) XPENSES ER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SANTIAGO COMMUNITIES	TOTAL \$	15,645. 15,645.	\$ 0.	\$ 0.	\$ 15,645. \$ 15,645.

STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

	 (A) EXPENSES PER BOOKS	I	(B) NET NVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTING LICENSE FEES PHONE SERVICE SALARIES-VETERAN REPAIRS VETETERANS ASST GROUP EXPENSES TOTAL	\$ 48,323. 800. 5,304. 1,200. 19,349. 74,976.	\$	9.	<u>\$ 0.</u>	\$ 48,323. 800. 5,304. 1,200. 19,349. 74,976.

STATEMENT 4
FORM 990-PF, PART VII-A, LINE 10
SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR

ADDRESS OF SUBSTANTIAL CONTRIBUTOR

AFFORDABLE COMMUNITY LIVING CORP

PO BOX 11927 SANTA ANA, CA 92711

FEDERAL STATEMENTS

AMERICAN VETERANS ASSISTANCE GROUP OF CALIFORNIA

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STATEMENT 5 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED		CONTRI- BUTION TO EBP & DC	ACCOUNT/
JOHN MEYER 349 VISTA MARAZUL OCEANSIDE, CA 92057	SECRETARY 30.00	\$ 0.	\$ 0.	\$ 0.
GRANT LEE MARTIN 4506 DEEBOYAR AVE LAKEWOOD, CA 90712	DIRECTOR 30.00	1,000.	0.	0.
MICHAEL KEELE 8301 LA SENDA ROAD RANCHO CUCAMONGA, CA 91701	DIRECTOR 1.50	1,000.	0.	0.
GARRY EDMUNDSON 3421 WIMBELDON WAY COSTA MESA, CA 92626	PRESIDENT 2.50	0.	0.	0.
BARRY COLE 1500 E KATELLA AVENUE STE 1 ORANGE, CA 92867	DIRECTOR 1.00	0.	0.	0.
SHONTELE SIMONIAN PO BOX 11927 SANTA ANA, CA 92711	CFO 2.50	0.	0.	0.
JIM DUFFY 4 CAMERON CIRCLE FOOTHILL RANCH, CA 92610	DIRECTOR 1.00	0.	0.	0.
RICHARD SIMONIAN PO BOX 11927 SANTA ANA, CA 92711	VICE PRESIDENT 2.50	0.	0.	0.
	TOTAL	\$ 2,000.	\$ 0.	\$ 0.

STATEMENT 6 FORM 990-PF, PART XV, LINE 2A-D **APPLICATION SUBMISSION INFORMATION**

NAME OF GRANT PROGRAM:

DOWN PAYMENT ASSISTANCE

NAME:

CARE OF:

STREET ADDRESS:

PO BOX 10029

ANGIE LOPEZ

CITY, STATE, ZIP CODE:

SANTA ANA , CA 92711 714-744-4993

TELEPHONE:

E-MAIL ADDRESS:

FORM AND CONTENT:

THE DOWN PAYMENT ASSISTANCE PROGRAM IS ADMINISTERED BY

SANTIAGO COMMUNITIES, INC. (SCI) WITH UNDERWRITING

GUIDELINES APPROVED BY AMERICAN VETERANS ASSISTANCE GROUP OF CALIFORNIA (AVAG). CONTACT SCI AT 714-744-4993 TO

REQUEST APPLICATION INFORMATION.

SUBMISSION DEADLINES:

NONE

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AMERICAN VETERANS ASSISTANCE GROUP OF CALIFORNIA

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STATEMENT 6 (CONTINUED)
FORM 990-PF, PART XV, LINE 2A-D
APPLICATION SUBMISSION INFORMATION

RESTRICTIONS ON AWARDS:

INDIVIDUALS SEEKING PARTICIPATION IN AVAG'S PROGRAMS MUST MEET THE FOLLOWING QUALIFICATIONS: A DD-214 VETERAN, SPOUSE OR WIDOW OF A DD-214 VETERAN, US ARMED FORCES ACTIVE DUTY PERSONNEL, APPLICANTS ANNUAL HOUSEHOLD INCOME

ACTIVE DUTY PERSONNEL, APPLICANTS ANNUAL HOUSEHOLD INCOME SHALL NOT EXCEED THE AREA MEDIAN INCOME, PERSONAL PROPERTY (BANK ACCOUNTS, STOCKS AND BONDS, ETC.) MAY NOT EXCEED

\$20,000.

THE MAXIMUM DOWN PAYMENT ASSISTANCE BENEFIT IS \$2,500 TOWARDS THE PURCHASE OF A MANUFACTURED HOME. APPLICANTS MUST FIRST BE APROVED TO PURCHASE A MANUFACTURED HOME

THROUGH A LICENSED DEALER.

AVAG RESERVES THE RIGHT TO MAKE EXCEPTIONS TO THE ABOVE QUALIFICATIONS. BENEFITS ARE AVAILABLE AS THE FUNDS ARE

AVAILABLE TO AVAG.

NAME OF GRANT PROGRAM:

NAME: CARE OF:

CARE OF:

STREET ADDRESS:

CITY, STATE, ZIP CODE:

TELEPHONE:

E-MAIL ADDRESS: FORM AND CONTENT: RENTAL ASSISTANCE

ANGIE LOPEZ

PO BOX 10029 SANTA ANA, CA 92711

714-744-4993

THE RENTAL ASSISTANCE PROGRAM IS ADMINISTERED BY SANTIAGO

COMMUNITIES, INC. (SCI) WITH UNDERWRITING GUIDELINES APPROVED BY AMERICAN VETERANS ASSISTANCE GROUP OF

CALIFORNIA (AVAG). CONTACT SCI AT 714-744-4993 TO REQUEST

APPLICATION INFORMATION.

SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS:

NONE

INDIVIDUALS SEEKING PARTICIPATION IN AVAG'S RENT PROGRAM MUST MEET THE FOLLOWING QUALIFICATIONS: A DD-214 VETERAN, SPOUSE OR WIDOW OF A DD-214 VETERAN, US ARMED FORCES ACTIVE DUTY PERSONNEL, APPLICANT MUST BE IN COMPLIANCE WITH THE COMMUNITY RULES AND MUST REMIT MONTHLY RENTAL PAYMENTS ON TIME DURING THE ASSISTANCE PERIOD. APPLICANTS ANNUAL HOUSEHOLD INCOME SHALL NOT EXCEED THE AREA MEDIAN INCOME, PERSONAL PROPERTY (BANK ACCOUNTS, STOCKS AND BONDS, ETC.) MAY NOT EXCEED \$20,000.

THE MAXIMUM RENTAL ASSISTANCE BENEFIT MAY NOT EXCEED 25% OF CURRENT SPACE RENT OR \$2,400 IN A 12 MONTH PERIOD. THE BENEFIT PERIOD MAY BE FROM 1 TO 36 MONTHS. A RESIDENT MAY BEAUTY FOR THIS PENEFIT ALL NEW PAREPHORY WILL BE

REAPPLY FOR THIS BENEFIT, ALL NEW PAPERWORK WILL BE REQUIRED. APPLICANTS MUST CURENTLY LIVE IN AN APPROVED

COMMUNITY.

AVAG RESERVES THE RIGHT TO MAKE EXCEPTIONS TO THE ABOVE QUALIFICATIONS. BENEFITS ARE AVAILABLE AS THE FUNDS ARE

AVAILABLE TO AVAG.

NAME OF GRANT PROGRAM:

NAME: CARE OF: HANDICAP HOME MODIFICATION ASSISTANCE

ANGIE LOPEZ

STREET ADDRESS:

CITY, STATE, ZIP CODE:

TELEPHONE:

E-MAIL ADDRESS:

PO BOX 10029

SANTA ANA, CA 92711

FEDERAL STATEMENTS

AMERICAN VETERANS ASSISTANCE GROUP OF CALIFORNIA

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STATEMENT 6 (CONTINUED) FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

FORM AND CONTENT:

THE HANDICAP HOME MODIFICATION PROGRAM IS ADMINISTERED BY

SANTIAGO COMMUNITIES, INC. (SCI) WITH UNDERWRITING

GUIDELINES APPROVED BY AMERICAN VETERANS ASSISTANCE GROUP OF CALIFORNIA (AVAG). CONTACT SCI AT 714-744-4993 TO REQUEST APPLICATION INFORMATION.

SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS: NONE

INDIVIDUALS SEEKING PARTICIPATION IN AVAG'S PROGRAMS MUST

MEET THE FOLLOWING QUALIFICATIONS: A DD-214 VETERAN, SPOUSE OR WIDOW OF A DD-214 VETERAN, US ARMED FORCES

ACTIVE DUTY PERSONNEL, APPLICANTS ANNUAL HOUSEHOLD INCOME SHALL NOT EXCEED THE AREA MEDIAN INCOME, PERSONAL PROPERTY (BANK ACCOUNTS, STOCKS AND BONDS, ETC.) MAY NOT EXCEED

\$20,000.

THE MAXIMUM HANDICAP HOME MODIFICATION ASSISTANCE BENEFIT IS \$5,000 PER YEAR. THIS PROGRAM PROVIDES FOR ASSISTANCE

THROUGH THE CONSTRUCTION OF NECESSARY ITEMS FOR THE

PURPOSE OF RETROFITTING A MANUFACTURED HOME TO MEET THE

NEEDS OF HANDICAP/DISABLED VERTERANS.

AVAG RESERVES THE RIGHT TO MAKE EXCEPTIONS TO THE ABOVE QUALIFICATIONS. BENEFITS ARE AVAILABLE AS THE FUNDS ARE

AVAILABLE TO AVAG.

STATEMENT 7 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
CBMC, INC PO BOX 8009 CHATTANOOGA, TN 37414	N/A	PC	SPONSORSHIP OF VETERAN'S LUNCH TO RAISE AWARENESS FOR AVAG'S EXEMPT PURPOSE	\$ 8,000
JOHN AND ELEANOR FINNERMAN 2505 W FOOTHILL BLVD #46 SAN BERNARDINO, CA 92410	N/A	I	HANDICAP HOME MODIFICATION ASSISTANCE AND RENT ASSISTANCE	3,318
DARRYL BEATTY 1155 S RIVERSIDE AVE #161 RIALTO, CA 92376	N/A	I	FOR HANDICAP HOME MODIFICATION ASSISTANCE AND DOWN PAYMENT ASSISTANCE	6,000

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AMERICAN VETERANS ASSISTANCE GROUP OF CALIFORNIA

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STATEMENT 7 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
JOSEPH E. MAGNANTE 692 N. ADELE #45 ORANGE , CA 92867	N/A	I	FOR RENTAL ASSISTANCE	\$ 1,200.
JAMES COX 1155 S RIVERSIDE AVE. #164 RIALTO, CA 92376	N/A	I	FOR RENTAL ASSISTANCE	1,200.
LEE BARTELMY 22840 STERLING AVE. #100 PALM SPRINGS, CA 92262	N/A	I	FOR DOWN PAYMENT ASSISTANCE	2,500.
ROBERT HOPKINS JR. 3505 GATEWAY ROAD #22 BETHEL ISLAND, CA 94511	N/A	I	FOR DOWN PAYMENT ASSISTANCE	2,000.
			TOTAL	\$ 24,218.