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

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OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 7/01, 2014, and ending 6/30, 2015

AMERICAN VETERANS ASSISTANCE GROUP
OF CALIFORNIA
PO BOX 11927
SANTA ANA, CA 92711

A Employer identification number
33-0720008

B Telephone number (see instructions)
714-744-4993

C If exemption application is pending, check here ▶ ☐

D 1 Foreign organizations, check here ▶ ☐

2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity
☐ Final return ☐ Amended return
☐ Address change ☒ Name change

H Check type of organization ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, column (c), line 16) ▶ \$ 17,590.
J Accounting method ☐ Cash ☒ Accrual
☐ Other (specify) (Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

REVENUE

- 1 Contributions, gifts, grants, etc. received (attach schedule) 132,155.
- 2 Ck ☐ if the foundn is not required to attach Sch B
- 3 Interest on savings and temporary cash investments
- 4 Dividends and interest from securities
- 5a Gross rents
- b Net rental income or (loss)
- 6a Net gain or (loss) from sale of assets not on line 10
- b Gross sales price for all assets on line 6a
- 7 Capital gain net income (from Part IV, line 2)
- 8 Net short-term capital gain
- 9 Income modifications
- 10a Gross sales less returns and allowances
- b Less Cost of goods sold
- c Gross profit or (loss) (attach schedule)
- 11 Other income (attach schedule)

12 Total. Add lines 1 through 11 132,155. 0. 0.

13 Compensation of officers, directors, trustees, etc. 2,000.

14 Other employee salaries and wages

15 Pension plans, employee benefits

16a Legal fees (attach schedule) SEE ST 1 271.

b Accounting fees (attach sch) SEE ST 2 15,645.

c Other prof fees (attach sch)

17 Interest

18 Taxes (attach schedule)(see instrs)

19 Depreciation (attach sch) and depletion

20 Occupancy

21 Travel, conferences, and meetings 6,613.

22 Printing and publications

23 Other expenses (attach schedule)

SEE STATEMENT 3 74,976.

24 Total operating and administrative expenses. Add lines 13 through 23 99,505.

25 Contributions, gifts, grants paid PART XV 24,218.

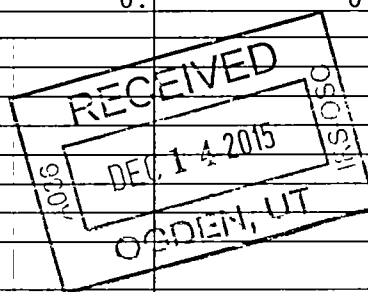
26 Total expenses and disbursements. Add lines 24 and 25 123,723.

27 Subtract line 26 from line 12:

a Excess of revenue over expenses and disbursements 8,432.

b Net investment income (if negative, enter -0-) 0.

c Adjusted net income (if negative, enter -0-) 0.



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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end of year amounts only (See instructions)		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	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)				
		Less allowance for doubtful accounts				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments — U S and state government obligations (attach schedule)				
	b	Investments — corporate stock (attach schedule)				
	c	Investments — corporate bonds (attach schedule)				
	LIABILITIES	11	Investments — land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)				
12		Investments — mortgage loans				
13		Investments — other (attach schedule)				
14		Land, buildings, and equipment basis				
		Less accumulated depreciation (attach schedule)				
15		Other assets (describe)				
16		Total assets (to be completed by all filers — see the instructions Also, see page 1, item I)		0.	17,590.	17,590.
17		Accounts payable and accrued expenses			9,158.	
18		Grants payable				
FUND ASSETS	19	Deferred revenue				
	20	Loans from officers, directors, trustees, & other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe)				
	23	Total liabilities (add lines 17 through 22)		0.	9,158.	
	24	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.				
	25	Unrestricted				
	26	Temporarily restricted				
	27	Permanently restricted				
	28	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	X			
NET ASSETS OR FUND BALANCES	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds			8,432.	
	30	Total net assets or fund balances (see instructions)		0.	8,432.	
	31	Total liabilities and net assets/fund balances (see instructions)		0.	17,590.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	0.
2	Enter amount from Part I, line 27a	2	8,432.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	8,432.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	8,432.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a N/A				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)		If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

N/A

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☐ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2013			
2012			
2011			
2010			
2009			
2 Total of line 1, column (d)			2
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5			4
5 Multiply line 4 by line 3			5
6 Enter 1% of net investment income (1% of Part I, line 27b)			6
7 Add lines 5 and 6			7
8 Enter qualifying distributions from Part XII, line 4			8

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter 'N/A' on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary – see instrs)		1	0.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b			
c 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 foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	0.
6 Credits/Payments			
a 2014 estimated tax pmts and 2013 overpayment credited to 2014	6 a		
b Exempt foreign organizations – tax withheld at source	6 b		
c Tax paid with application for extension of time to file (Form 8868)	6 c		
d Backup withholding erroneously withheld	6 d		
7 Total credits and payments. Add lines 6a through 6d	7		0.
8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be Credited to 2015 estimated tax. Refunded	11		

Part VII A Statements Regarding Activities

	Yes	No
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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>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</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation ☐ \$ 0. (2) On foundation managers ☐ \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ☐ \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
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? <i>If 'Yes,' attach a conformed copy of the changes</i>	X	
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • 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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
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</i> ? <i>If 'No,' attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i> SEE STATEMENT 4	X	

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Part VII-A Statements Regarding Activities (continued)

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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u>	13	X	
14	The books are in care of <u>SANTIAGO COMMUNITIES, INC.</u> Telephone no <u>714-744-4993</u> Located at <u>P O BOX 11927 SANTA ANA CA</u> ZIP + 4 <u>92711</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u>	15		N/A
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If 'Yes,' enter the name of the foreign country <u></u>	16	Yes	No
				X

Part 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 During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes ☒ No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes ☒ No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes ☒ No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☒ Yes ☐ No	
(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 ☒ No	
(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 of government service, if terminating within 90 days)	☐ Yes ☒ No	
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 instructions)? Organizations relying on a current notice regarding disaster assistance check here <u></u>	1 b	X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, 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))		
a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? If 'Yes,' list the years <u>20__ , 20__ , 20__ , 20__</u>	☐ Yes ☒ No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see instructions)	2 b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20__ , 20__ , 20__ , 20__</u>		
3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes ☒ No	
b If 'Yes,' did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved 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)	3 b	N/A
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
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?	4 b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5 a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5 b N/A

Organizations relying on a current notice regarding disaster assistance check here

☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?N/A ☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6 b X

If 'Yes' to 6b, file Form 8870

7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7 b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 5		2,000.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). 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 account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, 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	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0

Part IX-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.

	Expenses
1 N/A	
2	
3	
4	

Part IX-B 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
1 N/A	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0.

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, 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)	1 e	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 operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

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	2 a	
b Income tax for 2014 (This does not include the tax from Part VI)	2 b	
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., purposes	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 4	4	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 the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				1,777.
2 Undistributed income, if any, as of the end of 2014.				
a Enter amount for 2013 only			0.	
b Total for prior years: 20____, 20____, 20____		0.		
3 Excess distributions carryover, if any, to 2014.				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from Part XII, line 4: ▶ \$ 123,050.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2014 distributable amount				1,777.
e Remaining amount distributed out of corpus	121,273.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	121,273.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable amount — see instructions		0.		
e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				0.
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)	0.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	0.			
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 Excess from 2014	121,273.			

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Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year SEE STATEMENT 7				
Total			3 a	24,218.
b Approved for future payment				
Total			3 b	

(e)
Related or exempt
function income
(See instructions)

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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
OF CALIFORNIA**

Employer identification number

33-0720008

Organization type (check one)

Filers of:

Form 990 or 990-EZ

Section:

- ☐ 501(c)() (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☒ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 **exclusively** for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions **exclusively** for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an **exclusively** religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received **nonexclusively** religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2014) **or 990-PF.**

Name of organization

Employer identification number

AMERICAN VETERANS ASSISTANCE GROUP

33-0720008

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AFFORDABLE COMMUNITY LIVING CORP PO BOX 11927 SANTA ANA, CA 92711	\$ 100,588.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
2	JOHN AND JANE CAUFFMAN 32703 CASPIAN SEA DANA POINT, CA 92629	\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Employer identification number

33-0720008

Part II

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Employer identification number

33-0720008

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8) or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ **N/A**
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	N/A		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		

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

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

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

2014

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CLIENT 102177

AMERICAN VETERANS ASSISTANCE GROUP
OF CALIFORNIA

33-0720008

12/09/15

10 46AM

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	\$ 271.			\$ 271.
TOTAL	\$ 271.	\$ 0.	\$ 0.	\$ 271.

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

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

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

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

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	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
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		<u>\$ 2,000.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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

NAME OF GRANT PROGRAM:	DOWN PAYMENT ASSISTANCE
NAME:	ANGIE LOPEZ
CARE OF:	
STREET ADDRESS:	PO BOX 10029
CITY, STATE, ZIP CODE:	SANTA ANA , CA 92711
TELEPHONE:	714-744-4993
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

FEDERAL STATEMENTS
AMERICAN VETERANS ASSISTANCE GROUP
OF CALIFORNIA

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 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 APPROVED 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: RENTAL ASSISTANCE
NAME: ANGIE LOPEZ
CARE OF:
STREET ADDRESS: PO BOX 10029
CITY, STATE, ZIP CODE: SANTA ANA, CA 92711
TELEPHONE: 714-744-4993
E-MAIL ADDRESS:
FORM AND CONTENT:

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 REAPPLY FOR THIS BENEFIT, ALL NEW PAPERWORK WILL BE REQUIRED. APPLICANTS MUST CURRENTLY 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: HANDICAP HOME MODIFICATION ASSISTANCE
NAME: ANGIE LOPEZ
CARE OF:
STREET ADDRESS: PO BOX 10029
CITY, STATE, ZIP CODE: SANTA ANA, CA 92711
TELEPHONE:
E-MAIL ADDRESS:

FEDERAL STATEMENTS
AMERICAN VETERANS ASSISTANCE GROUP
OF CALIFORNIA

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: NONE

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 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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FEDERAL STATEMENTS
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 \$				<u>24,218.</u>