## EXTENDED TO NOVEMBER 16, 2020

(Rev. January 2020) Department of the Treasury Internal Revenue Service

A For the 2019 calendar year

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

■ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

-	1 01 4	and 25 to calcifical year, or tax year beginning	enaing		
В	Check i applical	C Name of organization		D Employer identif	ication number
	Addr	VETERANS ASISTANCE FOUNDATION, INC.			
	Nam chan	ge Doing business as		39-17982	21
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final	PO BOX 610	- Toomsound	608.372.	8387
	term ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,258,072.
	Ame	TOMAH, WI 54660		H(a) Is this a group r	
L	Appl tion pend	F Name and address of principal officer: FAIE VEGA		for subordinates	
	•	" PO BOX 610, TOMAH, WI 54660-0610		H(b) Are all subordinates i	
		tempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		ite: ► WWW.VAFVETS.ORG		H(c) Group exemption	
		forganization: X Corporation Trust Association Other	L Year	of formation: 1994	M State of legal domicile: WI
	art I				
9	1	Briefly describe the organization's mission or most significant activities: THE	VETERA	NS ASSISTAN	CE
Activities & Governance		FOUNDATION INC IS A 501(C)(3) NON-PROFIT	CORPC	RATION TO I	DENTIFY AND
Ver	3	Check this box if the organization discontinued its operations or dispo			
တိ	4	Number of voting members of the governing body (Part VI, line 1a)		3	7
త	5	Number of independent voting members of the governing body (Part VI, line 1b)		4	7
itie	6	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	46
ţ	7 a	Total number of volunteers (estimate if necessary)	••••••	6	27
4	b	Net unrelated business taxable income from Form 990-T, line 39	***************************************		0.
		The state of the s	Т	Prior Year	
٥	8	Contributions and grants (Part VIII, line 1h)		89,371.	Current Year 59,506.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,336,831.	1,782,139.
leve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		32,220.	30,075.
п.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		80,001.	77,672.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,538,423.	1,949,392.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		806.	50.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		923,797.	1,063,876.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́		Total fundraising expenses (Part IX, column (D), line 25)	0.		
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		759,061.	991,194.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,683,664.	2,055,120.
es	19	Revenue less expenses. Subtract line 18 from line 12		-145,241.	-105,728.
sets or	20	Total assets (Part X, line 16)	Be	ginning of Current Year 1,772,743.	End of Year
Net Ass Fund Bal	21	Total liabilities (Part X, line 26)		883,036.	1,444,072.
ige ige	22	Net assets or fund balances, Subtract line 21 from line 20		889,707.	660,093. 783,979.
	art II	Signature Block		003,707.	103,313.
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedule:	s and stateme	ents, and to the best of m	knowledge and helief it is
true,	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	y Knowledge and belief, it is
				T	
Sig	n	Signature of officer		Date	
Her	е	FAYE VEGA, SECRETARY			
		Type or print name and title			
Dele		Print/Type preparer's name Preparer's signature		ate Check	PTIN
Paid	arer	FRANK VINOPAL, CPA FRANK VINOPAL, (	CPA 0	8/13/20 if self-employed	P01296654
	Only	Firm's name MBE CPAS, LLP Firm's address 200 W WARREN STREET		Firm's EIN	20-0794302
496	Jilly	Firm's address 200 W WARREN STREET TOMAH, WI 54660			0 000 4000
May	the II			Phone no. 6 0	8-372-4829
	01 01-2	AS discuss this return with the preparer shown above? (see instructions) 0-20 LHA For Paperwork Reduction Act Notice, see the separate instruction			X Yes No
~~~	U 1 0 1 2	Livi To Faperwork neugurion ACI Notice. See the senarate instruction	nne		Farm 000 (0010)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A		Х	
2	le the organization required to complete School to D. School to J. School to J.	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		Δ	v
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		X
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		122
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۳		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.	-		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		х
10	bid the organization, directly or through a related organization, hold assets in donor-restricted endowments	٦		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	250000000	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 21	<del>                                     </del>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c	_	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			v
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		<u>X</u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business.	1		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	bid the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines		$\dashv$	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
	complete Schedule G, Part III	19		х
·ua	bid the organization operate one or more nospital facilities? If "Yes," complete Schedule H	20a	-	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	$\dashv$	
:1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			-
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
2003	01-20-20	Form (	200	2040

Part IV Checklist of Required Schedules (continued)

0.00			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	-	X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24.5	Schedule J	23		X
244	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			١
h	Schedule K. If "No," go to line 25a	24a	_	X
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	_	
·	any tax-exempt honds?	١		
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	_	_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d	_	_
16 (110)	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			₩.
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	-	X
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	051		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b	-	Δ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			- 22
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	Behaliges		
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	bid the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1000
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
37	If "Yes," complete Schedule R, Part V, line 2	36		X
3,	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		- 1	
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	_	X
-	Note: All Form 990 filers are required to complete Schedule O			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
	and a respector of floto to any life in this Fait y	<u>.</u>		<u> </u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	4.	х	
932004	01-20-20	1c	22	

Form 990 (2019) VETERANS ASISTANCE FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

20	Enter the number of employees and due 5. We 5.		Ye	s No
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_		
h	filed for the calendar year ending with or within the year covered by this return  [2a]  4	1000000		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	10000		
h	If "Ves " has it filed a Form QQQ.T for this year? If "Ma" to line 2h provide an application of the table	3a	_	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b	+-	+-
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	١.		\ <sub>V</sub>
b	If "Yes," enter the name of the foreign country	4a	30 15250	X
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a	+	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c	+	- A
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30	+	+
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	l oa	+	+*
	were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).	OD		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	2000000	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	+	+
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1.5	$\top$	+
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	SAR PROPERTY.	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	1	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
h	Initiation fees and capital contributions included on Part VIII, line 12			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:			
	Grand income from which the last			
b	Gross income from members or snareholders			
_	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		+
	Note: See the instructions for additional information the organization must report on Schedule O.	104		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
1 <del>4</del> a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		T
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	IT "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	7		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	SIBNABASA	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	USAVEIDES
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates.			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
2002-20	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	if Yes to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
Saci	exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed ►WI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website W Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 608.372.8387 PO BOX 610, TOMAH, WI 54660			15000
	PO BOX 610, TOMAH, WI 54660			

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

Check if Schedule O contains a response or note to any line in this Part VII

- Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
   Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

<b>(A)</b> Name and title	(B) Average		crganization compensate (C) Position					(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	offi	(do not check more than one box, unless person is both an officer and a director/trustee)				h an	compensation from	compensation from related	amount of other	
(4 V 2000)	(list any hours for related organizations below line)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) RYAN AHRENDT	1.00										
CHAIRMAN (2) JAMES WILLIAMS	1 00	Х		X		$\vdash$		0.	0.	0	
VICE CHAIRMAN	1.00	1,,									
(3) DONALD ROACH	1.00	X	$\vdash$	X		_	_	0.	0.	0	
FREASURER	1.00	x		x				0.	,		
(4) FAYE VEGA	1.00	21	$\vdash$	Δ	-	$\vdash$		0.	0.	0	
SECRETARY/EXEC DIR	1.00	x		х				0.	0.	0	
(5) JEFFREY MCGLIN	1.00		$\vdash$		-			U •	0.	0	
DIRECTOR		x						0.	0.	0	
(6) CHRIS HANSON	1.00		Н				Н	0.	0.	U	
PRESIDENT/CEO		X		x				0.	0.	0	
(7) JIM KITCHEN	1.00		Н				$\neg$		0.	- 0	
DIRECTOR		Х						0.	0.	0	
								-			
							1				
			1								
		1	$\dashv$			1	1				
		$\forall$	$\dashv$	+	1	1	1				

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Form 990 (2019) VETERANS	ASISTA	NC:	E 1	FOT	JNI	DAT	CI	ON, INC.	39-179	98221 Page 8
Part VII Section A. Officers, Directors, Trus (A) Name and title	Average hours per	(do	not c	Pos heck ss pe	ition more rson i	than	one h an	(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	institutional trustee	Officer		Highest compensated 14/3/	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	other compensation
									4-4-0	
1b Subtotal  c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A					)	•	0. 0.	0	0. 0.
<ul> <li>Total number of individuals (including but n compensation from the organization</li> <li>Did the organization list any former officer,</li> </ul>		-							•	Yes No
<ul> <li>line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the su and related organizations greater than \$150</li> </ul>	uch individual Im of reportabl 0,000? If "Yes,"	e co	mpe mple	ensat	tion	and	oth J fo	ner compensation from t	he organization	
Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com Section B. Independent Contractors	ocrue compen plete Schedule	sation of the sation	on fr	om a	any perso	unre	late	ed organization or indivi	dual for services	. 5 X
Complete this table for your five highest count the organization. Report compensation for the organization.	the calendar ye	epe ear e	nder	nt co	ith o	actor or wit	s th	the organization's tax y  (B)  Description of se	ear.	(C) Compensation
GENERAL SECIRITY SERVICES 9110 MEADOWVIEW ROAD, MIN		s,	М	N	55	42	58			467,726.
Total number of independent contractors (in							1			
Total number of independent contractors (ir \$100,000 of compensation from the organize)	ation	ot lim	iited	to t	nose 1	e list	ed a	above) who received mo	ore than	Form <b>990</b> (2019)

Part VIII	Statement of Revenue

		Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
60.40				(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	a Federated campaigns 1a					
		b Membership dues 1b					
		c Fundraising events1c					
<u>ة</u> ق		d Related organizations 1d					
Sin		e Government grants (contributions) 1e					
ž ž		f All other contributions, gifts, grants, and					
음흥			59,506.				
P P			23,940.				
0 %	-	h Total. Add lines 1a-1f		59,506.			
4.	_		usiness Code				
rice	10000		524100	1,782,139.	1,782,139.		
ne n							
m S							
gra		d					
Program Service Revenue							
-		All other program service revenue		F00 100			
		Total, Add lines 2a-2f		1,782,139.			
	3	Investment income (including dividends, interest,		055			
		other similar amounts)		255.	255.		
	4	Income from investment of tax-exempt bond proc					
	5	Royalties(i) Real (ii)	: D				
	_		ii) Personal				
		Gross rents 6a 66,745.					
		D Less: rental expenses 6b 0.  Rental income or (loss) 6c 66,745.					
	8 9			66 745	66 745		
	A	Net rental income or (loss)  Gross amount from sales of (i) Securities	(ii) Oth	66,745.	66,745.		
	′ '		(ii) Other				
	Ι.		38,500.				
<u>e</u>	'	Less: cost or other basis	10 600				
Other Revenue			08,680.				
ě				29,820.	20 020		
ē		Net gain or (loss)		49,040.	29,820.		
盲	0.	including \$ of					
-		contributions reported on line 1c). See					
		B					
	,	Part IV, line 18 8a 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	ŀ	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	Ł	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
s			siness Code				
6 g	11 a		24100	10,927.	10,927.		
Miscellaneous Revenue	b				10,0210		
e e	c						
Ais.	c	All other revenue					
-	e	Total. Add lines 11a-11d	•	10,927.			
	12	Total revenue. See instructions		,949,392.1	.889,886	0.	0.
022000	04.0			, , 0 > , 1	.,000,0000	U .	U ·

## Form 990 (2019) VETERANS ASIS Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a responsion not include amounts reported on lines 6b,	(A)	(B) I	(C) T	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22	50.	50.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees  Compensation not included above to disqualified				
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	873,437.	072 427		
7	Other salaries and wages	0/3,43/.	873,437.		
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	8,329.	8,329.	-	
9	Other employee benefits	108,322.	108,322.		
0	Payroll taxes	73,788.	73,788.		
1	Fees for services (nonemployees):	73,700.	13,100.		
a		6,045.	6,045.		
b		3,596.	3,596.		
	Accounting	91,783.	91,783.		
d	Lobbying	21,703.	JI, 10J.		
	Professional fundraising services. See Part IV, line 17				-
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
2	Advertising and promotion	792.	792.		
3	Office expenses	14,245.	14,245.		
1	Information technology	11/213.	14,243.		
5	Royalties				
6	Occupancy	65,082.	65,082.		
7	Travel	4,993.	03,002.	4,993.	
3	Payments of travel or entertainment expenses	2/3331		4,333.	
	for any federal, state, or local public officials			16	
9	Conferences, conventions, and meetings	2,084.	2,084.		-
)	Interest	25,268.	25,268.		
1	Payments to affiliates		,200.		
2	Depreciation, depletion, and amortization	45,237.	45,237.		
3	Insurance	50,675.	47,690.	2,985.	
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		,	-,,,,,,	
a	SECURITY SERVICES	467,726.	467,726.		
b	FOOD SERVICE	71,495.	71,495.		
C	BAD DEBT EXPENSE	52,479.	52,479.		1000
d	VEHICLES EXPENSE	43,341.	43,341.		
	All other expenses	46,353.	31,254.	15,099.	· with a second
_	Total functional expenses. Add lines 1 through 24e	2,055,120.	2,032,043.	23,077.	
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	1			
	Check here if following SOP 98-2 (ASC 958-720)				

Pari	WILD RESIDENCE	Check if Schedule O contains a response or no	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			80.	1	120
	2	Savings and temporary cash investments	182,264.	2	83,309		
	3	Pledges and grants receivable, net			3		
- 1	4	Accounts receivable, net			147,757.	4	117,880
	5	Loans and other receivables from any current of	or former	officer, director,			
		trustee, key employee, creator or founder, sub-					
		controlled entity or family member of any of the	ese perso	ns		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sect	ion 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use			1,318.	8	5,000
1	9	Prepaid expenses and deferred charges			40,581.	9	4,329
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation			1,400,743.	10c	1,233,434
	11	Investments - publicly traded securities				11	
- 1	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line	11			13	
- 1	14	Intangible assets			14		
- 1	15	Other assets. See Part IV, line 11				15	
_	16	Total assets. Add lines 1 through 15 (must equ	1,772,743.	16	1,444,072		
	17	Accounts payable and accrued expenses	115,182.	17	35,350		
- 1	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
- 1	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
8 2		Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				22	
- 1	23	Secured mortgages and notes payable to unrel	ated third	parties	767,854.	23	624,743
	24	Unsecured notes and loans payable to unrelate	d third pa	arties		24	
12		Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line					
١,	06	of Schedule D			000 000	25	
+		Total liabilities. Add lines 17 through 25			883,036.	26	660,093
8		Organizations that follow FASB ASC 958, che	eck here				
<b>!</b>   ,		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			886,673.	27	780,945.
		Net assets with donor restrictions	3,034.	28	3,034		
3		Organizations that do not follow FASB ASC 9	58, chec	k here			
		and complete lines 29 through 33.					
1.	50 -0	Capital stock or trust principal, or current funds		<u> </u>		29	
	30 31	Paid-in or capital surplus, or land, building, or ed	quipment	Tund		30	
	32	Retained earnings, endowment, accumulated in	come, or	other funds	000 505	31	
	33	Total licibilities and not see to 16 and believed			889,707.	32	783,979.
13	<i>7</i> 0	Total liabilities and net assets/fund balances			1,772,743.	33	1,444,072.

Form **990** (2019)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits