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

OMB No 1545-0047

Department of the Treasury

► Do not enter social security numbers on this form as it may be made public. \\
■ Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	OF 44 -	2016 colondar year or tay year harmana TIII 1 2016 and o			1
			nuing J		
B C	heck if oplicable			D Employer identific	ation number
	Addres change	VETERANS MULTI-SERVICE CENTER, INC.			
	Name change			23-2	764079
_	Initial		Room/suite	E Telephone number	
	Final return/	213-217 NORTH 4TH STREET		(215	
	termin- ated			G Gross receipts \$	11,568,885.
Γ	Amend			H(a) Is this a group re	
=	Jreturn [Applica			for subordinates	()
Ь	Jtion pendin	a 1			——————————————————————————————————————
		SAME AS C ABOVE	1. Ab-07	H(b) Are all subordinates in	
		mpt status X 501(c)(3)	r 527	1	list (see instructions)
		e: WWW.VMCENTER.ORG		H(c) Group exemption	
		organization: X Corporation	L Year	of formation. 1995 M	State of legal domicile: PA
Pa		Summary			
ربه	1 1	Briefly describe the organization's mission or most significant activities $\ \ \overline{ ext{THE} \ ext{ V}}$	<u>TETERA</u>	<u>NS MULTI-SE</u>	RVICE
FER 9 7 2018 Activities & Governance		<u>CENTER IS A NONPROFIT CORPORATION PROVIDI</u>	NG OU	TREACH, COU	NSELING,
Ĕ.	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets
250	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
E 65		Number of independent voting members of the governing body (Part VI, line 1b)		4	12
S. S.		Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	255
iti⊸.		Total number of volunteers (estimate if necessary)		6	450
౭ు≩ై∫				 	0.
ന്ട് ∣		Total unrelated business revenue from Part VIII Column (C) line 12		7a	
ᆚᅵ	b	Net unrelated business taxable income from Form 990 T, line 34.			0.
		Contributions and grapts (Part VIII line 4AN 18 2018	 	Prior Year	Current Year
	8		9,571,546.	10,705,622.	
	9				541,034.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7,d)		7,356.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_	331,169.	294,487.
3		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u></u>	10,437,914.	11,541,143.
SCA SE		Grants and similar amounts paid (Part IX, column (A), lines 1·3)		0.	0.
j		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	 	5,042,999.	5,215,815.
ğ				0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	\ <u></u>	<u> </u>	<u></u>
쫎		Total fundraising expenses (Part IX, column (D), line 25) 132,52	34.	5 400 500	F 606 610
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	5,480,720.	5,696,643.
}	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		10,523,719.	10,912,458.
	19	Revenue less expenses Subtract line 18 from line 12		<u><85,805.</u>	> 628,685.
58	l		Ве	ginning of Current Year	End of Year
alar	20	Total assets (Part X, line 16)		3,213,556.	3,818,321.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26),		966,543.	942,623.
를	22	Net assets or fund balances Subtract line 21 from line 20	_	2,247,013.	2,875,698.
Pa	rt II	Signature Block			
		Ities of perjury. Leclare that I have examined this return, including accompanying schedules	and statem	ents, and to the hest of m	v knowledge and helief it is
		t, and complete. Declaration of preparer (wher than officer) is based on all information of whi			y karomougo ana bonot, it io
uuc,	COLLEC	t, and complete, operatation of preparer opiner than officer) is based on all information of with	icii piepaiei	nas any knowledge.	
		Signature of officer		Date	en I U
Sigr				Date \	
Here	e	TIMOTHY WILLIAMS, EXECUTIVE DIRECTOR		-	
		Type or print name and title		 	
		Print/Type preparer's name Person Properties of Print/Type preparer's signature Print/Type preparer's preparer	011	Date Check	PTIN
Paid		FRANCES E. SPERLING, CPA/ Mm/6/h/40	CHAT	51/05/18 self-employ	
Prep		Firm's name ST. CLAIR CPAS, P.C.		Firm's EIN	23-2653765
-	Only	Firm's address 28 S. CENTRE STREET			
		MERCHANTVILLE, NJ 08109		Phone no (8	56) 482-5600
Mari	the If	RS discuss this return with the preparer shown above? (see instructions)		Ti nono no 10	X Yes No
					Form 990 (2016)
63200	01 11-1	1-16 LHA For Paperwork Reduction Act Notice, see the separate instructio	ms.		rum 330 (∠016)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	rt III Statement of Program Service Accomplishments	40/9 Page Z
-ai		
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission THE VETERANS MULTI-SERVICE CENTER IS A NONPROFIT CORPORATION P	PONTDING
	OUTREACH, COUNSELING, EMPLOYABILITY ASSESSMENT, JOB TRAINING A	
	PLACEMENT, TRANSITIONAL LIVING, PERMANENT HOUSING, AND SUPPORT	
	SERVICES TO VETERANS IN THE GREATER PHILADELPHIA AREA.	T A Fi
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
•	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$	0.)
-	EMPLOYMENT AND TRAINING SERVICES	··
	5,000 SQUARE FEET OF VMC'S HEADQUARTERS IS DESIGNATED FOR EMPL	OYMENT
	AND TRAINING AND DESIGNED WITH THE CURRENT JOB MARKET IN MIND	TO ALLOW
	VETERANS TO ACQUIRE THE NECESSARY SKILLS TO COMPETE FOR DEMAND	ING
	POSITIONS AND TO EARN A LIVABLE WAGE.	
	EACH VETERAN ENROLLED IN THE EMPLOYMENT AND TRAINING PROGRAM I	S
	ASSIGNED A JOB DEVELOPER/CASE MANAGER, ASSISTING VETERANS WITH	THE
	ULTIMATE GOAL, FINDING EMPLOYMENT.	
4b	(Code) (Expenses \$9,817,401. including grants of \$) (Revenue \$)	810,128.)
	HOMELESS VETERAN SERVICES	
	MUE ODCANIZACION DOCUTORO ACCIONANCE CO UOMELECO VECEDANO AND	TEMPDANC
	THE ORGANIZATION PROVIDES ASSISTANCE TO HOMELESS VETERANS AND IN DANGER OF THIS LIFE SITUATION. A FULL CONTINUUM OF CARE IS	
	THROUGH A HOMELESS DAY SERVICE CENTER (THE PERIMETER), TWO GEN	
	SPECIFIC TRANSITIONAL RESIDENCIES (LZII & MARY E. WALKER HOUSE	
	VARIOUS PERMANENT HOUSING PROGRAMS (SHP/S+C).	1// 211115
	TIMETOOD I DIGERALITE HOODING I ROOMERD VOIL / D.C./.	
	THE ORGANIZATION ALSO PROVIDES COMPREHENSIVE SUPPORTIVE SERVICE	ES TO
	VERY LOW INCOME VETERANS AND THEIR FAMILIES WHO ARE CURRENTLY	
	EXPERIENCING HOMELESSNESS OR ARE AT RISK OF LOSING THEIR HOMES	(SSVF).
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)	
	(Expenses \$)
4e	Total program service expenses ► 10,379,451.	
		Form 990 (2016)

			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	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			•
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
^	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		X
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
7	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	_'_		
0	Schedule D, Part III	8	ı	x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			-23
9	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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	11a	Х	Ì
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	11c		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		}	}
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X_
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		}
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X_	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			Ì
_	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	١	ĺ	7.7
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	 ^-
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	}	Į	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
.0	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		 	- <u></u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	3	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	1
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		Form	990	(2016

			Yes	No
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	165	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_==_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	2.00		
- •	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			_==-
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ı
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	,		ļ
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.10		
LOU	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	204		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete)		ł
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		_ _
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			ĺ
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		ĺ
	of any of these persons? If "Yes," complete Schedule L, Part III	27	[х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions)			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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]	X
31	Did 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	1	_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? 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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			}
	If "Yes," complete Schedule R, Part V, line 2	36	}	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Ī
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
_		Form	990	(2016

- 41	Check if Schedule O contains a response or note to any line in this Part V			
	STOCK IT COTTOGRAD OF COSPONDE OF HOLE TO ALTY THE IT WHIS THAT Y	γ	Vas	No
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	INO
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 1b	į	ĺ	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		J	
Ŭ	(gambling) winnings to prize winners?	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 255	}		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_X_
b	If "Yes," enter the name of the foreign country			
	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?	5 <u>a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	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			,
	were not tax deductible?	6b	<u>X</u>	
7	Organizations that may receive deductible contributions under section 170(c).	i .		
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_	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		-
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7-		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	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	<u> </u>		
•	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	}	Х
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter		1	
а	Initiation fees and capital contributions included on Part VIII, line 12	}	1	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		1
11	Section 501(c)(12) organizations. Enter	1	Ì	Ì
а	Gross income from members or shareholders 11a	1		Í
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		İ
	amounts due or received from them)	1		{
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	
а	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	}	}	1
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	1	}	}
C	Enter the amount of reserves on hand	-	 	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	┼ <u>^</u>
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	, 000	(2016

Form 990 (2016) VETERANS MULTI-SERVICE CENTER, INC. 23-2764079 Page 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 in 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 12			
	If there are material differences in voting rights among members of the governing body, or if the governing	, ,		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		ļ	
b	Enter the number of voting members included in line 1a, above, who are independent 1b12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		j	
_	officer, director, trustee, or key employee?	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3	}	_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
10	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
U	persons other than the governing body?	7b		x
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
8		8a	Х	1
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	- OD	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u> </u>		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		V	Na
40-	Delthe consequence have level about the other transfer or officers.	40-	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		ĺ
	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		v	1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u>X</u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		17	1
	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	X	├
15	Did the process for determining compensation of the following persons include a review and approval by independent	} ;		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		}
а	The organization's CEO, Executive Director, or top management official	15a	<u>X</u>	
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)	1		}
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1		
	taxable entity during the year?	16a		<u> X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	{		{
	exempt status with respect to such arrangements?	16b		<u></u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cıal	
	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 - (215) 923-2600			
	213-217 NORTH 4TH STREET, PHILADELPHIA, PA 19106			

rm 990 (2016)	VETERANS	MULTI-SERVICE	CENTER,	INC.	23-2764079	Page 7

Part VII 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

- 1a 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	J	111126	(C		nper	, <u>5</u>	(D)	(E)	(F)				
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated				
	hours per	box, unless person is bo officer and a director/true					n an	compensation	compensation	amount of				
	week (list any										-	from the	from related organizations	other compensation
	hours for	Individual trustee or director	}			E		organization	(W-2/1099-MISC)	from the				
	related	stee 0	rustee			ensa		(W-2/1099-MISC)		organization				
	organizations	al tru	onal ti		ployee	comi				and related				
	below line)	Принр	Institutional trustee	Officer	Key employee	Highest compensated employee	Рог тег	}		organizations				
(1) RICHARD BORGERSON	2.00	=	트	5	<u>\$</u>	主节	<u></u>							
DIRECTOR		x	ĺ			1		0.	0.	0.				
(2) JACK ONEILL	25.00	==-	<u> </u>											
DIRECTOR		X	}					0.	0.	0.				
(3) SUSAN WOOLLEY	2.00													
DIRECTOR		X					_	0.	0.	0.				
(4) ROBERT LORD	20.00									,				
PRESIDENT EMERITUS		Х	_			<u> </u>		0.	0.	0.				
(5) TERRY ENGLISH	1.00	1					Ì							
DIRECTOR		X	<u> </u>	ļ'	_	ļ		0.	0.	0.				
(6) RODNEY LITTLE	1.00		}	[]	}							
DIRECTOR		X				ļ		0.	0.	0.				
(7) LISA DEBELLA	2.00	,,	ļ		}		}		0.					
DIRECTOR	2.00	X	├					0.	ļ	0.				
(8) CHARMAINE IJEOMA	2.00	X	}		ļ	}	1	0.	0.	0.				
DIRECTOR	2.50		├	├-	-	├		ļ	 	<u></u>				
(9) STEPHEN RAMSEY PRESIDENT	2.50	┨	ĺ	X	Ì		ĺ	0.	0.	0.				
(10) JIM DAVIE	2.00	\dagger	 	123	t –	1-	_	† -	ļ					
VICE PRESIDENT		1	}	X			}	0.	0.	0.				
(11) JONATHAN SAIDEL	1.50	<u> </u>		==		_								
TREASURER		1	1	X			ł	0.	0.	0.				
(12) MARIE NAHIKIAN	2.00					Γ								
SECRETARY				X			<u>L</u> _	0.	0.	0.				
(13) TIMOTHY WILLIAMS	40.00	Ì		1	1		{							
EXECUTIVE DIRECTOR	<u> </u>	<u> </u>	↓	X		<u> </u>		134,096.	0.	0.				
	<u></u>				}	}	}	}		}				
	 	-		├ —			-	 						
		+				1	}		1					
	 	┼-	┼─	├	-	-		 	 					
	<u> </u>	1	1	1						1				
	<u> </u>	1-		1										
										<u> </u>				
 							-							

\$100,000 of compensation from the organization

Form 990 (2016)

Part VIII

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Total revenue Related or Unrelated exempt function business sections 512 - 514 revenue revenue Gifts, Grants illar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 220,756 d Related organizations 1d e Government grants (contributions) 1e 8,538,910. f All other contributions, gifts, grants, and similar amounts not included above 1f 1,945,956 9 Noncash contributions included in lines 1a-1f \$ 921,885. h Total. Add lines 1a-1f ▶ 10,705,622 Business Code Program Service 2 a THRIFTSHOP 453310 312,840. 312,840 RESIDENT FEES 228,194 531110 228,194 f All other program service revenue g Total. Add lines 2a-2f 541 034 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents 162,002 b Less: rental expenses c Rental income or (loss) 162,002 d Net rental income or (loss) 162,002. 162,002 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 220,756. of contributions reported on line 1c) See Part IV, line 18 а 53,135 b Less direct expenses 27,742 c Net income or (loss) from fundraising events 25,393 25,393. 9 a Gross income from gaming activities See Part IV, line 19 а b Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances а b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a ADMINISTRATIVE FEE 900099 107,092 107,092 d All other revenue e Total. Add lines 11a-11d 107,092 Total revenue See instructions. 25 393 11,541,143 810,128

Do	Check if Schedule O contains a respon	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations			ĺ	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		l		
	individuals See Part IV, line 22				
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,		110 000	00 114	
	trustees, and key employees	134,096.	113,982.	20,114.	
6	Compensation not included above, to disqualified		}	}	
	persons (as defined under section 4958(f)(1)) and	ł		{	
	persons described in section 4958(c)(3)(B)		2 050 100	02 504	05 500
7	Other salaries and wages	3,971,474.	3,852,188.	93,584.	25,702
8	Pension plan accruals and contributions (include	105 606	01 000	20 220	r 107
	section 401(k) and 403(b) employer contributions)	125,636.	91,229.	29,220.	5,187
9	Other employee benefits	553,983.	544,697.	9,286.	1 002
10	Payroll taxes	430,626.	416,754.	11,890.	1,982
11	Fees for services (non-employees)	20 402	37,903.	1 570	
a	Management	39,482. 42,387.	40,692.	1,579. 1,695.	
b		49,830.	47,836.	1,994.	
C	Ĭ i	49,030.	47,030.	1,334.	
d					
e f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch 0.)	208,895.	117,928.	37,282.	53,685
12	Advertising and promotion	28,962.	6,181.	2,039.	20,742
13	Office expenses	89,892.	63,196.	24,141.	2,555
14	Information technology				
15	Royalties				
16	Occupancy	636,802.	574,191.	55,985.	6,626
17	Travel	67,980.	63,491.	4,489.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			}	
19	Conferences, conventions, and meetings				
20	Interest	21,014.	20,571.	443.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	142,828.	116,777.	26,051.	
23	Insurance	130,617.	106,720.	22,944.	953
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DIRECT ASSISTANCE	3,371,000.	3,371,000.		
	PRODUCTION EXPENSE	386,879.	386,879.		
c	DOLLED DESIGNATION DEL	189,263.	160,252.	28,107.	904
d	MATERIALS AND SUPPLIES	92,620.	70,292.	19,522.	2,806
е	All other expenses	198,192.	176,692.	10,120.	11,380
25	Total functional expenses Add lines 1 through 24e	10,912,458.	10,379,451.	400,485.	132,522
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	318,071.	1	869,549.
	2	Savings and temporary cash investments	12,995.	2	400,069.
	3	Pledges and grants receivable, net	79,351.	3	<u>53,066.</u>
	4	Accounts receivable, net	1,175,752.	4	860,709.
	5	Loans and other receivables from current and former officers, directors,	Í		
	ĺ	trustees, key employees, and highest compensated employees Complete		1	
	}	Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under)	
	}	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	}	employers and sponsoring organizations of section 501(c)(9) voluntary	Ì	1	
ets	}	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	62 550
~	8	Inventories for sale or use	57,314.	8	63,552.
	9	Prepaid expenses and deferred charges	65,943.	9	80,561.
	10a	Land, buildings, and equipment cost or other			
	١.	basis Complete Part VI of Schedule D 10a 2,773,138.	1 472 702		1 262 615
	1	Less accumulated depreciation 10b 1,410,523.	1,472,783.	10c	1,362,615.
	11	Investments - publicly traded securities Investments - other securities See Part IV, line 11		11 12	
	12	Investments - other securities See Part IV, line 11		13	
	14	Intangible assets	3,097.	14	0.
	15	Other assets See Part IV, line 11	28,250.	15	128,200.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,213,556.	16	3,818,321.
	17	Accounts payable and accrued expenses	458,006.	17	462,305.
	18	Grants payable		18	
	19	Deferred revenue	70,438.	19	59,997.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Ě		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	422,051.	23	404,326.
	24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
	25	Other liabilities (including federal income tax, payables to related third	•	 	
	{	parties, and other liabilities not included on lines 17-24) Complete Part X of	16 040	•	15 005
		Schedule D	16,048.		15,995.
	26	Total liabilities. Add lines 17 through 25	966,543.	26	942,623.
	}	Organizations that follow SFAS 117 (ASC 958), check here ► X and		}	
çes	0.7	complete lines 27 through 29, and lines 33 and 34.	1 002 201	07	2,123,639.
lan	27	Unrestricted net assets	1,923,391. 323,622.	27	752,059.
Ba	28	Temporarily restricted net assets	323,022.	28	132,033.
Ę	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here		29	
Ē		and complete lines 30 through 34.		(
ts o	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ţ	32	Retained earnings, endowment, accumulated income, or other funds	 	32	
Š	33	Total net assets or fund balances	2,247,013.	33	2,875,698.
	34	Total liabilities and net assets/fund balances	3,213,556.	34	3,818,321.
					Form 990 (2016)

	990 (2016) VETERANS MULTI-SERVICE CENTER, INC.	<u> 23-</u>	<u> 2764079</u>	Pag	_{1e} 12						
Pa	rt XI ,Reconciliation of Net Assets										
	Check if Schedule O contains a response or note to any line in this Part XI										
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,54								
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,91	2,4 8,6							
3	Revenue less expenses Subtract line 2 from line 1										
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,24	<u>7,0</u>	<u>13.</u>						
5	Net unrealized gains (losses) on investments	5									
6	Donated services and use of facilities	6									
7	Investment expenses	7									
8	Prior period adjustments	8									
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.						
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	} }									
	column (B))	10	2,87	<u>5,6</u>	<u>98.</u>						
Par	rt XIII Financial Statements and Reporting										
	Check if Schedule O contains a response or note to any line in this Part XII				لعا						
				Yes	No						
1	Accounting method used to prepare the Form 990				}						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	4 1								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	į į								
	separate basis, consolidated basis, or both		[]		Ì						
	Separate basis Consolidated basis Both consolidated and separate basis		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
b	Were the organization's financial statements audited by an independent accountant?		_2b	_X							
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,	,)						
	consolidated basis, or both		}								
	X Separate basis Consolidated basis Both consolidated and separate basis		1		}						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			}						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X							
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	l l								
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Auc	lit	}							
	Act and OMB Circular A-133?		_3a	X	<u> </u>						
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired aud	it }	{	1						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	<u> </u>						
			Form	990	(2016)						

SCHEDULE A

Department of the Treasury

Internal Revenue Service

<u>Total</u>

(Form 990, or 990-EZ)

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2076

m990. Open to Public Inspection

Employer identification number

VETERANS MULTI-SERVICE CENTER, 23-2764079 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(IV). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 LX An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (n) EIN in your gove (described on lines 1 10 organization support (see instructions) support (see instructions) No Yes above (see instructions))

Schedule A (Form 990 or 990 EZ) 2016 VETERANS MULTI-SERVICE CENTER, INC. 23-2764079 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	ınclude any "unusual grants ")	4567921.	5995863.	8742849.	9571546.	10705622.	<u>39583801.</u>			
2	Tax revenues levied for the organ-				1		1			
	ization's benefit and either paid to	}								
	or expended on its behalf									
3	The value of services or facilities					,				
	furnished by a governmental unit to		l			1	1			
	the organization without charge									
4	Total. Add lines 1 through 3	4567921.	5995863.	8742849.	9571546.	10705622.	39583801.			
5	The portion of total contributions									
	by each person (other than a				1					
	governmental unit or publicly		(1					
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,	ļ					ļ			
	column (f)	ļ l		'						
6	Public support. Subtract line 5 from line 4						39583801.			
	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
7	Amounts from line 4	4567921.	5995863.	8742849.	9571546.	10705622.	39583801.			
8	Gross income from interest,									
	dividends, payments received on	{								
	securities loans, rents, royalties									
	and income from similar sources	105,620.	134,113.	117,105.	150,907.	162,100.	669,845.			
9	Net income from unrelated business]					
	activities, whether or not the	l l								
	business is regularly carried on	l								
10	Other income Do not include gain									
	or loss from the sale of capital	{	l							
	assets (Explain in Part VI)	722.	58,323.	197,537.	156,943.	107,092.	520,617.			
11	Total support. Add lines 7 through 10						40774263.			
12	Gross receipts from related activities,	, etc (see instruction	ons)			12				
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)				
	organization, check this box and stor	o here					▶□			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			· · · · · · · · · · · · · · · · · · ·				
14	Public support percentage for 2016 (line 6, column (f) d	vided by line 11, o	column (f))		14	97.08 %			
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	97.31 %			
16a	33 1/3% support test - 2016. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this b				
	stop here. The organization qualifies	as a publicly supp	orted organization	1			$\triangleright [X]$			
b	33 1/3% support test - 2015. If the	organization did no	t check a box on l	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check t	his box			
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation						
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,			
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check ti	his box and stop i	nere. Explain in Pa	rt VI how the orga	nization			
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b	10% -facts-and-circumstances tes	it - 2015. If the org	anızatıon dıd not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or			
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	organization meets the "facts-and-cire	cumstances" test	The organization of	qualifies as a publi	cly supported org	anızatıon	▶□			
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ns 🕨 🔲			

Schedule A (Form 990 or 990-EZ) 2016

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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4 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	2 Enter 85% of line 1 2	
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emergency temporary reduction (see instructions) 6		

<u>Sche</u>	dule A (Form 990 or 990-EZ) 2016 VETERANS MULT			<u>3-2764079 Pa</u>	ge 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)		
Sect	on D - Distributions	·		Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity				
3_	Administrative expenses paid to accomplish exempt purpose	es of supported organization	<u>s</u>		
4	Amounts paid to acquire exempt-use assets			 	
5	Qualified set-aside amounts (prior IRS approval required)				
6_	Other distributions (describe in Part VI) See instructions				
7	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to which the	he organization is responsive)		
	(provide details in Part VI) See instructions				
9_	Distributable amount for 2016 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount	r 			
	Į.	(i)	(ii)	(iii) Distributable	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Amount for 2016	3
	Distributable amount for 2016 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2016 (reason-				
	able cause required- explain in Part VI) See instructions				
3	Excess distributions carryover, if any, to 2016				
<u>a</u>					
b	F			<u> </u>	
	From 2013				
	From 2014				
	From 2015				
	Total of lines 3a through e				
	Applied to underdistributions of prior years				
_ <u>n</u>	Applied to 2016 distributable amount				
<u>-</u> +	Carryover from 2011 not applied (see instructions)				
	Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D.				
4	line 7				
		<u> </u>	<u> </u>		
	Applied to underdistributions of prior years Applied to 2016 distributable amount				
	Remainder Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2016, if				
J	any Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI See instructions		}		
6	Remaining underdistributions for 2016 Subtract lines 3h				
Ŭ	and 4b from line 1. For result greater than zero, explain in			}	
	Part VI See instructions	}		}	
7	Excess distributions carryover to 2017. Add lines 3		 		
•	and 4c				
8	Breakdown of line 7				
a			 		
	Excess from 2013	 		 	
	Excess from 2014		 	 	
	Excess from 2015		 	 	
	Excess from 2016	 	 		

Schedule A	(Form 990 or	990-EZ) 20	016 VE	TERANS	MULTI	-SERVICE	CENTER.	INC.	23-2764079 Page 8
Part VI	Suppleme Part IV, Sect line 1, Part IV	ental Inf ion A, lines /, Section nes 5, 6, ai	ormat s 1, 2, 3l D, lines	ion. Provide b, 3c, 4b, 4c, 2 and 3, Part	the explana 5a, 6, 9a, 9t IV, Section	ations required b o, 9c, 11a, 11b, a E, lines 1c, 2a, 2	y Part II, line 10, and 11c, Part IV b, 3a, and 3b, P	Part II, line 17a , Section B, line art V, line 1, Pa	or 17b, Part III, line 12, s 1 and 2, Part IV, Section C, rt V, Section B, line 1e, Part V, tional information
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Schedule D (Form 990) 2016

Employer identification number Name of the organization VETERANS MULTI-SERVICE CENTER, 23-2764079 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

		<u>S MULTI-SE</u>							<u>64079</u>		
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures,	or Oth	<u>er Simil</u>	ar Asse	ts (continu	ed)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following th	nat are a s	significant	use of its	collection i	tems	
	(check all that apply)										
а	Public exhibition	c	וַבְוּי	oan or exc	hange prog	rams					
b	Scholarly research	e	. [_]	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organiza	tion's exe	empt purp	ose in Par	t XIII		
5	During the year, did the organization solicit of	r receive donations	of art, his	storical trea	sures, or ot	her sımıla	ır assets		_		
-	to be sold to raise funds rather than to be ma								Yes	No_	
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for o	contribution	s or other a	assets no	t included	,	7		
	on Form 990, Part X?							L	_ Yes	L No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able				,			
							<u> </u>		Amount		
	Beginning balance						1c				
	Additions during the year						1d	<u> </u>			
е	Distributions during the year						1e				
f	Ending balance						1f		-		
	Did the organization include an amount on F						•	L.	_ Yes	∐ No	
	If "Yes," explain the arrangement in Part XIII									<u> </u>	
Par	t V Endowment Funds. Complete								T		
		(a) Current year	<u>(</u> b) P	rior year	(c) I wo ye	ars back	(d) Three	years back	(e) Four y	ears back	
1a	Beginning of year balance				 		<u> </u>		 		
b	Contributions		 					 			
С.	Net investment earnings, gains, and losses	<u> </u>	 		 						
a	Grants or scholarships	<u> </u>	 		 						
е	Other expenditures for facilities				})		
	and programs										
I	Administrative expenses		 								
g	End of year balance		// 1		-\\ b-ld -c		L		L		
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1) %	g, column (a	a)) Held as						
a	Board designated or quasi-endowment Permanent endowment P	%									
ь	Temporarily restricted endowment	⁷⁶									
C	The percentages on lines 2a, 2b, and 2c sho										
22	Are there endowment funds not in the posse	•	ration the	t are bold a	and adminic	tored for	the organ	ization			
Ja	by.	sssion of the organiz	ation the	it are rielu e	ina adminis	iterea ioi	uie organ	zation	Г	Yes No	
	(i) unrelated organizations								3a(ı)	10	
	(ii) related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organization	ations listed as reali	irad on S	chedule R?)				3b		
4	Describe in Part XIII the intended uses of the	•							_ <u></u>		
Par	t VI Land, Buildings, and Equipn		OWITION	idildo							
	Complete if the organization answere		0 Part I\	/ line 11a 9	See Form 9	90 Part X	Cline 10				
	Description of property	(a) Cost or o			t or other	$\overline{}$	Accumulat	ed	(d) Book	value	
	Booshpasir or property	basis (invest			(other)	, , ,	epreciation		(u) Book	14.40	
1a	Land		000.		·	1			175	,000.	
	Buildings	1,906,				 	879,4	94.		,234.	
	Leasehold improvements		885.			1	123,3			,488.	
	Equipment		542.			 	100,8			728.	
	Other	401,				 	306,8			,165.	
	. Add lines 1a through 1e (Column (d) must e			nn (B), lıne	10c)					,615.	

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016	V E I E
Dark VIII	lassa adua a ada	Other Co

Part VII Investments - Other Securities. Complete if the organization answered "Yes" o	n Form 990, Part IV.	line 11b See Form 990. I	Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o	n Form 990. Part IV.	line 11c See Form 990, I	Part X, line 13	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13)				
Part IX Other Assets.				
Complete if the organization answered "Yes" o	on Form 990, Part IV,	line 11d See Form 990,	Part X, line 15	
	Description			(b) Book value
_(1)				
(2)		 		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)	 	>	
Part X Other Liabilities.				
Complete if the organization answered "Yes" o	on Form 990, Part IV.	line 11e or 11f See Form	n 990, Part X, line 2	5
(a) Description of liability		(b) Book value		
(1) Federal income taxes		 		
(2) SECURITY DEPOSITS		15,995.	İ	
(3)			1	
(4)			†	
(5)			1	
(6)			1	
(7)			1	
(1)			1	
			1	
(9)			1	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

	edule D (Form 990) 2016 VETERANS MULTI-SERVICE CEN				2764079 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts Wi	th Revenue per R	etur	٦.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				11 500 005
1	Total revenue, gains, and other support per audited financial statements			1	11,568,885.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 20 1			
a b	Net unrealized gains (losses) on investments Donated services and use of facilities	2a 2b			
C	Recoveries of prior year grants	2c		1	,
q	Other (Describe in Part XIII)	2d	27,742.		i
e	Add lines 2a through 2d	<u> </u>		2e	27,742.
3	Subtract line 2e from line 1			3	11,541,143.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		}	
b	Other (Describe in Part XIII)	4b		}	
С	Add lines 4a and 4b			4c	0.
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	11,541,143.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			. —	
1	Total expenses and losses per audited financial statements			1	10,940,200.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a		1	
b	Prior year adjustments	2b		-	
С	Other losses	2c	07.740	-	
d	Other (Describe in Part XIII)	_2d_	27,742.	1	27 742
e	Add lines 2a through 2d			2e	27,742. 10,912,458.
3	Subtract line 2e from line 1			3	10,912,456.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b	1 40 1		}	}
a b	Other (Describe in Part XIII)	4a 4b		†	
C	,	<u> 40 </u>		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	10,912,458.
	rt XIII Supplemental Information.			 	<u> </u>
Prov	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV, lines	1b and 2b, Part V, line	4, Par	t X, line 2, Part XI,
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add				
<u>PA</u>	RT X, LINE 2:				
m1 T T	CONTRACTOR IN CONTRACTOR IN THE CONTRACTOR OF TH	T BEIG	OF WITH COM	(A) TI	
TH.	E ORGANIZATION WAS INCORPORATED UNDER THE	LAWS	OF THE COMM	IONN	EALTH OF
DE.	NNSYLVANIA AND IS A NONPROFIT ORGANIZATION	' a .c. 1	DESCRIBED IN	12 E	CTTON
<u></u>	MOTIFICATION OF STATE	AU I	DESCRIBED IN	<u> </u>	CIION
50	1(C)(3) OF THE INTERNAL REVENUE CODE AND I	S EX	EMPT FROM FE	DEF	RAL AND
ST.	ATE INCOME TAXES. AS OF JUNE 13, 2017, TH	E TA	X PERIODS RE	MAI	NING OPEN_
				_	
FO	R EXAMINATION ARE FISCAL YEARS ENDED JUNE	30,	2014 THROUGH	1 20	17
PA	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
T> T'	DEGE BIBIDATATNA BUDDNADA				27 742
DT.	RECT FUNDRAISING EXPENSES				21,142.
PA	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
<u></u>					
DI	RECT FUNDRAISING EXPENSES				27,742.

Schedule D (Form 990) 2016	VETERANS	MULTI-SERVICE	CENTER,	INC.	23-2764079 Page 5
Schedule D (Form 990) 2016 Part XIII Supplemental Info	ormation (continue	ed)			
					
					
				-	
					
					
					
	<u> </u>	· 			

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Schedule G (Form 990 or 990-EZ) 2016

OMB No 1545-0047

➤ Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization							ntification number
Complement of the second and address	S MULTI - SERVICE CE Complete if the organization answe				ine 1	23-2764	
Part I required to complete this part		ileu i				7 1 01111 990-12	
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Polyton b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (includ	non-go goveri ising e ling of onal fi	overnment grants nment grants events fficers, directors, trus undraising services?	•	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	istody trol of	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		-		
	·						
							
	 			<u> </u>			
					}		
		<u> </u>			ļ 		
				Ì	}		
	L	l	L				
Total 3 List all states in which the organization	on is registered or licensed to solicit	contrib	_ ►	s or has been notifie	d it is	exempt from r	egistration
or licensing							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

School Pa	edu rt l	le G (Form 990 or 990 EZ) 2016 VETERAN II Fundraising Events. Complete if the				2764079 Page 2			
L' <u>-</u>		of fundraising event contributions and gr	-						
\neg			(a) Event #1	(b) Event #2	(c) Other events				
			WMGK			(d) Total events			
			RADIOTHON	GOLF OUTING	3	(add col (a) through			
_			(event type)	(event type)	(total number)	col (c))			
Revenue	1	Gross receipts	156,759.	21,776.	95,356.	273,891.			
۳ ا		·			<u></u>				
	2	Less Contributions	<u>156,759.</u>	0.	63,997.	220,756.			
	3	Gross income (line 1 minus line 2)		21,776.	31,359.	53,135.			
	4	Cash prizes							
ş	5	Noncash prizes			·				
xpense	6	Rent/facility costs	,		 	<u> </u>			
Direct Expenses	7	Food and beverages							
ا ت	8	Entertainment		7,290.		7,290.			
	9	Other direct expenses		7,250.	20,452.	20,452.			
	10		h 9 in column (d)	<u> </u>	20/1321	27,742.			
		Net income summary Subtract line 10 from I				25,393.			
Pa				n 990, Part IV, line 19, or	reported more than				
		\$15,000 on Form 990-EZ, line 6a							
Revenue	•		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))			
- Bè	1	Gross revenue		<u>-</u>					
ses	2	Cash prizes							
Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5_	Other direct expenses							
	6	Volunteer labor	Yes% No	Yes% No	Yes % No				
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		•				
	8_	Net gaming income summary Subtract line 7	7 from line 1, column (d)						
а	ls t	ter the state(s) in which the organization condition the organization licensed to conduct gaming a No," explain.	ctivities in each of these			Yes No			
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No								

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 VETERANS MULTI-SERVICE CENTER, INC. 23-2	<u> 2764079</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	L No
13	Indicate the percentage of gaming activity conducted in		
	The organization's facility	13a	%
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
C	: If "Yes," enter name and address of the third party		
	Name		
	Address >		
16	Gaming manager information		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lines 9, 9b, 10	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
			

Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	VETERANS MULT	I-SERVICE CENTER	R, INC.	23-2764079 Page 4
Part IV Supplemental Info	ormation (continued)			
·				
			. .	
				
				
				
				
				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

VETERANS MULTI-SERVICE CENTER, INC.

23-2764079

Par	t I	Types of Property									
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contramounts repo	rted on	l		(d) of determining ntribution amo	•	
1	Art - 1	Works of art		items continuated	1 01111 330; 1 dit v	<u> </u>			, , , , , , , , , , , , , , , , , , , 		
2		Historical treasures			<u> </u>					_	
3		Fractional interests									
4											_
5											
6		and other vehicles			-		-				
7		s and planes									
8		ectual property									
9		inties - Publicly traded									
10		inties - Closely held stock							-		
11		irities - Partnership, LLC, or									
		interests									
12	Secu	ırıtıes · Mıscellaneous									
13	Quali	ified conservation contribution -									
	Histo	oric structures									
14	Quali	fied conservation contribution - Other									
15	Real	estate - Residential									
16	Real	estate - Commercial									
17	Real	estate - Other									
18	Colle	ctibles							<u>-</u>		
19	Food	inventory									
20	Drug	s and medical supplies									
21											
22	Histo	orical artifacts									
23	Scier	ntific specimens									
24	Arch	eological artifacts									
25	Othe	·	<u>X</u>	0					DONATED		
26	Othe	· · · · · · · · · · · · · · · · · · ·	X	0					DONATED		
27	Othe	r • (EQUIPMENT)	X	0	14	<u>1,623.</u>	COST	<u>OF</u>	DONATED	PR	<u>OP</u>
28	Othe			<u></u>	l		L				
29		ber of Forms 8283 received by the organi		•							
	for w	thich the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29					
	_								<u> </u>	es	<u>No</u>
30a		ng the year, did the organization receive by					-	at it			
		hold for at least three years from the date		al contribution, and	d which isn't requi	ired to be ι	ised for		1		7.7
		npt purposes for the entire holding period	,						30a		<u>X</u>
		es," describe the arrangement in Part II							1		37
31		s the organization have a gift acceptance i							31		<u>X</u>
32a		s the organization hire or use third parties	or related of	rganizations to sol	cit, process, or se	eii noncash				Í	v
L		ributions?							32a		<u>X</u> _
		es," describe in Part II	alumn (a) fa	r a tupa of arcaat	v for which only	an (a) in cha	okod			ľ	
33		e organization didn't report an amount in c ribe in Part II	olumin (c) to	ı a type ot propen	y ioi which colum	iii (a) is che	eckeu,			Ì	
	uesc	IIIV TIII F AIL II									

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

Schedule M (Form 990) (2016)

Schedule M	(Form 990) (2016)	<u>VETERANS</u>	MULTI-S	SERVICE	CENTER	, INC.	<u>23-2</u>	<u> 764079 </u>	Page 2
Part II	Supplemental is reporting in Part this part for any ad	Information. I, column (b), the	Provide the infi number of con	ormation requitions, the	ured by Part I, e number of ite	lines 30b, 32b, a ems received, or	and 33, and wheth a combination of	ner the organiz both Also cor	ation nplete
	- 								
	·								
									
									<u>-</u>
									

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Inspection

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization Employer identification number 23-2764079 VETERANS MULTI-SERVICE CENTER, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EMPLOYABILITY ASSESSMENT, JOB TRAINING AND PLACEMENT, TRANSITIONAL LIVING, PERMANENT HOUSING, AND SUPPORTIVE SERVICES TO VETERANS IN THE GREATER PHILADELPHIA AREA. FORM 990, PART VI, SECTION A, LINE 2: SANDY MILLER IS THE PROGRAM DIRECTOR FOR LZ II & WALKER HOUSE. HER DAUGHTER, STACY YOUNG, IS THE ADMINISTRATIVE ASSISTANT FOR NATHAN FOUR, WHO IS AN EMPLOYEE OF THE ORGANIZATION WORKING AS THE PROGRAM COORDINATOR FOR LZII TRANSITIONAL RESIDENCE. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS MADE AVAILABLE FOR REVIEW BY ALL BOARD MEMBERS BEFORE APPROVAL BY THE EXECUTIVE DIRECTOR. FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, ALL BOARD MEMBERS ARE QUESTIONED REGARDING CONFLICT OF INTEREST QUESTIONS. ANY CONFLICT THAT MAY OCCUR DURING AN INTERIM DATE IS REQUIRED TO BE DISCLOSED IF, AND WHEN, IT MAY OCCUR. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD PERFORMS ITS OWN ASSESSMENT IN DETERMINING THE LEVEL OF COMPENSATION FOR THE KEY MANAGEMENT POSITION. FORM 990, PART VI, SECTION C, LINE 18:

INTERESTED INDIVIDUALS MAY REQUEST TO INSPECT OR RECIEVE A COPY OF OUR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990 EZ) (2016)	Page 2
Name of the organization VETERANS MULTI-SERVICE CENTER, INC.	Employer identification number 23-2764079
APPLICATION FOR EXEMPT STATUS OR FORM 990 EITHER VERBALLY	TO APPROPRIATE
PERSONNEL OR IN WRITING.	
FORM 990, PART VI, SECTION C, LINE 19:	
INTERESTED INDIVIDUALS MAY REQUEST TO INSPECT DURING NORM	AL BUSINESS HOURS
OR RECIEVE A COPY OF GOVERNING DOCUMENTS, CONFLICT OF INT	EREST POLICY AND
FINANCIAL STATEMENTS EITHER VERBALLY TO APPROPRIATE PERSO	NNEL OR IN
WRITING.	
FORM 990 PART XII LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	