Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

ΑI	For the	2020 calenda	ar year, or tax year beginning 01/01	, 2020, and ending	_	12/31	, 20 ₂₀				
В	Check if ap	pplicable:	C Name of organization		D Emplo	oyer id	entification number				
~	Address change VALHALLA VETERANS SERVICES Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E. Te						81-3602081				
	Name cha	•	E Telep	hone n	umber						
=	Initial retur		700 Electric Street			57	0-878-7725				
=	Final return Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	'	F Grou	р Ехе	mption				
=		n pending	Scranton, PA, 18509		Num	ber	>				
G	Account	ting Method:	✓ Cash	Н	Check >	▶ 🔲 i	if the organization is not				
	Vebsite	. •	://www.valhallaveterans.com/				ach Schedule B				
J T	ax-exen		eck only one) — ✓ 501(c)(3)	7(a)(1) or 527	(Form 99	90, 99	0-EZ, or 990-PF).				
				Other			,				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,		al assets						
(Pa	rt II, coli	umn (B)) are \$	5500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	87,743				
	art I		e, Expenses, and Changes in Net Assets or Fund B			tions					
			the organization used Schedule O to respond to any que	•			•				
	1		ons, gifts, grants, and similar amounts received			1	80,248				
	2		ervice revenue including government fees and contracts			2	7,488				
	3	_	ip dues and assessments			3	0				
	4	Investment	•			4	7				
	5a		ount from sale of assets other than inventory		0	-	·				
	b		or other basis and sales expenses	5b	0						
	C		ss) from sale of assets other than inventory (subtract line 5b			5c	0				
	6	Gaming an									
	a	_	ome from gaming (attach Schedule G if greater than								
<u>9</u>	"			6a	0						
Revenue	b		me from fundraising events (not including \$	0 of contribution							
ě			aising events reported on line 1) (attach Schedule G if the								
ш			ch gross income and contributions exceeds \$15,000)	6b	0						
	С		t expenses from gaming and fundraising events	6c	0						
	d		e or (loss) from gaming and fundraising events (add lines	btract							
						6d	0				
	7a	Gross sale	s of inventory, less returns and allowances	7a	0	-					
	b		of goods sold	7b	0						
	C		it or (loss) from sales of inventory (subtract line 7b from line			7c	0				
	8		nue (describe in Schedule O)			8	0				
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	87,743				
_	10		d similar amounts paid (list in Schedule O)			10	68				
	11		aid to or for members			11	0				
S			ther compensation, and employee benefits			12	0				
Expenses	13		al fees and other payments to independent contractors		- H	13	31,069				
oer.	14		y, rent, utilities, and maintenance			14	23,139				
Ä	15		ublications, postage, and shipping			15	1,690				
	16	• • •	enses (describe in Schedule O) .See Schedule O, Statement 2			16	27,433				
	17		enses. Add lines 10 through 16			17	83,399				
	18		(deficit) for the year (subtract line 17 from line 9)			18	4,344				
ets	19		or fund balances at beginning of year (from line 27, colu			.5	4,344				
SS			ar figure reported on prior year's return)			19	17,546				
Net Assets	20	-	nges in net assets or fund balances (explain in Schedule O)			20	17,546				
Ž	21		or fund balances at end of year. Combine lines 18 through			21	21,890				
	ı — ·	. 101 400010	c. id.id daidiness at one or year. Combine into 10 through				21,070				

Form 990-EZ (2020) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 17,546 22 22 Cash, savings, and investments 21,890 0 23 23 Land and buildings 0 Other assets (describe in Schedule O) 24 0 24 0 17,546 25 25 21,890 26 Total liabilities (describe in Schedule O) 0 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 27 17,546 27 21,890 Statement of Program Service Accomplishments (see the instructions for Part III) Part III **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 3 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. In 2020 VVS provided life saving intervention and over 100 hours of quality follow up care to Veterans, Law Enforcement, and EMS in North East Pennsylvania. 0) If this amount includes foreign grants, check here 28a (Grants \$ 84,720 29 29a) If this amount includes foreign grants, check here 30a **31** Other program services (describe in Schedule O) 0) If this amount includes foreign grants, check here 31a 84,720 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (d) Health benefits, (c) Reportable (b) Average compensation contributions to employee (e) Estimated amount of hours per week (a) Name and title (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Eric Darling 40.00 0 0 0 **Executive Director** Edward Faatz____ 10.00 0 0 0 President 0 0 Robert Kerecman 5.00 0 Vice President Valarie Riggi 5.00 0 0 0 **Treasurer** John Wharton 2.00 0 0 0

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	Instructions for Fart v.) Offeck if the organization used Schedule O to respond to any question in this	3 1 aii	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	<i>'</i>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		-
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b C	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		_
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N $\ldots \ldots \ldots \ldots \ldots \ldots$	36		,
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
b 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
a	Initiation fees and capital contributions included on line 9	-		
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported an any of its prior Forms 200 ex 200 F72 If "Yea" appreciate Schedule I. Bort I			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		'
41	List the states with which a copy of this return is filed ▶ PA			
42a			8-772	5
b	Located at ► 700 Electric Street, Scranton, PA 18509 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	18	509	NI.
J	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	Yes	No 🗸
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		'
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		,
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45h		~

Form 990-	-EZ (20	J2U)								Page -
									Yes	No
		ne organization engage, directly or in								
		ndidates for public office? If "Yes," c		Part I		• •		. 46	<u>;</u>	'
Part V		Section 501(c)(3) Organizations All section 501(c)(3) organizations		etione 47_40h ar	nd 52 and	d com	nlote th	o tables	for lin	000
		50 and 51.	s must answer que	5110115 41 –430 ai	iu 52, aii	ı con	ipiete tii	e labies	101 111	163
		Check if the organization used Sch	nedule () to respond	to any question i	n this Par	+ \/I				
		Oncok ii the organization used oor	icadic O to respond	to any question	ii tillo i tai	. • •			Yes	No
47 [Did th	ne organization engage in lobbying	activities or have a	section 501(h) elec	ction in eff	ect du	uring the	tax	+	1110
		If "Yes," complete Schedule C, Part						. 47	,	V
48 I	s the	organization a school as described in	section 170(b)(1)(A)(ii	i)? If "Yes," comple	te Schedu	ie E		. 48	3	~
49a [Did th	ne organization make any transfers to	an exempt non-cha	ritable related orga	anization?			. 49	а	'
		s," was the related organization a se								
		plete this table for the organization's								
	emplo	oyees) who each received more than	\$100,000 of comper	nsation from the or				e, enter '	None.	
	(=)	Name and title of each application	(b) Average	(c) Reportable		lealth be Itions to	enefits, employee	(e) Estima	ated amo	ount of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	benefit p	olans, ar	nd deferred		ompensa	
Nama			·	,	, ,	ompensa	ation			
None										
		number of other employees paid over				_				
51 (Comp	plete this table for the organization's 000 of compensation from the organ	s five highest compe sization. If there is no	ensated independe ne enter "None"	ent contra	ctors \	who each	n receive	d more	e thar
	(a)	Name and business address of each independ	ent contractor	(b) Type of s	service		(c)) Compens	ation	
None										
						\rightarrow				
						+				
d ⁻	Total	number of other independent contra	ctors each receiving	over \$100 000	—					
		he organization complete Schedu	=		ganization	ıs mu	st attack	า ล		
		eted Schedule A			_			►	es 🗌	No
Under per	nalties	of perjury, I declare that I have examined this re	eturn, including accompan	ying schedules and stat	ements, and	to the b	est of my kr	nowledge a	nd belief	f, it is
true, corre	ect, and	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepa	rer has any ki	nowledg	je.			
										
Sign		Signature of officer				Date				
Here		Eric Darling, Executive Director								
		Type or print name and title	Dran avaula - !		Data			DTIN		
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	if PTIN		
Prepa							self-emplo	yea		
Use O	nly	Firm's name					EIN ►			
May the	ı IRS	Firm's address ► discuss this return with the preparer	shown above? See i	nstructions		Phone	e no.	► ∏ Ye		No
ividy till	,	alcoago tino rotarri with the preparer	21.24411 ADOVC: OCC 1					10	, u	.10

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection

Name	Name of the organization Employer identification number						
	HALLA VETERANS SERVICES						02081
Par							ons.
	organization is not a private founda		,		-	•	
	A church, convention of church						
	A school described in section		•			• •	
	☐ A hospital or a cooperative hos☐ A medical research organization						(iii) Enter the
	hospital's name, city, and state	e:					
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp	olete Part II.)	· ·		·		ai unit described ii
	A federal, state, or local govern	•					
	An organization that normally described in section 170(b)(1)	(A)(vi). (Complet	e Part II.)	•	ı a gover	nmental unit or from	the general public
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete F	Part II.)			
9	An agricultural research organi or university or a non-land-grauniversity:						
10	An organization that normally r receipts from activities related support from gross investment acquired by the organization at	to its exempt full income and uni	nctions, subject to ce related business taxal	rtain exce ole incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 ¹ /3% of its
11	☐ An organization organized and	operated exclus	sively to test for public	safety.	See sect i	ion 509(a)(4).	
12	$\hfill\square$ An organization organized and						
	of one or more publicly support Check the box in lines 12a thro						
а	☐ Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	☐ Type II. A supporting organ control or management of to organization(s). You must of the control of the control organization org	the supporting o	rganization vested in	the same			
С	Type III functionally integrits supported organization(ally integrated with,
d	☐ Type III non-functionally i that is not functionally integreguirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ıtion requirement an	
е	Check this box if the organ functionally integrated, or T						e II, Type III
f	Enter the number of supported of						
g	Provide the following information	about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

Part	• • • • • • • • • • • • • • • • • • • •						
	(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.)						
Secti	on A. Public Support	quanty arran		, , , , , , , , , , , , , , , , , , ,			
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(-)		(5)	(4)	(4)	(4)
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support				(0 00 10		
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4						
9	similar sources						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12 13	Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the	organization'	s first, second		-		
Casti	organization, check this box and stop he						
5ecu 14	on C. Computation of Public Suppor Public support percentage for 2020 (line 6			11 column (4)		14	%
15 16a	Public support percentage from 2019 Sch 331/3% support test—2020. If the organi box and stop here. The organization qua	nedule A, Part zation did not	II, line 14 . check the box	on line 13, ar	 nd line 14 is 33	15 3 ¹ / ₃ % or more,	% check this
b	331/3% support test—2019. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	is 33 ¹ /3% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization ment VI how the organization meets the organization	eets the facts	-and-circumst	ances test, ch	eck this box a	and stop here .	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	n meets the fa facts-and-cir	acts-and-circu	mstances test, est. The organi	check this bo zation qualifie	x and stop he	re. Explain
18	Private foundation. If the organization					check this bo	x and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			•	·	•	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	0	290	17,037	26,816	80,246	124,389
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	0	450	2,710	1,330	7,488	11,978
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6		0	740	10.747	0	07.724	12/ 2/7
7a	Total. Add lines 1 through 5	U	740	19,747	28,146	87,734	136,367
, u	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3	0	<u> </u>	0	<u> </u>	0	
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
	line 6.)						136,367
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	0	740	19,747	28,146	87,734	136,367
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	0	0	3	15	7	25
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						•
•	Add lines 10a and 10b	0	0	3	15	7	0
С 11	Net income from unrelated business	U	U	3	15	/	25
•••	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or	0	-		-		
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	740	19,750	28,161	87,741	136,392
14	First 5 years. If the Form 990 is for the	•	s first, second	, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop he						▶ 🗌
	on C. Computation of Public Suppor					11	
15	Public support percentage for 2020 (line 8		•			15	99.98 %
16 Socti	Public support percentage from 2019 Sch			<u> </u>	<u> </u>	16	99.98 %
	on D. Computation of Investment In Investment income percentage for 2020 (v line 12 col··	mn (f)\	17	0.02.0/
17 18	Investment income percentage for 2020 (-		18	0.02 % 0.18 %
19a	33 ¹ / ₃ % support tests—2020. If the organ						
130	17 is not more than 33 ¹ / ₃ %, check this box						
b	33 ¹ / ₃ % support tests—2019. If the organiz	_	_	-		=	_
~	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di	_	_	•		-	

Part IV **Supporting Organizations**

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

ecu	on A. All Supporting Organizations		Yes	No
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		res	NO
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	2		
3a		3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	8		
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.	9a		
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 .	9b		
С	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 .	9c		
0a	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 line 10b below.	10a		
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.)

10b

Part I	V Supporting Organizations (continued)		-	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
0 1: -	detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations		V	NI.
			Yes	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	4		
Section	on D. All Type III Supporting Organizations	1		
occur	71 D. All Type III oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Casti	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	notru	otion	2)
1 a	The organization satisfied the Activities Test. Complete line 2 below.	เเอเเน	CHOIR	s).
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see in	struct	ions).
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	,000	Yes	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	0-		
		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	2h		

(see instructions).

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	Section A—Adjusted Net Income (A) Prior Year (optional)						
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
<u>u</u>	Average monthly cash balances	1b					
	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
	Discount claimed for blockage or other factors						
е	(explain in detail in Part VI):	1e					
	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
	ion C—Distributable Amount	0		Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
_	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
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	Ť					
	emergency temporary reduction (see instructions).	6					
7	☐ Check here if the current year is the organization's first as a non-function	ally i	integrated Type III suppor	ting organization			

Secti	Current Year				
1	Amounts paid to supported organizations to accomplish	1			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		orted	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С					
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d					
_	Evenes from 2020				

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)								

SCHEDULE O (Form 990 or 990-EZ)

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.

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number
VALHALLA VETERANS SERVICES	81-3602081
Form 990-EZ, Part I, Line 10 - paid \$25 to Firefighters Fund. Paid \$43 to veteran who needed gas for transp	
······	
······	

Schedule O, Statement 1 VALHALLA VETERANS SERVICES

Form: **Form 990-EZ (2020)**Page: **1 Header Section**

Reasonable Cause Explanations

Explanation

We were having difficulty figuring out how to submit the forms. Information on the IRS website was confusing and our accounting person left the organization during COVID and we couldn't find anyone else to help us.

Schedule O, Statement 2 VALHALLA VETERANS SERVICES

Form: Form 990-EZ (2020) EIN: 81-3602081

Page: 1 Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
Advertising and promotion	11,469
Information technology	4,291
Travel	74
Conferences conventions and meetings	4
Insurance	5,361
Meals for meetings	136
ASIST supplies	6,008
Taxes and Licenses	90
Total:	27,433

Schedule O, Statement 3 VALHALLA VETERANS SERVICES

Form: Form 990-EZ (2020) EIN: 81-3602081

Page: 2 Part III

Primary Exempt Purpose

Valhalla Veterans' Services (VVS) is organized solely for the purpose of stopping suicides in the hero Community

Primary Exempt Purpose