** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 Open to Public Inspection

AF	or the	e 2022 calendar year, or tax year beginning JUL 1, 2022 and e	ending JU	JN 30, 2023	
B C	heck if oplicabl	c Name of organization		D Employer identif	ication number
	Addre chang				
	Name chang				
	Initial return	 Doing business as Number and street (or P.0. box if mail is not delivered to street address) 	E Telephone numbe	er	
		800 WEST 6TH STREET	(213) 542-2		
	termin ated			G Gross receipts \$	95,985,077.
	Amen return		return		
	Applic tion	F Name and address of principal officer: STEFFER FECK	for subordinate	s? Yes X No	
	pendir	SAME AS C ABOVE	H(b) Are all subordinates	included? Yes No	
<u>I</u> T	ax-ex	empt status: 🕱 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) c	or 🗌 527	lf "No," attach a	a list. See instructions
	lebsi			H(c) Group exemption	on number
		organization: X Corporation Trust Association Other	L Year of	of formation: 1992	M State of legal domicile: CA
Pa	rt I	Summary			
a		Briefly describe the organization's mission or most significant activities: THE SUC		TRANSITION OF	
Governance		MILITARY VETERANS AND THEIR FAMILIES THROUGH THE (SEE SCH. O)		
erna		Check this box if the organization discontinued its operations or dispos		1	1
0V6		Number of voting members of the governing body (Part VI, line 1a)			
8 0		Number of independent voting members of the governing body (Part VI, line 1b) $\ $.			
es		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			
Activities &		Total number of volunteers (estimate if necessary)			1625
Act		Total unrelated business revenue from Part VIII, column (C), line 12			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			
				Prior Year	Current Year
ər		Contributions and grants (Part VIII, line 1h)	72,292,726.		
ent		Program service revenue (Part VIII, line 2g)	4,404,073.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-36,360.	
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		143,700.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		76,804,139.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		9,595,457.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		34,812,453.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă.		Total fundraising expenses (Part IX, column (D), line 25) 2,850,4		20 051 220	25,005,104
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		32,271,332.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		76,679,242.	
	19	Revenue less expenses. Subtract line 18 from line 12		124,897.	
Net Assets or Fund Balances				ginning of Current Year	End of Year
Sse	20	Total assets (Part X, line 16)		32,025,369. 17,663,579.	63,953,207. 41,918,103.
let A	21	Total liabilities (Part X, line 26)			
	22 rt II	Net assets or fund balances. Subtract line 21 from line 20		14,361,790.	22,035,104.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statema	nte and to the heet of m	w knowledge and belief it is
UIIUt		nies of perjury, i decidre mart nave examined uns return, including accompanying schedules	and stateme	nis, and io ine desi of II	IN KIIOWIEUUE AITU DEITET. IL IS

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	D	Date				
Here	STEPHEN PECK, PRESIDENT & CEO						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	KATY BROWN	KATY BROWN	03/08/24	self-employed P	00650274		
Preparer	Firm's name ARMANINO LLP		F	Firm's EIN 94-6214841			
Use Only	Firm's address 2700 CAMINO RAMON, STE.	350					
	SAN RAMON, CA 94583-500	4	F	hone no.925-790	0-2600		
May the II	RS discuss this return with the preparer shown a	above? See instructions			X Yes	No	
					- 00	0 (0000)	

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

ack if Schedule O contains a response or note to any line in this Part III scribe the organization's mission: CESSFUL TRANSITION OF MILITARY VETERANS AND THEIR FAMILIES THE PROVISION OF HOUSING, COUNSELING, CAREER DEVELOPMENT AND ENSIVE SUPPORT. rganization undertake any significant program services during the year which were not listed on the n 990 or 990-E2? describe these new services on Schedule O. rganization cease conducting, or make significant changes in how it conducts, any program services? describe these changes on Schedule O. the organization's program service accomplishments for each of its three largest program services, as meas 01(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, th if any, for each program service reported.	Sured by expenses	s, and
CESSFUL TRANSITION OF MILITARY VETERANS AND THEIR FAMILIES THE PROVISION OF HOUSING, COUNSELING, CAREER DEVELOPMENT AND ENSIVE SUPPORT.	sured by expenses	res X No
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GRAM ASSISTS HOMELESS AND AT-RISK VETERANS AND THEIR FAMILIES		
AND MAINTAIN HOUSING, SOBRIETY AND EMPLOYMENT. THE GOAL OF THE		
IS TO PROVIDE TEMPORARY HOUSING UNTIL THE CLIENT CAN BE PLACED		
ANENT, TRANSITIONAL OR COMMUNITY RENTAL HOUSING. THIS PROGRAM IS		
D IN THE INLAND EMPIRE, HAWAII, AND PRESCOTT.		
) (Expenses \$ 2,957,164. including grants of \$ 151.) (Revenue \$)		570,481.
NT HOUSING PROGRAM		
RMANENT SUPPORTIVE HOUSING PROGRAM PROVIDES RENTAL ASSISTANCE OR		
SUBSIDIES AND SUPPORTIVE SERVICES INCLUDING OUTREACH, CASE		
ENT, SOBRIETY SUPPORT (IF APPLICABLE), LIFE SKILLS, AND		
PATION IN THERAPEUTIC GROUPS (IF APPLICABLE) FOR VETERANS WHO		
ELESS AND HAVE A MEDICALLY-CERTIFIED DISABILITY. THE GOALS OF		
OGRAM ARE HOUSING RETENTION, INCREASED INCOME AND BENEFITS AND		
ED SELF-DETERMINATION. THIS PROGRAM IS OPERATED IN PHOENIX,		
T, LONG BEACH, LAS VEGAS, HAWAII, HOUSTON, WASHINGTON, D.C., AND		
AND EMPIRE.		
ngram services (Describe on Schedule O.)		
38,771,264. including grants of \$ 553,861.) (Revenue \$ 3,	483,474.)	
		m 990 (202
S	ROGRAM ARE HOUSING RETENTION, INCREASED INCOME AND BENEFITS AND SED SELF-DETERMINATION. THIS PROGRAM IS OPERATED IN PHOENIX, TT, LONG BEACH, LAS VEGAS, HAWAII, HOUSTON, WASHINGTON, D.C., AND LAND EMPIRE.	SED SELF-DETERMINATION. THIS PROGRAM IS OPERATED IN PHOENIX, TT, LONG BEACH, LAS VEGAS, HAWAII, HOUSTON, WASHINGTON, D.C., AND

Form 990 (2022)

Part IV Checklist of Required Schedules

UNITED STATES VETERANS INITIATIVE

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		<u>x</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		~
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,	11a	x	
h	Part VI	11a		
D		11b		x
с	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	x	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
19		19		x
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
232003	1 12-13-22		990	(2022)

232003 12-13-22

4

Form 990 (2022)			VETERANS	
Part IV	Checklist o	f Required	Schedu	ules _{(contin}	nued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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			
	Schedule J	23	Х	
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			
	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		
	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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
2	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
28				
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00.		x
~~	"Yes," complete Schedule L, Part IV	28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	~	
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		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	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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	Х	
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 417			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
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Form	orm 990 (2022) UNITED STATES VETERANS INITIATIVE 95-4382752									
Par						age 5				
					Yes	No				
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	724							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?		2b	х					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	At any time during the calendar year, did the organization have an interest in, or a signature or other at		ſ							
	financial account in a foreign country (such as a bank account, securities account, or other financial ac			4a		x				
b	If "Yes," enter the name of the foreign country		·,·							
2	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	count	s (FBAR)							
5a				5a		х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax years.			5b		x				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			50		<u> </u>				
0a				6-		x				
h	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>						
D	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or	giπs	~						
_	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).			_	v					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices p	rovided to the payor?	7a	X	<u> </u>				
				7b	X	<u> </u>				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s requ	iired							
	to file Form 8282?			7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	$\label{eq:sponsoring} \textit{ organizations maintaining donor advised funds. } \ \textit{Did a donor advised fund maintained}$	by the	e							
	sponsoring organization have excess business holdings at any time during the year?									
9	9 Sponsoring organizations maintaining donor advised funds.									
а	a Did the sponsoring organization make any taxable distributions under section 4966?									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?			13a						
u	Note: See the instructions for additional information the organization must report on Schedule O.			100						
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
D.	organization is licensed to issue qualified health plans	13b								
•										
	Enter the amount of reserves on hand	13c		14-		x				
14a				14a		-				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set (s) during the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set (s) during the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set (s) during the section 4960 tax on payment(s) during the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set (s) during the section 4960 tax on payment(s) during the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set (s) during the section 4960 tax on payment(s) during the section 4960 tax on			4-		v				
	excess parachute payment(s) during the year?			15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.					v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		X				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.				0.00					
232005	12-13-22			Form	990	(2022)				

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			-
2	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	Enter the number of voting members of the governing body at the end of the tax year 1°	7	Yes	No
та		4		
	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 on Schedule 0.			
b		<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		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				
	more members of the governing body?	<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	<u>8a</u>	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
с				
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100		16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16h		
200	exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed <u>AL, AK, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD</u>			<u> </u>
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	is only)	availai	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finano	cial	
	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			
	DANIEL T. WARZENSKI - (213) 542-2600			
	800 WEST 6TH STREET STE. 1505, LOS ANGELES, CA 90017		990	
	3 12-13-22 SEE SCHEDULE O FOR FULL LIST OF STATES			

Form 990 (2022)	UNITED STATES VETERANS INITIATIVE	95-4382752 Page 7								
Part VII Compension	sation of Officers, Directors, Trustees, Key Employees, Hig	hest Compensated								
Employees, and Independent Contractors										
Check if Sc	hedule O contains a response or note to any line in this Part VII									
Section A. Officers, E	Directors, Trustees, Key Employees, and Highest Compensated Employee	95								
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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

Name and title Average hours per veck (stary) four size Description between status intervention of prometation status (stary) four size Reportable compensation from organization Reportable compensation from the organization Estimated sound of other (1) STEPHEN PECK 35.00 x x 374.671. 0. 18.955. (2) DARK/L 35.00 x x 374.671. 0. 18.955. (2) DARK/L JUNENT 40.00 x x 374.671. 0. 18.955. (2) DARK/L JUNENT 40.00 x 266.790. 0. 19.279. (3) DARK/L JUNENT 40.00 x 266.790. 0. 14.104. (5) LALLOGON 5.00 x 190.223. 0. 14.104. (7) LARRY WILLIAMS JR 40.00 x 190.223. 0. 16.556. (3) DARLA ADDOD 5.00 x 190.223. 0. 16.556. (41) DARLE ARARANCHER 190.243. 0. </th <th>(A)</th> <th colspan="5">(B) (C)</th> <th></th> <th></th> <th>(D)</th> <th>(E)</th> <th>(F)</th>	(A)	(B) (C)							(D)	(E)	(F)
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(2) DARRYL J VINCENT 40.00 x 337,204. 0. 18,279. (3) DARIEL WARZENSKI 30.00 x 266,790. 0. 15,512. (4) LANEY KAFGAN 40.00 x 266,790. 0. 15,512. (4) LANEY KAFGAN 40.00 x 207,528. 0. 14,104. (5) LORI ALLGOOD 5.00 x 200,497. 0. 10,889. (6) CARLA FORD 40.00 x 192,400. 0. 17,444. (7) LARY WILLIAMS JR 40.00 x 190,223. 0. 16,596. (8) JESSICA ROHAC 40.00 x 190,243. 0. 13,585. (9) JEFF COLEMAN 40.00 x 181,221. 0. 17,798. (10) DONALD GRADY 40.00 x 164,071. 0. 15,612. (11) SKILMAR CABRER 40.00 X 197,563. 0. 16,726.	(1) STEPHEN PECK	35.00	_	_							
CHIEF OPERATING OFFICER x 337,204. 0. 18,279. (3) DANIEL WARZENSKI 30.00 x 266,790. 0. 15,512. (4) LARY KAFGAN 40.00 x 206,790. 0. 14,104. (5) LORI ALLGOOD 5.00 x 200,497. 0. 14,104. (7) LARY WILLIAMS JR 40.00 x 192,400. 0. 17,444. (7) LARY WILLIAMS JR 40.00 x 190,223. 0. 16,596. (8) JESSICA ROHAC 40.00 x 190,243. 0. 13,585. (9) JEFF COLEMAN 40.00 x 190,243. 0. 17,798. (10) DANLD GRADY 40.00 x 181,221. 0. 17,798. (11) SHALIMAR CABRERA 40.00 x 181,221. 0. 16,276. (11) SHALIMAR CABRERA 40.00 x 164,071. 0. 15,811. (12) KIM COR 40.00 x 164,071. 0. 15,811. (13) MELANIE SERVICES	PRESIDENT & CEO	17.00	х		х				374,671.	0.	18,095.
(3) DANIEL WARZENSKI 30.00 X 266,790. 0. 15,512. (4) LAMEY KAPGAN 40.00 X 207,528. 0. 14,104. (5) LORI ALLGOOD 5.00 X 207,528. 0. 14,104. (5) LORI ALLGOOD 5.00 X 200,497. 0. 10,889. (6) CARLA FORD 40.00 X 192,400. 0. 17,444. (7) LARRY WILLIAMS JR 40.00 X 190,223. 0. 16,596. (8) JESSICA ROHAC 40.00 X 190,243. 0. 13,585. (9) JEF COLEMAN 40.00 X 190,243. 0. 17,798. (10) DONALD GRADY 40.00 X 181,221. 0. 17,798. (10) DONALD GRADY 40.00 X 164,071. 0. 15,811. (11) SHALIMAR CABRERA 40.00 X 171,324. 0. 15,052. (11) SHALIMAR CABRERA 40.00 X 164,071. 0. 15,052. (11) SHALIMAR CABRERA 40.00 X 164,071. 0. 15,052.	(2) DARRYL J VINCENT	40.00									
CHIEF FINANCIAL OFFICER 10.00 X 266,790. 0. 15,512. (4) LANEY KAPGAN 40.00 X 207,528. 0. 14,104. VP DEVELOPMENT X 207,528. 0. 14,104. (5) LORI ALLGOOD 5.00 X 200,497. 0. 10,889. (6) CARLA FORD 40.00 X 192,400. 0. 17,444. (7) LARRY WILLIAMS JR 40.00 X 190,223. 0. 16,596. (8) JESSICA ROHAC 40.00 X 190,243. 0. 13,585. (9) JEFF COLEMAN 40.00 X 190,243. 0. 13,585. (10) DONALD GRADY 40.00 X 181,221. 0. 17,798. (11) SHALINAC COMPLIANCE X 181,221. 0. 15,811. (12) KIMAN CABRERA 40.00 X 164,071. 0. 15,811. (12) KIMAN CABRERA 40.00 X 104,00. 5,140. 15,052. (14) MIKE COK X 179	CHIEF OPERATING OFFICER				х				337,204.	0.	18,279.
(4) LANEY KAPGAN 40.00 x 207,528. 0. 14,104. (5) LORI ALLGOOD 5.00 x 207,528. 0. 14,104. (5) LORI ALLGOOD 5.00 x 200,497. 0. 10,889. (6) CARLA FORD 40.00 x 192,400. 0. 17,444. (7) LARRY WILLIAMS JR 40.00 x 190,223. 0. 16,596. (8) JESSICA ROHAC 40.00 x 190,243. 0. 13,585. (9) JEFF COLEMAN 40.00 x 191,224. 0. 17,798. (10) DONALD GRADY 40.00 x 181,221. 0. 17,798. (10) DONALD GRADY 40.00 x 164,071. 0. 15,811. (11) SHALIMAR CABRERA 40.00 x 171,324. 0. 5,140. (12) KIM COOK 40.00 x 138,779. 0. 15,052. (13) MELANE SIRVICES x x 0. 0. 0. (13) MELANE SIRVICAS 10.00 x 138,779. 0. 15,052. (14) MIKE ROOS<	(3) DANIEL WARZENSKI	30.00									
VP DEVELOPMENT x 207,528. 0. 14,104. (5) LORI ALLGOOD 5.00 x 200,497. 0. 10,889. (6) CARLA FORD 40.00 x 192,400. 0. 17,444. (7) LEGAL COUNSEL x 192,400. 0. 17,444. (7) LARY WILLIAMS JR 40.00 x 190,223. 0. 16,595. (8) JESSICA RORAC 40.00 x 190,243. 0. 13,585. (9) JEFF COLEMAN 40.00 x 190,243. 0. 13,585. (9) JEFF COLEMAN 40.00 x 181,221. 0. 17,798. (10) DORALD GRAPY 40.00 x 181,221. 0. 16,276. (11) SHALIMAR CABRERA 40.00 x 164,071. 0. 15,811. (12) KIM CORK 40.00 x 164,071. 0. 15,811. (13) MELANIE SINANGAN 40.00 x 164,071. 0.	CHIEF FINANCIAL OFFICER	10.00			х				266,790.	0.	15,512.
(5) LORI ALLGOOD 5.00 X 200,497. 0. 10,889. (6) CARLA FORD 40.00 X 192,400. 0. 17,444. (7) LARY WILLIAMS JR 40.00 X 192,400. 0. 17,444. (7) LARY WILLIAMS JR 40.00 X 190,223. 0. 16,596. (8) JESSICA ROHAC 40.00 X 190,243. 0. 13,585. (9) JEFF COLEMAN 40.00 X 190,243. 0. 17,798. (10) DONALD GRADY 40.00 X 181,221. 0. 17,798. (10) DONALD GRADY 40.00 X 179,563. 0. 16,276. (11) NATIONAL DIRECTOR OF EXECUTIVE LEADE X 1744. 0. 15,811. (12) KIM COOK 40.00 X 181,221. 0. 17,798. (11) SHALIME SIMMARA 40.00 X 179,563. 0. 15,276. (11) MATIONAL DIRECTOR OF EXECUTIVE LEADE X 164,071. 0. 15,811.	(4) LANEY KAPGAN	40.00									
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(6) CARLA FORD 40.00 x 192,400. 0. 17,444. (7) LARRY WILLIAMS JR 40.00 x 190,223. 0. 16,596. (8) JESSICA ROHAC 40.00 x 190,223. 0. 13,585. (9) JEFF COLEMAN 40.00 x 190,243. 0. 13,585. (10) DONLD GRAPY 40.00 x 181,221. 0. 17,798. (10) DONLD GRAPY 40.00 x 181,221. 0. 17,798. (11) SHALIMAR CABRERA 40.00 x 16,276. 16,276. (11) SHALIMAR CABRERA 40.00 x 164,071. 0. 15,811. (12) KIM COOK 40.00 x 164,071. 0. 15,811. (12) KIM COOK 40.00 x 164,071. 0. 15,811. (12) KIM COOK 40.00 x 164,071. 0. 15,811. (13) MELANIE SIMANGAN 40.00 x 138,779. 0. 15,052. (14) MIKE ROOS 10.00 x 0. 0. 0. CHAIR (THRU 01/23) x	(5) LORI ALLGOOD										
LEGAL COUNSEL Image: constraint of the second	VP & DIRECTOR OF HOUSING DEVELOPMENT	35.00				X			200,497.	0.	10,889.
(7) LARRY WILLIAMS JR 40.00 x 190,223. 0. 16,596. VICE PRESIDENT OF PROGRAMS x 190,223. 0. 16,596. (8) JEFF COLEMAN 40.00 x 190,243. 0. 13,585. (9) JEFF COLEMAN 40.00 x 190,243. 0. 13,585. (9) JEFF COLEMAN 40.00 x 181,221. 0. 17,798. (10) DONALD GRADY 40.00 x 179,563. 0. 16,276. (11) SHALIMAR CABRERA 40.00 x 164,071. 0. 15,811. (12) KIM COOK 40.00 x 138,779. 0. 15,052. (13) MELANLE SIMANGAN 40.00 x 138,779. 0. 15,052. (14) MIK ROOS 10.00 x x 0. 0. 0. (15) CARLOS CONTRERAS 5.00 x x 0. 0. 0. (16) BOB FOSTER 3.00 x x 0. 0. 0.		40.00									
VICE PRESIDENT OF PROGRAMS x 190,223. 0. 16,596. (8) JESSICA ROHAC 40.00 x 190,243. 0. 13,585. (9) JEFF COLEMAN 40.00 x 190,243. 0. 13,585. (9) JEFF COLEMAN 40.00 x 181,221. 0. 17,798. (10) DONALD GRADY 40.00 x 181,221. 0. 16,276. (11) SHALIMAR CABRERA 40.00 x 164,071. 0. 15,811. (12) KIM COOK 40.00 x 164,071. 0. 15,811. (12) KIM COOK 40.00 x 171,324. 0. 5,140. (13) MELANIE SIMANGAN 40.00 x 138,779. 0. 15,052. (14) MIKE ROOS 10.00 x x 0. 0. 0. (15) CARLOS CONTRERAS 5.00 x x 0. 0. 0. (16) BOB FOSTER 3.00 x x x 0. 0. 0.	LEGAL COUNSEL						X		192,400.	0.	17,444.
(8) JESSICA ROHAC 40.00 x 190,243. 0. 13,585. (9) JEFF COLEMAN 40.00 x 181,221. 0. 17,798. (10) DONALD GRADY 40.00 x 181,221. 0. 17,798. (10) DONALD GRADY 40.00 x 179,563. 0. 16,276. (11) SHALIMAR CABRERA 40.00 x 164,071. 0. 15,811. (12) KIM COOK 40.00 x 164,071. 0. 15,811. (13) MELANIE SIMANGAN 40.00 x 138,779. 0. 15,052. (14) MIKE ROOS 10.00 x x 138,779. 0. 0. 0. (15) CARLOS CONTRERAS 5.00 x x 0. <td>(7) LARRY WILLIAMS JR</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(7) LARRY WILLIAMS JR	40.00									
VP OPERATIONS & COMPLIANCE x 190,243. 0. 13,585. (9) JEFF COLEMAN 40.00 x 181,221. 0. 17,798. (10) DONALD GRADY 40.00 x 181,221. 0. 17,798. (10) DONALD GRADY 40.00 x 181,221. 0. 17,798. (11) SHALIMAR CABRERA 40.00 x 164,071. 0. 15,811. (12) KIM COOK 40.00 x 164,071. 0. 15,811. (13) MELANIE SIMANGAN 40.00 x 171,324. 0. 5,140. (13) MELANIE SIMANGAN 40.00 x 138,779. 0. 15,052. (14) MIKE ROOS 10.00 x x 0. 0. 0. (15) CARLOS CONTRERAS 5.00 x x 0. 0. 0. (16) BOB FOSTER 3.00 x x 0. 0. 0. (17) DAVID L. KIRMAN 5.00 x x 0. 0. 0.						X			190,223.	0.	16,596.
(9) JEFF COLEMAN 40.00 x 181,221. 0. 17,798. (10) DONALD GRADY 40.00 x 181,221. 0. 17,798. (10) DONALD GRADY 40.00 x 179,563. 0. 16,276. (11) SHALIMAR CABRERA 40.00 x 164,071. 0. 15,811. (12) KIM COOK 40.00 x 164,071. 0. 15,811. (12) KIM COOK 40.00 x 11,38,779. 0. 15,052. (13) MELANIE SIMANGAN 40.00 x 138,779. 0. 15,052. (14) MIKE ROOS 10.00 x x 0. 0. 0. (14) MIKE ROOS 10.00 x x 0. 0. 0. 0. (15) CARLOS CONTRERAS 5.00 x x 0. 0. 0. 0. (16) BOB FOSTER 3.00 x x 0. 0. 0. 0. VICE CHAIR x x 0. 0. 0. 0. 0. 0. 0. 0. VICE CHAIR <td>· · · · · · · · · · · · · · · · · · ·</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	· · · · · · · · · · · · · · · · · · ·	40.00									
VP FISCAL EVALUATION COMPLIANCE x 181,221. 0. 17,798. (10) DONALD GRADY 40.00 x 179,563. 0. 16,276. (11) SHALIMAR CABRERA 40.00 x 164,071. 0. 15,811. (12) KIM COOK 40.00 x 164,071. 0. 15,811. (13) MELANIE SIMANGAN 40.00 x 171,324. 0. 5,140. DIR. OF DEVELOPMENT, FND RELATIONS x 138,779. 0. 15,052. (14) MIKE ROOS 10.00 x x 0. 0. CHAIR (THRU 01/23) x x 0. 0. 0. (16) BOB FOSTER 3.00 x x 0. 0. 0. VICE CHAIR x x 0. 0. 0. 0. 0. (17) DAVID L, KIRMAN 5.00 x x 0. 0. 0. 0.						X			190,243.	0.	13,585.
(10) DONALD GRADY 40.00 x 179,563. 0. 16,276. (11) SHALIMAR CABRERA 40.00 x 164,071. 0. 15,811. (12) KIM COOK 40.00 x 164,071. 0. 15,811. (12) KIM COOK 40.00 x 171,324. 0. 5,140. (13) MELANIE SIMANGAN 40.00 x 138,779. 0. 15,052. (14) MIKE ROOS 10.00 x x 0. 0. 0. (15) CARLOS CONTRERAS 5.00		40.00									
VP OF HUMAN RESOURCES x 179,563. 0. 16,276. (11) SHALIMAR CABRERA 40.00 x 164,071. 0. 15,811. NATIONAL DIRECTOR OF EXECUTIVE LEADE x 164,071. 0. 15,811. (12) KIM COOK 40.00 x 171,324. 0. 5,140. (13) MELANIE SIMANGAN 40.00 x 138,779. 0. 15,052. (14) MIKE ROOS 10.00 x x 0. 0. 0. CHAIR (THRU 01/23) x x x 0. 0. 0. (16) BOB FOSTER 3.00 x x 0. 0. 0. VICE CHAIR x x x 0. 0. 0. (17) DAVID L. KIRMAN 5.00 x x 0. 0. 0.						Х			181,221.	0.	17,798.
(11) SHALIMAR CABRERA 40.00 x 164,071. 0. 15,811. (12) KIM COOK 40.00 x 164,071. 0. 15,811. (12) KIM COOK 40.00 x 171,324. 0. 5,140. (13) MELANIE SIMANGAN 40.00 x 138,779. 0. 15,052. (14) MIKE ROOS 10.00 x x 0. 0. 0. CHAIR (THRU 01/23) x x 0. 0. 0. 0. (15) CARLOS CONTRERAS 5.00 x x 0. 0. 0. VICE CHAIR x x x 0. 0. 0. 0. VICE CHAIR x x x 0. 0. 0. 0. SECRETARY x x 0. 0. 0. 0. 0. 0.		40.00									
NATIONAL DIRECTOR OF EXECUTIVE LEADE x x 164,071. 0. 15,811. (12) KIM COOK 40.00 40.00 x 171,324. 0. 5,140. (13) MELANIE SIMANGAN 40.00 x 171,324. 0. 5,140. DIR. OF DEVELOPMENT, FND RELATIONS x x 138,779. 0. 15,052. (14) MIKE ROOS 10.00 x x 0. 0. 0. CHAIR (THRU 01/23) x x x 0. 0. 0. CHAIR x x x 0. 0. 0. 0. (16) BOB FOSTER 3.00 x x x 0. 0. 0. VICE CHAIR x x x 0. 0. 0. 0. 0. SECRETARY X X X 0. 0. 0. 0. 0. 0. 0.							X		179,563.	0.	16,276.
(12) KIM COOK 40.00 x 171,324. 0. 5,140. (13) MELANIE SIMANGAN 40.00 x 171,324. 0. 5,140. (13) MELANIE SIMANGAN 40.00 x 138,779. 0. 15,052. (14) MIKE ROOS 10.00 x x 0. 0. 0. CHAIR (THRU 01/23) x x x 0. 0. 0. (15) CARLOS CONTRERAS 5.00		40.00									
VP OF CLINICAL SERVICES X 171,324. 0. 5,140. (13) MELANIE SIMANGAN 40.00 X 138,779. 0. 15,052. DIR. OF DEVELOPMENT, FND RELATIONS X X 138,779. 0. 15,052. (14) MIKE ROOS 10.00 X X 0. 0. 0. CHAIR (THRU 01/23) X X 0. 0. 0. 0. (15) CARLOS CONTRERAS 5.00 X X 0. 0. 0. (16) BOB FOSTER 3.00 X X 0. 0. 0. VICE CHAIR X X X 0. 0. 0. (17) DAVID L. KIRMAN 5.00 X X 0. 0. 0.							X		164,071.	0.	15,811.
(13) MELANIE SIMANGAN 40.00 x 138,779. 0. 15,052. DIR. OF DEVELOPMENT, FND RELATIONS 10.00 x 138,779. 0. 15,052. (14) MIKE ROOS 10.00 x x 0. 0. 0. CHAIR (THRU 01/23) x x x 0. 0. 0. (15) CARLOS CONTRERAS 5.00 x x 0. 0. 0. (16) BOB FOSTER 3.00 x x 0. 0. 0. VICE CHAIR x x 0. 0. 0. 0. (17) DAVID L. KIRMAN 5.00 x x 0. 0. 0.		40.00									
DIR. OF DEVELOPMENT, FND RELATIONS I X 138,779. 0. 15,052. (14) MIKE ROOS 10.00 X X 0. 0. 0. CHAIR (THRU 01/23) X X X 0. 0. 0. (15) CARLOS CONTRERAS 5.00 X X 0. 0. 0. (16) BOB FOSTER 3.00 X X 0. 0. 0. VICE CHAIR X X 0. 0. 0. 0. (17) DAVID L. KIRMAN 5.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0.							X		171,324.	0.	5,140.
(14) MIKE ROOS 10.00 x x x x 0. 0. 0. 0. CHAIR (THRU 01/23) x x x x 0.		40.00									
CHAIR (THRU 01/23) X X X X 0. 0. 0. 0. (15) CARLOS CONTRERAS 5.00 X X 0. 0. 0. 0. CHAIR X X X 0. 0. 0. 0. (16) BOB FOSTER 3.00 X X 0. 0. 0. VICE CHAIR X X X 0. 0. 0. (17) DAVID L. KIRMAN 5.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0.							X		138,779.	0.	15,052.
(15) CARLOS CONTRERAS 5.00 X X 0 0. 0. 0. CHAIR X X X 0. 0. 0. 0. 0. (16) BOB FOSTER 3.00 X X 0. 0. 0. 0. VICE CHAIR X X 0. 0. 0. 0. 0. (17) DAVID L. KIRMAN 5.00 X X 0. 0. 0. 0.		10.00									_
CHAIR X X X 0.<			Х		Х				0.	0.	0.
(16) BOB FOSTER 3.00 x x x 0. 0. 0. VICE CHAIR x x x x 0. 0. 0. 0. (17) DAVID L. KIRMAN 5.00 x x x 0. 0. 0. SECRETARY x x x 0. 0. 0. 0.		5.00									_
VICE CHAIR X X X 0. <t< td=""><td></td><td></td><td>X</td><td></td><td>X</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			X		X				0.	0.	0.
(17) DAVID L. KIRMAN 5.00 X X 0. 0.		3.00							_	_	
SECRETARY X X 0. 0. 0.			X		X	-			0.	0.	0.
		5.00									_
			х		X				0.	0.	

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Form 990 (2022)

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2022.05060 UNITED STATES VETERANS IN 123298.1

Form 990 (2022) UNITED STATES VETERANS INITIATIVE 95-4382752 Page										age 8			
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss per	rson i) than o s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) timate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	<ey em="" ployee<="" td=""><td>Highest compensated employee</td><td>Former</td><td>the organization (W-2/1099-MISC/ 1099-NEC)</td><td>organization (W-2/1099-MIS 1099-NEC)</td><td>SC/</td><td>fr orga and</td><td>pensa om the anizati d relate inizatio</td><td>e ion ed</td></ey>	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr orga and	pensa om the anizati d relate inizatio	e ion ed
(18) PAUL LARKIN	3.00				×	1 0							
TREASURER		х		х				0.		٥.			٥.
(19) STERLING BEAIR	3.00												
BOARD MEMBER		Х						0.		٥.			0.
(20) JODY BRECKENRIDGE	3.00												
BOARD MEMBER		Х						0.		٥.			٥.
(21) JAMES CADET	3.00												
BOARD MEMBER	2.00	х						0.		٥.			0.
(22) WILFRED N. COOPER	3.00									0			0
BOARD MEMBER	2 00	х						0.		٥.			0.
(23) JOSEPH A. CZYZYK BOARD MEMBER	3.00	x						0.		Ο.			Ο.
(24) AMY GRAVITT	3.00	~						0.		•.			<u> </u>
BOARD MEMBER	5.00	x						0.		٥.			Ο.
(25) RENE JONES	3.00												
BOARD MEMBER		х						0.		٥.			Ο.
(26) JEROLD B. NEUMAN	3.00												
OARD MEMBER X 0.							0.			0.			
1b Subtotal 2,794,514.									٥.		194,	581.	
c Total from continuation sheets to Part VII, Section A										٥.			
d Total (add lines 1b and 1c)										٥.		194,	581.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	oove) wh	o re	eceived more than \$100,	000 of reportable	Э			
compensation from the organization												Y	28
3 Did the organization list any former officer,	director trust	oo k		mnl	love	e or	hio	hest compensated emp	ovee on	1		Yes	No
line 1a? If "Yes," complete Schedule J for su	-			•			Ŭ				3		х
4 For any individual listed on line 1a, is the su											_		
and related organizations greater than \$150	-								-		4	х	
5 Did any person listed on line 1a receive or a			•										
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or sı	ıch i	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor										pensat	ion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	vith c	or wi	thin T		ear.				
(A) Name and business	address							(B) Description of s	ervices	C	(C omper		n
UMOM NEW DAY CENTERS INC.							_	Becomption of e				loutor	<u> </u>
3333 E. VAN BUREN ST., PHOENIX, AZ 85	5008							COMMUNITY SERVICES			1	366,	790.
KALIHI-PALAMA HEALTH CENTER											/	/	
915 NORTH KING STREET, HONOLULU, HI	6817							CASE MANAGEMENT				749,	191.
FIRST RATE STAFFING CORPORATION, 1215												,	
BLOOMFIELD AVE STE B, SANTA FE SPRING	S, CA							STAFFING AGENCY				595,	278.
CJ CATERING & BBQ													
1824 EAST ARDMORE, PHOENIX, AZ 85072-	2438							FOOD SERVICES				356,	310.
HABILITAT, INC													
P.O. 52438, KANEOHE, HI 96744								FOOD SERVICES				348,	283.
2 Total number of independent contractors (ir	-	ot lin	nited	d to			ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz		m~			29	y						000	
SEE PART VII, SECTION A CONTINU	DATION SHEE	1.2									Form	990 (2	2022)

232008 12-13-22

Form 990 UNITED STATE									95-43827	752
Part VII Section A. Officers, Directors, Tr		nplo I	yee		nd H C)	ligh	est (· · ·	
(A) Name and title	(B) Average hours	Average				app	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) PETE PAWLING BOARD MEMBER	3.00	x						0.	0.	0
(28) ANDREA PLATE	3.00	^			-			0.	0.	0.
BOARD MEMBER	5.00	x						0.	0.	0
(29) WILLIAM TAYLOR	3.00									
BOARD MEMBER	2 00	Х			-	-		0.	0.	0
(30) MARJORIE WILLIAMS BOARD MEMBER	3.00	x						0.	0.	0
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		 								
Total to Part VII, Section A, line 1c										

232201 04-01-22

ar	t VIII									
		Check if Schedule O c	onta	ins a respo	onse	or note to any line	e in this Part VIII		(C)	
							(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
Ś	1 a	Federated campaigns		1a		100,241.				
iun		Membership dues								
, mo		Fundraising events				1,050,920.				
ar A		Related organizations								
mil		Government grants (contri				72,501,190.				
Ś	f	All other contributions, gifts,	grants	s, and						
and Other Similar Amounts		similar amounts not included	abov	e 1f		16,910,664.				
0 P	g	Noncash contributions included in I	ines 1a	a-1f 1g	\$	223,100.				
an	h	Total. Add lines 1a-1f					90,563,015.			
						Business Code				
	2 a	RENT INCOME				531390	2,389,825.	2,389,825.		
θ	b	PROGRAM SERVICE FEE	S			900099	1,578,018.	1,578,018.		
enu	С									
Řevenue	d									
	е									
		All other program service					429,779.	429,779.		
		Total. Add lines 2a-2f					4,397,622.			
	3	Investment income (includ	-				424 446			404 4
		other similar amounts) Income from investment of tax-exempt bond p				424,446.			424,4	
	4					Г				
	5	Royalties		(i) Rea		(ii) Personal				
	6 -	Cross rests	6.	(i) nea	.1	(ii) i eisonai				
		Gross rents Less: rental expenses	6a 6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)								
		Gross amount from sales of	<u> </u>	(i) Securi	ties	(ii) Other				
	<i>i</i> a	assets other than inventory	7a	(.) 0000		(,				
	b	Less: cost or other basis	14							
D	~	and sales expenses	7b							
anija	с	Gain or (loss)	7c							
		Net gain or (loss)								
		Gross income from fundraisir								
3		including \$1,0								
		contributions reported on	line 1	lc). See						
		Part IV, line 18			8a	190,868.				
	b	Less: direct expenses			8b	560,374.				
		Net income or (loss) from t					-369,506.			-369,5
	9 a	Gross income from gaming	-		•					
		Part IV, line 19			<u>9a</u>					
		Less: direct expenses			9b	L				
		Net income or (loss) from (s					
	10 a	Gross sales of inventory, le				270 220				
		and allowances			10a					
		Less: cost of goods sold			10b	166,909.	110 001			110 0
+	С	Net income or (loss) from s	sales	or invento	ry	Business Code	112,321.			112,3
	44 -	MISCELLANEOUS INCOM	E			900099	129,896.			129,8
an						500055	127,090.			123,0
Revenue	b									
Be	c d									
1		All other revenue Total. Add lines 11a-11d				L	129,896.			
	e	IULAI AUU IIII ES I I A-I I O					· · · · · · · · · · · · · · · · · · ·			

11

UNITED STATES VETERANS INITIATIVE

Do not include amounte reported on lines 6h	e or note to any line in t (A)	(B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic	10 105 460	10 105 400		
individuals. See Part IV, line 22	12,185,469.	12,185,469.		
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				
trustees, and key employees	2,129,889.		2,017,354.	112,53
6 Compensation not included above to disqualified	-,,•		_,,	,
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	30,184,527.	24,510,657.	4,538,047.	1,135,82
8 Pension plan accruals and contributions (include	. ,	. ,		. ,
section 401(k) and 403(b) employer contributions)	391,499.	343,087.	35,124.	13,28
9 Other employee benefits	4,489,476.	3,561,987.	762,457.	165,03
0 Payroll taxes	2,398,426.	1,871,859.	437,694.	88,87
1 Fees for services (nonemployees):				
a Management				
b Legal	645,352.	10,424.	634,068.	86
c Accounting	159,049.	966.	158,083.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)	6,953,012.	6,156,244.	506,500.	290,26
2 Advertising and promotion	70,824.	29,587.		41,23
3 Office expenses	1,808,312.	1,442,257.	265,897.	100,15
4 Information technology	772,620.	1,135.	705,075.	66,41
15 Royalties				
6 Occupancy	13,652,790.	13,002,637.	522,912.	127,24
I7 Travel	873,931.	562,809.	249,408.	61,71
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings	175,473.	78,053.	36,346.	61,07
0 Interest	25,078.	24,351.	681.	4
Payments to affiliates	1 265 451	F 00,000	246.065	
2 Depreciation, depletion, and amortization	1,365,451.	799,088.	346,267.	220,09
3 Insurance	1,491,721.	1,435,724.	26,518.	29,47
4 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a MEALS	3,686,494.	3,612,725.	266.	73,50
b PROGRAM SUPPLIES	1,680,482.	1,617,308.	670.	62,50
c LICENSES	410,701.	196,429.	213,931.	34
d DUES AND SUBSCRIPTIONS	273,722.	84,155.	146,319.	43,24
e All other expenses	1,760,182.	1,243,579.	359,900.	156,70
5 Total functional expenses. Add lines 1 through 24e	87,584,480.	72,770,530.	11,963,517.	2,850,43
36 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)				

232010 12-13-22

12 2022.05060 UNITED STATES VETERANS IN 123298.1

Form 990 (2022)

21020308 701245 123298.1

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X **(A)** Beginning of year 11,771,387. Cash - non-interest-bearing 1 2 Savings and temporary cash investments

		Cash - non-interest-bearing			11,771,507.		2,304,007.
	2	Savings and temporary cash investments				2	22,703,492.
	3	Pledges and grants receivable, net			481,733.	3	1,076,893.
	4	• • • • • •			10,432,270.	4	14,613,462.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualit	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			1,491,717.	7	1,264,144.
Assets	8	Inventories for sale or use			14,711.	8	24,774.
As	9	_			524,733.	9	841,347.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	14,795,225.			
	b	Less: accumulated depreciation		8,756,742.	6,673,915.	10c	6,038,483.
	11					11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			634,903.	15	14,805,805.
	16	Total assets. Add lines 1 through 15 (must equa			32,025,369.	16	63,953,207.
	17	Accounts payable and accrued expenses			8,554,772.	17	9,599,191.
	18	Grants payable			18		
	19	Deferred revenue		1,657,291.	19	3,971,358.	
	20	—			20		
	21	Escrow or custodial account liability. Complete I			21		
s	22	Loans and other payables to any current or form	er, director,				
itie		trustee, key employee, creator or founder, subst	ontributor, or 35%				
Liabilities		controlled entity or family member of any of thes	se perso	ons		22	
Ë	23	Secured mortgages and notes payable to unrela	ted thir	d parties	3,495,405.	23	2,000,000.
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D			3,956,111.	25	26,347,554.
	26	Total liabilities. Add lines 17 through 25			17,663,579.	26	41,918,103.
		Organizations that follow FASB ASC 958, che	ck here	e X			
ances		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			8,545,586.	27	7,770,134.
Ba	28	Net assets with donor restrictions			5,816,204.	28	14,264,970.
Net Assets or Fund Ba		Organizations that do not follow FASB ASC 9					
۲ ۲		and complete lines 29 through 33.					
s o	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec	quipmen	it fund		30	
As	31	Retained earnings, endowment, accumulated in	come, o	or other funds		31	
Net	32	Total net assets or fund balances			14,361,790.	32	22,035,104.
-	33	Total liabilities and net assets/fund balances			32,025,369.	33	63,953,207.

(B) End of year

2,584,807.

1

Form	1990 (2022) UNITED STATES VETERANS INITIATIVE	95-438275	2	Ра	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				2
	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	95	,257,	794.
2	Total expenses (must equal Part IX, column (A), line 25)	2	87	,584,	480.
3	Revenue less expenses. Subtract line 2 from line 1	3	7	,673,	314.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	,361,	790.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	22	,035,	104.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\square
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
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 reviewed	l on a			
	separate basis, consolidated basis, or both:				
	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 separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	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 on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000	

Form **990** (2022)

232012 12-13-22

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990)

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.

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

OMB No. 1545-0047	
2022	

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Schedule A (Form 990) 2022

Nar	ne of t	r identification number 95-4382752										
Pa	art I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	ii).					
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).					
7	X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general	public described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org				ed in conju	inction with a	land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	eor			
		university:				-		-				
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, an	d gross receipts from			
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of it	s support f	rom gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section	509(a)(3).	Check the box on			
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.				
a		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	upporting			
		organization. You must o	complete Part IV, Se	ections A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it:	s supporte	ed organizatio	n(s), by hav	/ing			
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
c	:	Type III functionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,			
		its supported organization	n(s) (see instructions). You must complete	Part IV, Se	ctions A,	D, and E.					
c		Type III non-functionally		-				ted organi:	zation(s)			
		that is not functionally int						-				
		requirement (see instructi			•		-					
e		Check this box if the orga						II, Type III				
		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,	<i>,</i> ,				
f	Ente	er the number of supported c		, , , , , , , , , , , , , , , , , , , ,	0 0							
ç	Prov	vide the following information	about the supporte	d organization(s).								
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)			
Tota	al											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232021 12-09-22

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	52,424,429.	61,896,652.	70,687,475.	72,292,726.	90,563,015.	347,864,297.
2	Tax revenues levied for the organ-						
	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						
	the organization without charge						
4	Total. Add lines 1 through 3	52,424,429.	61,896,652.	70,687,475.	72,292,726.	90,563,015.	347,864,297.
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.						347,864,297.
	ction B. Total Support						. , ,
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	52,424,429.	61,896,652.	70,687,475.	72,292,726.	90,563,015.	347,864,297.
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	85,648.	80,642.	75,849.	69,689.	424,446.	736,274.
9	Net income from unrelated business		,	,			
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	545,764.	563,972.	600,604.	421,626.	409,126.	2,541,092.
11	Total support. Add lines 7 through 10		,	,	, .	, .	351,141,663.
	Gross receipts from related activities,	etc. (see instructio	ans)			12	21,225,026.
	First 5 years. If the Form 990 is for th		,	ourth or fifth tax y			
10	organization, check this box and stor	e e					
Se	ction C. Computation of Publi						
	Public support percentage for 2022 (I		-	olumn (f))		14	99.07 %
	Public support percentage from 2021					15	98.43 %
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						T
r	33 1/3% support test - 2021. If the d		-				
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test		• •				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	rine organiz	
۲	10% -facts-and-circumstances test	•	•		•	7a and line 15 is	 10% or
~	more, and if the organization meets the	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization						
				.,,			/Form 990) 2022

Schedule A (Form 990) 2022

232022 12-09-22

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)				1		I
14 First 5 years. If the Form 990 is for t	ne organization's fi	rst, second, third,	tourth, or fifth tax	year as a section 5	oU1(c)(3) orga	nization,
	lia Support Dor					
Section C. Computation of Publ						
15 Public support percentage for 2022		•			15	%
16 Public support percentage from 202 Section D. Computation of Inve					16	%
•			····· 10 ····· (1)			
17 Investment income percentage for 2					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the						
more than 33 1/3%, check this box a	-					/20/ and
b 33 1/3% support tests - 2021. If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizati	UN GIG NOT CHECK A	box on line 14, 19	a, or 190, check t	This box and see ins		dulo A (Earm 000) 0000
232023 12-09-22		17	1		Sche	dule A (Form 990) 2022

2022.05060 UNITED STATES VETERANS IN 123298.1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 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).
- **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 (as 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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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Schedule A (Form 990) 2022

UNITED STATES VETERANS INITIATIVE

Yes

1

2

No

Part IV Supporting Organizations (continued)		Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		

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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> 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.	
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. Section 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 superiod experience (1		

ation(s) organ Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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 on 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			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	that the organization used	to satisfy the Integral Part	Test during the year	(see instructions)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌	The organization supported a governmental entity	Describe in Part VI how	you supported a governm	ental entity (see instruction <u>s).</u>
-----	--	-------------------------	-------------------------	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify 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.
- b Did the activities described on 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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? If "Yes" or "No" provide details in Part VI.

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.

Yes No 2a 2b 3a 3b Schedule A (Form 990) 2022

232025 12-09-22

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_	rt V Type III Non-Functionally Integrated 509(a)(3) Support		zations	95-4382752 Pag
1	Check here if the organization satisfied the Integral Part Test as a qualify		•	Part VI). See instruction
Sect	All other Type III non-functionally integrated supporting organizations mu ion A - Adjusted Net Income	st complete s	(A) Prior Year	(B) Current 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		
7	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		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	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		
5	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		
Sect	ion C - Distributable Amount			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		
3	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			
	emergency temporary reduction (see instructions).	6		
_		- 11 - 2 - 4	1 T	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	led)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	6	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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 which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
	Distributable amount for 2022 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) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$			-	
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.			-	
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A (Form 990) 2022 UNITED STATES VETERANS INITIATIVE	95-4382752	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 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; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addi (See instructions)	es 1 and 2; Part IV, Section Int V, Section B, line 1e; Pa	n C, art V,
(See instructions.)		
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
GROSS INCOME FROM SALES OF INVENTORY		
2018 AMOUNT: \$ 364,365.		
2019 AMOUNT: \$ 351,770.		
2020 AMOUNT: \$ 261,237.		
2021 AMOUNT: \$ 282,407.		
2022 AMOUNT: \$ 279,230.		
MISCELLANEOUS INCOME		
2018 AMOUNT: \$ 181,399.		
2019 AMOUNT: \$ 212,202.		
2020 AMOUNT: \$ 339,367.		
2021 AMOUNT: \$ 139,219.		
2022 AMOUNT: \$ 129,896.		

** PUBLIC DISCLOSURE COPY **

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

	UNITED STA	TES VETERANS INITIATIVE	95-4382752
Organization type	(check one):		
Filers of:	Section		

Form 990 or 990-EZ	X	501(c)(³) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990-PF		501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set

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

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

Schedule B (Form 990) (2022)

	TES VETERANS INITIATIVE	I	95-4382752
(a)	Contributors (see instructions). Use duplicate copies of Part I if (b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$50,687,063.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 -		\$2,505,326.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 -		\$4,558,388.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$3,012,116.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$2,321,538.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Page **2**

Schedule B (Form 990) (2022) Name of organization

Employer identification number

21020308 701245 123298.1

2022.05060 UNITED STATES VETERANS IN 123298.1

TATES VETERANS INITIATIVE		95-4382752
Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	_
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	_
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Noncash Property (see instructions). Use duplicate copies of Part (b) Description of noncash property given (b) Description of noncash property given	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b) (c) Description of noncash property given (c) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (b) Escription of noncesh property given (b) Escription of noncesh property given (c) FMV (or estimate) (see instructions.) (c) (b) Escription of noncesh property given (b) Escription of noncesh property given (c) FMV (or estimate) (See instructions.) (c)

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Schedule B (Form 990) (2022)

21020308 701245 123298.1

2022.05060 UNITED STATES VETERANS IN 123298.1

Page 3

Schedule B (Form 990) (2022) Name of organization

Employer identification number

Schedule B (Form 990) (2022)

Page 4

lame of org	anization		Employer identification num
NITED ST	ATES VETERANS INITIATIVE		95-4382752
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the y
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	through (e) and the following line entitheritable, etc., contributions of \$1,000 or I	try. For organizations less for the year. (Enter this info. once.)
	Use duplicate copies of Part III if additional s	pace is needed.	
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-			
		(e) Transfer of gif	t
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
Γ.			
-			
a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.			
-			
		(e) Transfer of gif	/
		(c) manorer er gin	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
-		[
-			
-			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	((0) 000 0. g	
-			<u> </u>
-			
		(e) Transfer of gif	t
	Transferee's name, address, ar	ad $7 \mathbf{P}+4 $	Relationship of transferor to transferee
	Hansieree 5 name, address, a		
-			
a) No.			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.			[
-			
\vdash		(e) Transfer of gif	l
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
.			
-			
-		[
3454 11-15-22	2		Schedule B (Form 990) (

21020308 701245 123298.1

26 2022.05060 UNITED STATES VETERANS IN 123298.1

SC	HEDULE D	Supplementa	al Financial	Statement	ts		⊢	OMB No.	545-0	047
(Forr	n 990)	Complete if the organ Part IV, line 6, 7, 8, 9, 10,						20	22	_
	ment of the Treasury	A	Attach to Form 990.				Open to Public			
	I Revenue Service e of the organizati	Go to www.irs.gov/Form990	U for instructions a	nd the latest inform	hation.	Emp	lover ir	Inspec dentification		mbor
Ivaiii	e of the organizati	UNITED STATES VETERANS INIT	IATIVE			Emp	-	5-438275		IIIDEI
Pa	rt I Organiza	ations Maintaining Donor Advised	d Funds or Othe	er Similar Funds	s or Acc	ount	ts. Co	omplete if	the	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.							
			(a) Donor ad	lvised funds	(b)) Func	is and	other acco	unts	
1		nd of year								
2		f contributions to (during year)								
3		f grants from (during year)								
4		t end of year on inform all donors and donor advisors in v		a hald in denor advi						
5	-	on's property, subject to the organization's	-				Г	Yes		No
6		on inform all grantees, donors, and donor a					L	165		
Ŭ	•	poses and not for the benefit of the donor of	•	•						
	impermissible priv					•	[Yes		No
Pa		ation Easements. Complete if the org								
1	Purpose(s) of cons	servation easements held by the organization	on (check all that ap	oly).						
	Preservation	n of land for public use (for example, recreat	tion or education)	Preservation	of a histori	cally i	mporta	int land are	ea	
	Protection o	of natural habitat		Preservation	of a certifie	ed hist	toric st	ructure		
	Preservation	n of open space								
2	•	through 2d if the organization held a qualif	ied conservation cor	ntribution in the form	n of a cons					
	day of the tax year				- F		Held at	the End of t	he Ta	x Year
a		onservation easements			I	2a				
b	•		· · · · · · · · · · · · · · · · · · ·		·····	2b				
		vation easements on a certified historic stru			······	<u>2c</u>				
d		vation easements included in (c) acquired a				2d				
3		isted in the National Register	eased extinguished				lurina t	he tay		
U	year		casca, extinguished	or terminated by th	ie organize		iuning t	ne tax		
4		where property subject to conservation eas	ement is located							
5		tion have a written policy regarding the per		pection, handling of	- F					
	violations, and enf	forcement of the conservation easements it	holds?				[Yes		No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing cor	nservation	easer	nents c	during the	/ear	
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, an	d enforcing conserv	ation ease	ments	s during	g the year		
8		vation easement reported on line 2(d) above					г		_	٦
-	and section 170(h)						L	Yes		_ No
9		be how the organization reports conservation		•						
		d include, if applicable, the text of the footn	lote to the organizati	on's financial stater	nents that	descr	ibes th	е		
Pa		ounting for conservation easements. ations Maintaining Collections of	Art. Historical	Treasures, or C	ther Sin	nilar	Asse	ets.		
		f the organization answered "Yes" on Form	•			mai	/.000			
1a		elected, as permitted under FASB ASC 95		revenue statement	and balan	ce she	eet wor	rks		
10		easures, or other similar assets held for pub								
		Part XIII the text of the footnote to its finan				, p				
b		elected, as permitted under FASB ASC 95				heet \	works o	of		
	-	sures, or other similar assets held for public	· ·							
		ing amounts relating to these items:	·			-				
	-	ded on Form 990, Part VIII, line 1				\$	5			

	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	le
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
232051	09-01-22	

27 2022.05060 UNITED STATES VETERANS IN 123298.1

Sche		TES VETERANS IN						95-438		Pa	_{age} 2
Par	rt III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, oi	r Othe	r Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check a	iny of the f	ollowing that	make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 Lo	oan or excl	nange progra	am					
b	Scholarly research	e	• 🗌 o	ther							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	e organizatic	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, histe	orical treas	ures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the c	organizatio	n answered '	'Yes" on	Form 990), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for co	ntributions	or other ass	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						. 1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						. 1f		_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for es	crow or cu	stodial acco	unt liabil	ity?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	rt V Endowment Funds. Complete i					r					
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three	years back	(e) Four	years	back
	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1g,	column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с		%									
-	The percentages on lines 2a, 2b, and 2c show										
За	Are there endowment funds not in the posse	ssion of the organiza	ation that a	are held an	d administer	ed for th	ie		ſ	Yes	Na
	organization by:									res	No
	(i) Unrelated organizations								3a(i)		
L	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment lur	ius.							
	Complete if the organization answere) Part IV	line 11a S	ee Form 990	Part X	line 10				
	Description of property	(a) Cost or o basis (investr	other	(b) Cost	or other	(c) A	ccumulat		(d) Boo	k value	e
4 -	Land	`	nenty	04515		ue	preciation				
	Land			n	,974,508.		639,	775	2	334,	733
	Buildings				,374,308. ,229,864.		3,565,			664,	
	Leasehold improvements				,229,804. ,590,751.		4,551,			039,	
	Equipment			0	102.		<u> </u>				102.
	Other		X and						6	038,	
rotal	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	<u>quai Form 990, Part</u>	<u>х, column</u>	(B), line 10	JC.)				۰,	,	

Schedule D (Form 990) 2022

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	668,756.
(2) OPERATING LEASE RIGHT OF USE ASSETS	14,137,049.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	14,805,805.
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	VENDOR SETTLEMENT	80,085.
(3)	CUSTODIAL FUNDS	92,810.
(4)	DUE TO RELATED ORGS	12,737,347.
(5)	OPERATING LEASE LIABILITIES	13,437,312.
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	26,347,554.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

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	dule D (Form 990) 2022 UNITED STATES VETERANS INITIATIVE		95-4382752	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	. 2 a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•		
1	Total expenses and losses per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2 a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		. 5	
Pa	rt XIII Supplemental Information.			

Provide 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; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on organization entered more than \$19				r 19,	or if the	2022		
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Open to Pul									
Name of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.							r identification number		
······		TES VETERANS INITIATIVE					95-4382			
	ing Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 1	7. Form 990-I	EZ filers are not		
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Y	es 🗌 No be		
(i) Name and address of individual or entity (fundraiser)		(ii) Activity		Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)				
			Yes	No						
Total		<u> </u>								
		n is registered or licensed to solicit o		utions	or has been notified	it is e	exempt from	registration		

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

Schedule G (Form 990) 2022

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UNITED STATES VETERANS INITIATIVE

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

		(a) Event #1 ANNIVERSARY	(b) Event #2	(c) Other events	(d) Total events		
		CELEBRATION	SIGNATURE EVENT	10	(add col. (a) through		
		(event type)	(event type)	(total number)	col. (c))		
Revenue	1 Gross receipts	579,915.	226,936.	434,937.	1,241,788		
	2 Less: Contributions	472,884.	205,935.	372,101.	1,050,920		
3	3 Gross income (line 1 minus line 2)	107,031.	21,001.	62,836.	190,868		
4	4 Cash prizes						
	5 Noncash prizes						
Senses	6 Rent/facility costs			1,228.	1,228		
Direct Expenses 2	7 Food and beverages	85.	100.	3,690.	3,875		
_	8 Entertainment						
1	9 Other direct expenses		82,516.	224,363.	555,271 560,374		
	 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 						
-	rt III Gaming. Complete if the organization				-369,506		
anue	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c		
Revenue							
	1 Gross revenue						
<u>د</u>	Gross revenue Cash prizes						
2 2 3							
Direct Expenses	2 Cash prizes						
Direct Expenses	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 						
Direct Expenses	2 Cash prizes3 Noncash prizes		Yes % □ No	Yes % □ No			

9 Enter the state(s) in which the organization conducts gaming activities:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

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Schedule G (Form 990) 2022

Yes

No

No

Sch	nedule G (Form 990) 2022	UNITED STATES VETERANS INITIATIVE 9	5-438275	2	Page 3
	Is the organization a grantor, ben	ming activities with nonmembers?		Yes	
13	Indicate the percentage of gaming?	activity conducted in:	🗀	Yes	└── No
		······, ·····	13a		%
					%
14	Enter the name and address of th	e person who prepares the organization's gaming/special events books and records:			
	Name				
	Address				
15a	a Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?		Yes	No No
ł	If "Yes," enter the amount of gam of gaming revenue retained by the	ing revenue received by the organization \$ and the amoun e third party \$	t		
(If "Yes," enter name and address				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Director/officer	Employee Independent contractor			
	Mandatory distributions:				
á	a Is the organization required under retain the state gaming license?	state law to make charitable distributions from the gaming proceeds to		Yes	🗌 No
ł		required under state law to be distributed to other exempt organizations or spent in the			
D	organization's own exempt activit				
Pa		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and applicable. Also provide any additional information. See instructions.	I Part III, Iir	ies 9, 9	∂b, 10b,
				F .	
2320	83 10-27-22	33	hedule G (⊦orm	990) 2022

Part IV	Supplemental Information (continued)	
		shadula O (E
	S	chedule G (Form 990)

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SCHEDULE I (Form 990)							OMB No. 1545-0047		
(Form 990)			vernments, an ete if the organizatio	2022					
Department of the Treasury	Attach to Form 990.								
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.								
Name of the organizat								Employer identification number	
Part I General I	UNITED STATES		IATIVE					95-4382752	
	nformation on Grants a zation maintain records t		amount of the grante	or assistance, the	arantaaa' aligibility	for the grante or again	tance and the colocti	on	
•	award the grants or assis		•		• • • •	•			
	IV the organization's pro								
	d Other Assistance to I					anization answered "Y	es" on Form 990, Parl	IV, line 21, for any	
recipient t	hat received more than \$		-	onal space is need	ed.	(f) Mothod of	1	T	
1 (a) Name and address of organization or government		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
		I	I	I	1	I	I	1	

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMPORARY FINANCIAL ASSISTANCE	2346	12,185,469.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

RECIPIENTS OF FINANCIAL ASSISTANCE ARE SELECTED BASED ON SPECIFIC CRITERIA

IDENTIFIED IN A GRANT AGREEMENT. PERIODIC REVIEWS OF EXPENDITURES AND

PROGRAM ACCOMPLISHMENTS ALLOW FURTHER MONITORING OF THE USE OF GRANT FUNDS.

SCI	CHEDULE J Compensation Information		L	OMB No. 1545-0047			
(Foi	orm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2022)	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		•	
	tment of the Treasury						
	al Revenue Service e of the organizatior	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer id	Inspe		mber	
Inam	e of the organization	' UNITED STATES VETERANS INITIATIVE		82752			
Pa	rt I Question	s Regarding Compensation	55 15	02752			
					Yes	No	
1a	Check the appropri-	ate box(es) if the organization provided any of the following to or for a person listed on Form	990.		100		
		line 1a. Complete Part III to provide any relevant information regarding these items.	;				
	First-class or c		nal use				
	Travel for com						
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S				
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)				
b	If any of the boxes of	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		. 1b			
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's	3				
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to				
	·	ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation						
	Independent compensation consultant						
	Form 990 of of	ther organizations	committee				
	.						
		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re			4-		x	
		e payment or change-of-control payment?		41		x	
	-	eive payment from a supplemental nonqualified retirement plan?				x	
	•	eive payment from an equity-based compensation arrangement?					
	In res to any of in						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on				
	contingent on the re						
	-			5a		x	
		ation?				X	
		r 5b, describe in Part III.					
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on				
	contingent on the n						
а	The organization?			6a		X	
b	Any related organiz	ation?		6b		х	
		r 6b, describe in Part III.					
		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		ies 5 and 6? If "Yes," describe in Part III		. 7	Х		
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
		d the organization also follow the rebuttable presumption procedure described in					
	Regulations section			9			
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forn	n 990)	2022	

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Schedule J (Form 990) 2022

95-4382752

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) STEPHEN PECK	(i)	357,060.	17,611.	0.	7,338.	10,757.	392,766.	0.
PRESIDENT & CEO	(ii)	Ο.	0.	0.	0.	0.	0.	٥.
(2) DARRYL J VINCENT	(i)	321,354.	15,850.	0.	8,674.	9,605.	355,483.	0.
CHIEF OPERATING OFFICER	(ii)	Ο.	0.	0.	0.	0.	0.	٥.
(3) DANIEL WARZENSKI	(i)	254,462.	12,328.	0.	7,634.	7,878.	282,302.	٥.
CHIEF FINANCIAL OFFICER	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(4) LANEY KAPGAN	(i)	207,528.	0.	0.	6,226.	7,878.	221,632.	٥.
VP DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	٥.
(5) LORI ALLGOOD	(i)	190,497.	10,000.	0.	0.	10,889.	211,386.	٥.
VP & DIRECTOR OF HOUSING DEVELOPMENT		0.	0.	0.	0.	0.	0.	٥.
(6) CARLA FORD	(i)	192,400.	0.	0.	5,772.	11,672.	209,844.	٥.
LEGAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	٥.
(7) LARRY WILLIAMS JR	(i)	190,223.	0.	0.	5,707.	10,889.	206,819.	٥.
VICE PRESIDENT OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	٥.
(8) JESSICA ROHAC	(i)	190,243.	0.	0.	5,707.	7,878.	203,828.	٥.
VP OPERATIONS & COMPLIANCE	(ii)	0.	0.	0.	0.	0.	0.	٥.
(9) JEFF COLEMAN	(i)	181,221.	0.	0.	5,437.	12,361.	199,019.	٥.
VP FISCAL EVALUATION COMPLIANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DONALD GRADY	(i)	179,563.	0.	0.	5,387.	10,889.	195,839.	0.
VP OF HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SHALIMAR CABRERA	(i)	164,071.	0.	0.	4,922.	10,889.	179,882.	٥.
NATIONAL DIRECTOR OF EXECUTIVE LEADE	(ii)	0.	0.	0.	0.	0.	0.	٥.
(12) KIM COOK	(i)	171,324.	0.	0.	5,140.	0.	176,464.	٥.
VP OF CLINICAL SERVICES	(ii)	0.	0.	0.	0.	0.	0.	٥.
(13) MELANIE SIMANGAN	(i)	138,779.	0.	0.	4,163.	10,889.	153,831.	٥.
DIR. OF DEVELOPMENT, FND RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

COMPENSATION OF THE CEO IS APPROVED BY BOARD OF DIRECTORS EXECUTIVE

COMMITTEE, AFTER A COMPREHENSIVE MARKET STUDY.

PART I, LINE 7:

THE CEO, COO, CFO, AND VP & DIRECTOR OF HOUSING DEVELOPMENT RECEIVED A

BONUS PAYMENT WHICH WAS INCLUDED IN FORM W-2 AND REPORTED ON SCHEDULE J,

PART II, COLUMN B(II). THE BONUS FORMULA FOR THE CEO, COO, AND CFO WAS 5%

OF BASE WAGES. THE BONUS IS REVIEWED AND APPROVED ANNUALLY BY THE BOARD'S

COMPENSATION BASED ON THE OFFICER'S PERFORMANCE. THE BONUS TO THE VP &

DIRECTOR OF HOUSING DEVELOPMENT IS PERFORMANCE BASED.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

. Inspection

)22

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Employer	identification number
	95-4382752

20

Name of the organization

UNITED	STATES	VETERANS	INITIATIVE

Par	rtl Ty	pes of Property					•			
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on	(d) Method of de noncash contribu	etermin	•	3
1	Art - Work	s of art				,				
2		rical treasures								
3		ional interests								
4		d publications				50.	FMV			
5		nd household goods			5	8,957.	SALES PRICE			
6		other vehicles								
7		planes								
8		l property								
9		- Publicly traded								
10		- Closely held stock								
11		- Partnership, LLC, or								
	trust intere									
12		- Miscellaneous								
13		conservation contribution -								
	Historic st	ructures								
14	Qualified of	conservation contribution - Other								
15		e - Residential								
16	Real estat	e - Commercial								
17		e - Other								
18		es								
19		ntory		224	15	8,622.	FMV			
20		I medical supplies								
21		·								
22		artifacts								
23		specimens								
24		ical artifacts								
25		(GOLF CART)	Х	1		4,631.	SALES PRICE			
26	Other	(SPECIAL EVENTS)	Х	4		840.	FMV			
27	Other	()								
28	Other	(
29	Number o	f Forms 8283 received by the orgai	nization during	g the tax year for c	ontributions					
	for which	the organization completed Form 8	283, Part V, D	onee Acknowledg	ement	29			0	
									Yes	No
30a	During the	e year, did the organization receive	by contributio	n any property rep	orted in Part I, lines	1 throug	h 28, that it			
	must hold	for at least 3 years from the date of	f the initial co	ntribution, and whi	ich isn't required to I	be used	for			
	exempt pu	urposes for the entire holding perio	d?					30a		X
b	lf "Yes," d	escribe the arrangement in Part II.								
31	Does the o	organization have a gift acceptance	policy that re	equires the review of	of any nonstandard	contribut	tions?	31	х	
32a	Does the o	organization hire or use third partie	s or related or	ganizations to solid	cit, process, or sell n	oncash				1
	contributio	ons?						32a		X
b	lf "Yes," d	escribe in Part II.								
33	If the orga	nization didn't report an amount in	column (c) fo	r a type of property	/ for which column (a	a) is cheo	cked,			
	describe i	n Part II.								
LHA	For Pap	erwork Reduction Act Notice, se	e the Instruc	tions for Form 990).		Schedule N	/ (Forn	n 990)	2022

chedule M	I (Form 990) 2022 UNITED STATES VETERANS INITIATIVE	95-4382752	Page
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a co this part for any additional information.	33, and whether the organi mbination of both. Also cor	zation nplete
HEDULE	M, PART I, COLUMN (B):		
E NUMBE	ER OF DONATIONS IS BASED ON THE NUMBER OF ITEMS DONATED.		
2142 09-09-2	22	Schedule M (For	m 990) 20

2022.05060 UNITED STATES VETERANS IN 123298.1

SCHE	DUL	Е О
(Form	990)	

Department of the Treasury

PART I, LINE 1,

Internal Revenue Service Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 95-4382752

PROVISION OF HOUSING, COUNSELING, CAREER DEVELOPMENT AND COMPREHENSIVE

UNITED STATES VETERANS INITIATIVE

DESCRIPTION OF ORGANIZATION MISSION:

SUPPORT.

FORM 990

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THIS PROGRAM IS OPERATED IN LOS ANGELES AT PATRIOTIC HALL, INGLEWOOD,

LONG BEACH, THE INLAND EMPIRE, LAS VEGAS, WASHINGTON, D.C., HOUSTON,

PHOENIX, AND HAWAII.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DURING THE YEAR ENDING JUNE 30, 2023, U.S.VETS PROVIDED THE FOLLOWING

OTHER PROGRAM SERVICES:

LOW DEMAND

THIS PROGRAM IS ONE OF THE MODELS WITHIN THE OVERARCHING VETERANS IN

PROGRESS TRANSITIONAL HOUSING PROGRAM. THE LOW DEMAND PROGRAM ASSISTS

HOMELESS VETERANS, PRIMARILY CHRONICALLY HOMELESS VETERANS, WHO SUFFER

FROM MENTAL-HEALTH OR SUBSTANCE-USE PROBLEMS, OR WHO STRUGGLE WITH

MAINTAINING SOBRIETY; AND VETERANS WITH MULTIPLE TREATMENT FAILURES

THAT MAY HAVE NEVER RECEIVED TREATMENT SERVICES OR MAY HAVE BEEN

UNSUCCESSFUL IN TRADITIONAL HOUSING PROGRAMS. THESE VETERANS MAY HAVE

NOT YET FULLY COMMITTED TO SOBRIETY AND TREATMENT. LOW-DEMAND HOUSING

IS A PROGRAM DESIGN USING A LOW-DEMAND/HARM-REDUCTION MODEL TO BETTER

ACCOMMODATE CHRONICALLY HOMELESS VETERANS, AND VETERANS WHO WERE

UNSUCCESSFUL IN TRADITIONAL TREATMENT SETTINGS. PROGRAMMING DOES NOT

REQUIRE SOBRIETY OR COMPLIANCE WITH MENTAL HEALTH TREATMENT AS A

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022	Page 2
Name of the organization UNITED STATES VETERANS INITIATIVE	Employer identification number 95-4382752
CONDITION OF ADMISSION OR CONTINUED STAY. OVERALL, DEMANDS ARE KEPT TO	
A MINIMUM; HOWEVER, SERVICES ARE AVAILABLE AS NEEDED. THE GOAL IS TO	
ESTABLISH PERMANENT HOUSING IN THE COMMUNITY, WHILE PROVIDING FOR THE	
SAFETY OF STAFF AND RESIDENTS. THIS PROGRAM IS OPERATED IN WASHINGTON,	
D.C., HOUSTON, PHOENIX, PRESCOTT, LAS VEGAS, LONG BEACH, INGLEWOOD, AND	
BARBER'S POINT.	
CLINICAL TREATMENT	
THIS PROGRAM IS ONE OF THE MODELS WITHIN THE OVERARCHING VETERANS IN	
PROGRESS TRANSITIONAL HOUSING PROGRAM. THE CLINICAL TREATMENT PROGRAM	
ASSISTS HOMELESS VETERANS WITH A SPECIFIC DIAGNOSIS RELATED TO A	
SUBSTANCE-USE DISORDER AND/OR MENTAL-HEALTH DIAGNOSIS. CLINICALLY	
FOCUSED TREATMENT IS PROVIDED IN CONJUNCTION WITH SERVICES EFFECTIVE IN	
HELPING HOMELESS VETERANS SECURE PERMANENT HOUSING AND INCREASE INCOME	
THROUGH BENEFITS AND/OR EMPLOYMENT. THIS PROGRAM IS OPERATED IN	
WASHINGTON, D.C., HOUSTON, PHOENIX, PRESCOTT, LAS VEGAS, LONG BEACH,	
INGLEWOOD, AND BARBER'S POINT.	
BRIDGE HOUSING	
THIS PROGRAM IS ONE OF THE MODELS WITHIN THE OVERARCHING VETERANS IN	
PROGRESS TRANSITIONAL HOUSING PROGRAM. THE BRIDGE HOUSING PROGRAM	
ASSISTS HOMELESS VETERANS THAT HAVE BEEN OFFERED AND ACCEPTED A	
PERMANENT HOUSING INTERVENTION BUT ARE NOT ABLE TO IMMEDIATELY ENTER	
THE PERMANENT HOUSING. BRIDGE HOUSING IS INTENDED TO BE A SHORT-TERM	
STAY IN TRANSITIONAL HOUSING FOR VETERANS WITH PRE-IDENTIFIED PERMANENT	
HOUSING DESTINATIONS. OFTEN VETERANS ARE PENDING OR CONTROLLED IN	
ANOTHER PROGRAM THAT ASSISTS WITH BRIDGING VETERANS TO PERMANENT	
HOUSING SUCH AS SUPPORTIVE SERVICES FOR VETERANS FAMILIES (SSVF),	
232212 10-28-22 4 3	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization UNITED STATES VETERANS INITIATIVE	Employer identification number 95-4382752
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT-VA SUPPORTIVE HOUSING	
(HUDV ASH), AND HOUSING COALITION/CONTINUUM OF CARE (COC). THIS	
PROGRAM IS OPERATED IN WASHINGTON, D.C., HOUSTON, PHOENIX, PRESCOTT,	
LAS VEGAS, LONG BEACH, INGLEWOOD, AND BARBER'S POINT. IN ADDITION, LONG	
BEACH HAS A PROGRAM SPECIFICALLY FOR BRIDGE HOUSING FOR WOMEN.	
WORKFORCE PROGRAM	
U.S.VETS PROVIDES EMPLOYMENT PLACEMENT SERVICES TO EXPEDITE THE	
REINTEGRATION OF HOMELESS AND AT-RISK VETERANS INTO THE WORKFORCE BY	
ELIMINATING SIGNIFICANT EMPLOYMENT BARRIERS, SECURING TRAINING AND	
EMPLOYMENT OPPORTUNITIES AND PROVIDING THE TOOLS THAT WILL HELP ENSURE	
JOB RETENTION. THESE SERVICES ARE PROVIDED IN INGLEWOOD, LONG BEACH,	
INLAND EMPIRE, LAS VEGAS, HOUSTON, PRESCOTT, PHOENIX, HAWAII, AND	
WASHINGTON, D.C.	
CHAMPS (CHRONICALLY HOMELESS ASPIRING FOR MAINTENANCE PROGRAM)	
THIS PERMANENT SUPPORTIVE HOUSING PROGRAM PROVIDES RENTAL ASSISTANCE	
SUBSIDIES AND SUPPORTIVE SERVICES INCLUDING OUTREACH, CASE MANAGEMENT,	
SOBRIETY SUPPORT (IF APPLICABLE), LIFE SKILLS, AND PARTICIPATION IN	
THERAPEUTIC GROUPS (IF APPLICABLE) FOR HOMELESS VETERANS WHO QUALIFY AS	
CHRONICALLY HOMELESS AND HAVE A MEDICALLY-CERTIFIED DISABILITY. THE	
GOALS OF THIS PROGRAM ARE HOUSING RETENTION, INCREASED INCOME AND	
BENEFITS AND INCREASED SELF-DETERMINATION. THIS PROGRAM IS OPERATED IN	
LAS VEGAS, HAWAII, LONG BEACH, AND HOUSTON.	
EMERGENCY BEDS/SAFE HAVEN	
THIS PROGRAM PROVIDES EMERGENCY AND TEMPORARY HOUSING TO HOMELESS	
VETERANS, PRIMARILY THOSE RECEIVING VETERANS ADMINISTRATION ("VA") 232212 10-28-22	Schedule O (Form 990) 2022
	· · · · · · · · · · · · · · · · · · ·

Name of the organization UNITED STATES VETERANS INITIATIVE	Employer identification number 95-4382752
	55 4502752
HEALTH CARE SERVICES AND RESIDING IN SAFE HAVEN, RESPITE, OR EMERGENCY	
BEDS. THIS PROGRAM ALSO PROVIDES CRISIS/BRIDGE HOUSING TO HOMELESS	
INDIVIDUALS IN WHICH U.S.VETS PROVIDES SERVICES FOR VETERANS AND A	
SUBCONTRACTED AGENCY PROVIDES SERVICES FOR NON-VETERANS. IN ADDITION,	
U.S.VETS OPERATED A WINTER SHELTER FOR HOMELESS INDIVIDUALS FOR THE	
CITY OF LONG BEACH. EMERGENCY HOUSING PROGRAMS ARE OPERATED IN LONG	
BEACH, HAWAII, INLAND EMPIRE, AND INGLEWOOD.	
WAI'ANAE CIVIC CENTER	
THIS PROGRAM PROVIDES SUPPORTIVE SERVICES AND TRANSITIONAL HOUSING TO	
HOMELESS VETERAN AND NON-VETERAN INDIVIDUALS AND THEIR FAMILIES. THE	
PROJECT WAS INITIATED AND IS FUNDED BY THE STATE OF HAWAII IN A	
CONCENTRATED EFFORT TO PROVIDE EMERGENCY HOUSING FOR THE HOMELESS	
POPULATION IN WAIANAE, HAWAII. SUPPORTIVE SERVICES INCLUDE OUTREACH,	
MEALS, CASE MANAGEMENT, AND SOBRIETY SUPPORT AND EMPLOYMENT ASSISTANCE.	
TRANSITION IN PLACE	
THE "TRANSITION IN PLACE" HOUSING MODEL OFFERS RESIDENTS HOUSING IN	
WHICH SUPPORT SERVICES TRANSITION OUT OF THE RESIDENCE OVER TIME,	
RATHER THAN THE RESIDENT. THIS LEAVES THE RESIDENT IN PLACE AT THE	
RESIDENCE AND NOT FORCED TO FIND OTHER HOUSING IN 24 MONTHS OR LESS.	
THE GOAL IS TO CONVERT EXISTING SUITABLE APARTMENT STYLE HOUSING WHERE	
HOMELESS VETERAN PARTICIPANTS RECEIVE TIME LIMITED SUPPORTIVE SERVICES	
OPTIMALLY FOR A PERIOD OF 6-12 MONTHS, BUT NOT TO EXCEED 24 MONTHS INTO	
A PERMANENT HOUSING OUTCOME FOR THE VETERAN. UPON TRANSITION OF	
HOUSING/PROGRAM COMPLETION, THE VETERAN MUST BE ABLE TO "TRANSITION IN	
PLACE" BY ASSUMING THE LEASE OR OTHER LONG-TERM AGREEMENT WHICH ENABLES	
THE UNIT IN WHICH HE OR SHE RESIDES TO BE CONSIDERED THE VETERAN'S	
232212 10-28-22 45	Schedule O (Form 990) 202

45 2022.05060 UNITED STATES VETERANS IN 123298.1

Name of the organization	Employer identification number
UNITED STATES VETERANS INITIATIVE	95-4382752
PERMANENT HOUSING. THIS PROGRAM IS OPERATED IN LAS VEGAS, PHOENIX, AND	
PRESCOTT.	
OTHER PROGRAMS INCLUDE ADVANCE WOMEN'S PROGRAM, AFTERCARE PROGRAM,	
BUSINESS SERVICES - VET STORE, CAREER DEVELOPMENT INITIATIVE (CDI),	
HEALTH SERVICES, HOPTEL, LONG-TERM SUPPORTIVE HOUSING, OUTSIDE THE	
VIRE, MENTAL HEALTH/WOMEN VETS ON POINT, OUTREACH PROGRAM, SUBSTANCE	
ABUSE AND PAROLEE PROGRAM, PEER SUPPORT PROGRAM, VETERANS SERVICE	
CENTER, SHELTER PLUS CARE PROGRAM, SPECIAL NEEDS PROGRAM, VETERAN FOOD	
SERVICE PROGRAM, VETERANS IN PROGRESS, VETERANS ASSISTANCE,	
DEVELOPMENT, HOSPITAL TO HOUSING, AND SERVICE INTENSIVE TRANSITIONAL	
HOUSING.	
EXPENSES \$ 38,771,264. INCL GRANTS OF \$ 553,861. REVENUE \$ 3,483,474.	

FORM 990, PART VI, SECTION B, LINE 11B:

The final version of form 990 is sent to the entire governing board for

REVIEW AND COMMENTS BEFORE THE FORM IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

UNITED STATES VETERANS INITIATIVE PROVIDES KEY EMPLOYEES, OFFICERS, AND

DIRECTORS WITH A COPY OF THE CONFLICT OF INTEREST POLICY UPON RECRUITMENT.

THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS MONITORS COMPLIANCE WITH

THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF THE CEO IS DETERMINED BY THE BOARD OF DIRECTORS EXECUTIVE

COMMITTEE, AFTER A COMPREHENSIVE MARKET STUDY.

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Schedule O (Form 990) 2022	Page
Name of the organization	Employer identification number
UNITED STATES VETERANS INITIATIVE	95-4382752
COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED AFTER MARKET	
STUDY, AND APPROVED BY THE BOARD OF DIRECTORS AS PART OF THE ANNUAL BUDGET	
APPROVAL PROCESS.	
APPROVAL PROCESS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	

RI,SC,TN,TX,UT,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENT ARE AVAILABLE UPON WRITTEN REQUEST.

232161 09-14-22 LHA

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Name of the organization

Department of the Treasury Internal Revenue Service

UNITED STATES VETERANS INITIATIVE

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
U.S. VETS - ARIZONA - 45-3683043					UNITED STATES		
800 WEST 6TH STREET STE. 1505					VETERANS		
LOS ANGELES, CA 90017	VETERANS SUPPORT/HOUSING	ARIZONA	501(C)(3)	LINE 12A, I	INITIATIVE	х	
U.S. VETS - TEXAS - 45-5126753					UNITED STATES		
800 WEST 6TH STREET STE. 1505					VETERANS		
LOS ANGELES, CA 90017	VETERANS SUPPORT/HOUSING	TEXAS	501(C)(3)	LINE 12A, I	INITIATIVE	х	
U.S. VETS HOUSING CORPORATION - 84-2613244					UNITED STATES		
800 WEST 6TH STREET STE. 1505	DEVELOPMENT OF VETERAN				VETERANS		
LOS ANGELES, CA 90017	HOUSING	CALIFORNIA	501(C)(3)	LINE 12A, I	INITIATIVE	х	
	7						

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



Inspection

Employer identification number

95-4382752

SCHEDULE R

(Form 990)

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	······································	,										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or Percent ^{jing} owners	itage ship
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b Gift, grant, or capital contribution to related organization(s)			Х
c Gift, grant, or capital contribution from related organization(s)			Х
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e	X	
f Dividends from related organization(s)			x
g Sale of assets to related organization(s)	1g		х
h Purchase of assets from related organization(s)	1h		Х
i Exchange of assets with related organization(s)	1 i		Х
j Lease of facilities, equipment, or other assets to related organization(s)			X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		x
I Performance of services or membership or fundraising solicitations for related organization(s)			Х
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)		x	-
p Reimbursement paid to related organization(s) for expenses			x
q Reimbursement paid by related organization(s) for expenses		x	
r Other transfer of cash or property to related organization(s)	1r		x
s Other transfer of cash or property from related organization(s)	1s		Х

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) U.S. VETS - ARIZONA	E	152,191.	BALANCE
(2) U.S. VETS - HOUSING CORP	Е	12,630,515.	BALANCE
(3) U.S. VETS - ARIZONA	Q	78,919.	FMV
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2022 UNITED STATES VETERANS INITIATIVE

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3 orgs.? Yes No	(g) Share of end-of-year assets	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2022

plemental Info		stions on Sch	hedule R. See	e instructions.			
					Schedule	R (Form 9	990) 202
· · · · ·				52		52	