efile Public Visual Render ObjectId: 202441349349303204 - Submission: 2024-05-13 TIN: 83-2316783 OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Internal	Revenue Service					Inspection
A F	or the 2022 c	alendar year, or tax year beginning 10-01-2022 ,and ending 09-30	0-2023		<u>I</u>	
O Ad	ck if applicable: dress change me change	C Name of organization GREATER LOS ANGELES VETERANS RESEARCH AND EDUCATION FOUNDATION		D Employe 83-2316		ication number
O Ini	tial return al return/terminated	Doing business as				
_	nended return	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	E Telephone	e number		
ОАр	plication pending	11301 WILSHIRE BLVD		(310) 31	12-1554	
		City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90073		G Gross red	ceipts \$ 7	,970,390
		F Name and address of principal officer:	H(a) Is this	a group ret	urn for	
		JANE CHEUNG 11301 WILSHIRE BLVD		linates?	0.0	☐Yes ☑No
		LOS ANGELES, CA 90073	H(b) Are all include	ed?	es	☐ Yes ☐No
<u> </u>	x-exempt status:	✓ 501(c)(3)	·			instructions.
J W	ebsite:▶ N/A		H(c) Group	exemption	number	•
K Forr	n of organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of format	tion: 2018	M State	of legal domicile: CA
P;	art I Sum	mary				
		scribe the organization's mission or most significant activities:				
Ce	SEE SCHE	DOLE O				
Д						
Ş.	2 Check thi	s hox				
Ğ		of voting members of the governing body (Part VI, line 1a)			3	10
×8	4 Number of	of independent voting members of the governing body (Part VI, line 1b) $$.			4	4
III e	5 Total num	nber of individuals employed in calendar year 2022 (Part V, line 2a)			5	99
ξĹ	6 Total num	nber of volunteers (estimate if necessary)			6	0
Ř		elated business revenue from Part VIII, column (C), line 12			7a	0
	b Net unrel	ated business taxable income from Form 990-T, Part I, line 11			7b	0
			Prio	r Year		Current Year
2		ions and grants (Part VIII, line 1h)		6,644,1	_	6,980,719
Ne.	_	service revenue (Part VIII, line 2g)		568,7 22,6	_	770,499 172,755
å		renue (Part VIII, column (A), lines 5, 4, and 70)		7,9	_	46,417
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,243,4		7,970,390
		nd similar amounts paid (Part IX, column (A), lines 1–3)			0	0
		paid to or for members (Part IX, column (A), line 4)			0	0
I Tax J We		other compensation, employee benefits (Part IX, column (A), lines 5–10)		5,089,8	15	5,465,874
186	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)			0	0
Э	b Total fundr	aising expenses (Part IX, column (D), line 25) ▶0				
ũ	17 Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,492,5	71	1,737,509
	18 Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		6,582,3	86	7,203,383
	19 Revenue	less expenses. Subtract line 18 from line 12		661,0	84	767,007
ces			Beginning o	f Current Ye	ar	End of Year
sets alan	20 Total acco	ets (Part X, line 16)		8,109,0	94	8,263,367
d B		ilities (Part X, line 26)		2,236,3	_	1,589,327
S E		s or fund balances. Subtract line 21 from line 20		5,872,7		6,674,040

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

	I _				2024-05-10	
Sign	' '	gnature of officer			Date	
Here	JA	NE CHEUNG EXECUTIVE DIRECTOR pe or print name and title				
	7 191	Print/Type preparer's name	Preparer's signature	Date	1 5 1	PTIN
Paid	d	Time type preparer 3 hame	Treparer 5 Signature	Batte		P00427413
-	parer	Firm's name KMJ CORBIN & CO	DMPANY LLP	<u>.</u>	Firm's EIN > 81	-0569753
Use	Only	Firm's address ▶ 2855 MICHELLE D	R SUITE 350		Phone no. (949)	431-0997
		IRVINE, CA 9260			11101101101101101101	131 0337
May	he IDC dies	· · · · · · · · · · · · · · · · · · ·				✓ Yes □ No
		cuss this return with the preparer Reduction Act Notice, see the			No. 11282Y	Form 990 (2022
	•	,		Cut.	110. 112021	101111 330 (2022
			Page 2			
Form	000 (2022)	.				
	990 (2022) rt III St) atement of Program Service	e Accomplishments			Page 2
Га		eck if Schedule O contains a respo	<u>-</u>	Part III		
1		scribe the organization's mission:	onse or note to any line in this r	- aitiii		
BUILI	DING PARTI	NERSHIPS TO ADVANCE RESEARC	H AND EDUCATION FOR THE H	EALTH OF OUR NATION	N'S VETERANS.	
2		ganization undertake any significa	, ,	year which were not I	isted on	☐ Yes 🔽 No
	•	form 990 or 990-EZ? escribe these new services on Scl				∪ Yes 🛂 No
3	•	ganization cease conducting, or n		it conducts, any progr	-am	
	services?	5 ,				. 🗆 Yes 🛂 No
	If "Yes," d	escribe these changes on Schedu	e O.			
4	Describe t	he organization's program service	accomplishments for each of it	s three largest progra	m services, as m	easured by expenses.
		01(c)(3) and $501(c)(4)$ organization of the contraction of the con		mount of grants and a	llocations to othe	ers, the total expenses,
	u	ao, a,, .o. cac p. og.a co				
4a	(Code:) (Expenses \$	5,276,442 including grants) (Revenue \$	770,499)
		HE RESEARCH MISSION OF THE DEPAF OS ANGELES HEALTHCARE SYSTEM ("G				
4b	(Code:) (Expenses \$	including grants	of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants	of \$) (Revenue \$)
	(couc.) (Expenses \$	meldung grunes	οι _Ψ) (Nevenue \$,
4d	Other pro	gram services (Describe in Sched	ule O.)			
	(Expenses	,	uding grants of \$) (Revenue	2 \$)
4e	Total pro	gram service expenses 🕨	5,276,442			

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Par	rt IV _ Checklist of Required Schedules	,		1
			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
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	t 6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III 2	8		No
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX or X, as applicable.	ζ,		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 2	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 value at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	ed 14b		No
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i> complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

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Pai	Checklist of Required Schedules (continued)			
			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		No
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV 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 "Yes,"</i> complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
_	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete	28b		No
·	Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
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	Yes	
Pa	rt 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>		Ш
1 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 65		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 65 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		[1
(gambling) winnings to prize winners?	1c		
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	Statements Regarding Other IRS Filings and Tax Compliance (continued)	1		1
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country:			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
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:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

0/23/2	24, 9:23 PM Greater Los Angeles Veterans Research & Education Foundation - Full Filing- Nonprofit Explor	er - ProF	Publica	<u>. </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	Ir res, complete rorm 6005.	F	orm 99	0 (2022)
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Form	990 (2022)			Page 6
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "I lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	oonse to	✓
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10)		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	1		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	ie Code		1
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
D	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	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	ul tes liquide log of log describe the process on schedule Ul see instructions		1	

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

10/23/2	24, 9:23 PM In Joine Venture arrangements status with respect to such ar	unuei applicable le	uciui w	1 N 1 W V)	, unu take step	, LU					ofit Explorer - ProP	ublica
Se	ection C. Disclosure											<u> </u>
17	List the states with which a co	opy of this Form 990	is requ	uired t	o be filed ▶	٥.						
18	Section 6104 requires an orga 501(c)(3)s only) available for										section	
	Own website Anoth	ner's website 🔽 l	Jpon re	quest	Other (e	expla	in ir	n Sche	edul	e O)		
19	Describe in Schedule O wheth policy, and financial statemen	ner (and if so, how) t ts available to the p	he orga ublic du	anizati uring t	on made its go he tax year.	overi	ning	docu	mer	ts, conflict of int		
20	State the name, address, and JANE CHEUNG 11301 WILS				who possesse 3 (310) 3				ition	's books and rec	cords:	
				-,-							F	orm 990 (2022
					Page 7 —							
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Pai	t VII Compensation of	Officers, Directo	rs,Trı	ustee	s, Key Emp	loy	ees	, Hig	hes	st Compensa	ted Employee	
	and Independent	Contractors				-				•		
	Check if Schedule O co											🗆
	ection A. Officers, Directo											
year.	omplete this table for all persor	ns required to be list	ed. Rep	oort co	mpensation fo	r the	e cal	lendai	· yea	ar ending with oi	r within the orga	nization's tax
	List all of the organization's cu mpensation. Enter -0- in colum						als o	r orga	aniz	ations), regardle	ss of amount	
	ist all of the organization's cur			•	•		defi	initior	of	"kev emplovee."		
	ist the organization's five curr	, , ,										
	received reportable compensati rganization and any related org		/-2, box	x 6 of	Form 1099-MI	SC,	and/	or bo	x 1	of Form 1099-NI	EC) of more than	\$100,000 from
	ist all of the organization's for .		nplovee	s, or h	niahest comper	nsate	ed ei	mplov	ees	who received m	ore than \$100.0	00
	portable compensation from the							p	-		σ. σ επαπ φ1σσησ	
	list all of the organization's for initialization, more than \$10,000 of										trustee of the	
-	he instructions for the order in	•			e organization	una	un,	reide	cu	n garnzaciono:		
	Check this box if neither the or	ganization nor any re	elated o	organiz	zation compens	sate	d an	y curi	ent	officer, director,	or trustee.	
	(A)	(B			(C)			,		(D)	(E)	(F)
	Name and title	Aver hours	_		ition (do not cl box, unless pe					Reportable compensation	Reportable compensation	Estimated amount of
		week	(list	of	fficer and a dir	ecto	r/tru			from the	from related	other
		any h for re	ours lated	악	Institutional	2	즇	육동	Fo	organization (W-2/1099-	organizations (W-2/1099-	compensation from the
		organiz	ations dotted	die	Institutional Trustee;	ĕ	Key em	Highest employ	m	MISC/1099-	MISC/1099-	organization
		lin		octor.	i rustee;	-	mpl	do -	#	NEC)	NEC)	and related organizations
							nployee	compensated				
				trustee			Φ	en				
								sate				
								à				
	DBERT MERCHANT		4.00	×						0	178,806	
	CAL CENTER DIRECTOR		40.00								170,000	
(2) LI	NDA GODLESKI		4.00									
	-EDUCATION		40.00	Х						0	343,039	
(3) S	TEVEN SIMON		4.00	_								
	OF STAFF			Х						0	322,717	
			40.00	_								
	AVID BEENHOUWER			Х						0	235,036	
CHAIF	R, COMMUNITY DIRECTOR		40.00			1						
	ATTHEW RETIIG		4.00	x						n	274,502	
	IUNITY DIRECTOR		40.00								_: :,502	
(6) S	TEPHANIE TAYLOR		4.00								105.010	
COMM	IUNITY DIRECTOR		40.00	Х							165,916	
(7) C	ARL CASTRO		4.00	_								

4.00

COMMUNITY DIRECTOR, SECRET

COMMUNITY DIRECTOR

(8) MARCIA M RUSSELL

10/23/24, 9:23 PM Greater I	Los Aligeles Vele		search & Educa	uon i	roui. I	idatioi I	(1 - F) 	uii Filing- Nonpro I	iit Explorer - Prop I	ublica
(9) DEAN YAMAGUCHI	4.00	Х						0	0	0
COMMUNITY DIRECTOR										
(10) MICHAEL ONG	4.00	Х						0	202.074	0
ACOS-RESEARCH	40.00	^						U	292,074	U
(11) BRAD SMITH	4.00									
COMMUNITY DIRECTOR		Х						0	0	0
(12) JANE CHEUNG	40.00									
EXECUTIVE DIRECTOR				Х				201,289	0	36,937
(13) THOYD ELLIS	40.00									
CHIEF FINANCIAL OFFICER				Х				194,052	0	12,344
(14) RASHED NAGRA	40.00									
RESEARCH SCIENTIST						Х		166,553	0	36,296
(15) HAROLD TE	40.00									
CLINICAL STUDY MANAGER						Х		108,793	0	11,381
(16) BRENT DAVIS	40.00									
DIRECTOR, RESEARCH AND EDU						Х		102,945	0	0
(17) ASH CHAND	40.00					V		110.027	•	24.047
ACCOUNTING MANAGER	•					Х		119,837	0	21,847

Form **990** (2022)

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Form 990 (2022)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list	one of	(C) ition (do not ch box, unless pe ficer and a dire	neck erso ecto	n is r/tru	both a	n in	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Former Highest compensated employee Key employee Officer Officer		organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations		
(18) VIRGINIA JANOVSKY CLINICAL RESEARCH NURSE	40.00					х		113,845	0	0
(19) RAMIN NAZARIAN RESEARCH SCIENTIST	40.00					х		138,106	0	12,320
(20) JEROME NIQUET RESEARCH SCIENTIST	40.00					х		113,211	0	4,903
NESE/NOT SOLETIST										

c Total from continuation sheet d Total (add lines 1b and 1c). Total number of individuals (in of reportable compensation from 1 percentage). Did the organization list any for line 1a? If "Yes," complete School organization and related organization and related organization and related organization.	ncluding but nom the organ ormer officer hedule J for si	oot limited to those lization ▶ 9		1,258,631 ceived more than \$1			136,02
 Total number of individuals (in of reportable compensation from the following of the following	ormer officer hedule J for s.	ot limited to those lization ▶ 9 , director or trustee,					136,02
of reportable compensation from Did the organization list any for line 1a? If "Yes," complete Sch For any individual listed on line organization and related organization	ormer officer hedule J for some 1a, is the some some 1a, is the some 1a, is th	ization ▶ 9 , director or trustee,		ceived more than \$1	00,000		
line 1a? If "Yes," complete Sch For any individual listed on line organization and related organ	hedule J for s e 1a, is the s	, ,					
line 1a? If "Yes," complete Sch For any individual listed on line organization and related organ	hedule J for s e 1a, is the s	, ,				Yes	No
organization and related orgar			key employee, or h	ighest compensated	employee on	3	No
	• • •				n the	l Yes	
Did any person listed on line 1 services rendered to the organ		•	•	_	ividual for	5	No
Section B. Independent Co	ntractors					1	
Complete this table for your fire from the organization. Report						nsation	
	. (/	A)			(B)	((
	Name and bus	siness address		Desc	ription of services	Compe	nsation
				 			
2 Total number of independent cor compensation from the organiza		luding but not limite	d to those listed abo	ve) who received me	ore than \$100,000 of	r	
						Form 99	0 (2022
			Page 9				
orm 990 (2022)							Page !
Part VIII Statement of Rev	venue						
Check if Schedule O o	contains a res	ponse or note to an					<u> </u>
			(A) Total revenue	(B) Related or	(C) Unrelated	(D Reve	nue
				exempt function	business revenue	excluded tax under	
N = 1				revenue		512 -	514
Federated campaigns Contributions,	1a						
Gifts, Grants, Ind Membership dues	1b						
OtherAmt Similar OtherAmt	Lac						
หลือโหญีraising events	1c						
d Related organizations	1d						
	1e						
e Government grants (contributions)							
3,357,340	ı						
- , ,	1f						
3,357,340 f All other contributions, gifts, grants, and similar amounts not included							
3,357,340 f All other contributions, gifts, grants, and similar amounts not included above 3,623,379 g Noncash contributions included in	1f						
3,357,340 f All other contributions, gifts, grants, and similar amounts not included above 3,623,379 g Noncash contributions included in		• 6 980 71 9					
3,357,340 f All other contributions, gifts, grants, and similar amounts not included above 3,623,379 g Noncash contributions included in lines 1a - 1f:\$		• 6,980,719 Business Code					
3,357,340 f All other contributions, gifts, grants, and similar amounts not included above 3,623,379 g Noncash contributions included in lines 1a - 1f:\$			770,499	770,499			

https://projects.propublica.org/nonprofits/organizations/832316783/202441349349303204/full

b Other Revenue MiscAmt d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 7,970,390 770,499 0 219,172	0/23	/24, 9:23 PM		Greater Lo	s Angeles Veterans Re	search & Education Fo	oundation - Full Filing	Nonprofit Explorer -	ProPublica
### All other program service revenue. ### STATE AND INTERESTITE AND INTEREST	8	·							
### All other program service revenue. ### STATE AND INTERESTITE AND INTEREST	5	2							
9 Total. Add lines 2a-2f	à								
172,755 172,		f All other program	servi	ce revenue.					
similar amounts) 172,795 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents 6b Less: rental expenses 6a Created income or (loss) 7 (loss) 4 Net rental income or (loss) 6 We tental income or (loss) 7 (loss) 8 (loss) 9 (loss) 9 (loss) 9 (loss) 10 (loss) 11 (loss) 11 (loss) 12 (loss) 13 (loss) 14 (loss) 15 (loss) 16 (loss) 17 (loss) 17 (loss) 18 (loss) 1		9 Total. Add lines 2	2a-2f .		770,499				
## Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal					terest, and other	472.755			172.755
S Royalties					>	1/2,/55			1/2,/55
(i) Real (ii) Personal (ii) East (iii) Personal			tment	of tax-exempt bo	nd proceeds				
Sa Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount rom sales of rossts other than inventory Less: cost or of sales other sales as sales expenses 3 din or (loss) d Net gain or (loss) 1 Gross income from fundraising events contributions reported on line 1(). 5 see Part IV, line 18 b Less: cost or gaming activities. 5 see Part IV, line 19 c Net income or (loss) from gaming activities. 5 see Part IV, line 19 b Less: cost of goods sold 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold 10a Chet income or (loss) from sales of inventory b Less: cost of goods sold 10a Chet income or (loss) from sales of inventory b Less: cost of goods sold 10a Chet income or (loss) from sales of inventory 46,417 46,417 12 Total revenue. See instructions 7,970,390 770,499 0 219,172		5 Royalties	<u>.</u>		· · •				
b Less: rental income or (loss) 6 Rental income or (loss) 6 Net rental income or (loss) 7 Ones amount or (loss) 8 Ones amount or (loss) 8 Ones amount or (loss) 9 Ones amount or (loss) 10 Ones amount or (l			I, }	(ı) Real	(II) Personal				
c expenses control from the first season of control from selection of control from from		6a Gross rents	6a						
Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7a		b Less: rental							
or (loss) 6c		•	6b						
d Net rental income or (loss)		c Rental income or (loss)	6c						
Ta Gross amount from sales of sasets other than inventory Ta Gross amount from sales of sasets other than inventory Ta Gross in the sales of other basis and sales other other basis and sales other (not including \$ Ta Ta Ta Ta Ta Ta Ta			e or (l	oss)					
Total revenue See instructions			<u> </u>						
from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) 7c Gain or (loss) 7c d Net gain or (loss) 7c See Part IV, line 18		7a Gross amount	'ı h	(,	() = = =				
than inventory Lass: cost or other basis and sales expenses Gain or (loss) Gain or (loss) Gain or (loss) Gain or (loss) To Gain or (loss) To Gross income from fundralising events (not including \$ contributions reported on line 1c). See Part IV, line 18		from sales of	7a						
(not including \$ contributions reported on line 1c). See Part IV, line 18	Œ	than inventory	Ш						
(not including \$ contributions reported on line 1c). See Part IV, line 18	Ē	Less: cost or	7b						
(not including \$ contributions reported on line 1c). See Part IV, line 18	976	sales expenses							
(not including \$ contributions reported on line 1c). See Part IV, line 18	ď	Cain or (loss)	7.						
(not including \$ contributions reported on line 1c). See Part IV, line 18	ã	d Net gain or (loss)							
(not including \$ of contributions reported on line 1c). See Part IV, line 18	č	3 Gross income from fu			•				
See Part IV, line 18		(not including \$		of					
b Less: direct expenses		contributions reporte See Part IV. line 18	d on lii						
c Net income or (loss) from fundraising events . 9a Gross income from gaming activities. See Part IV, line 19				00					
9a Gross income from gaming activities. See Part IV, line 19		•							
See Part IV, line 19		c Net income or (los	55) 110	in rundraising eve	iits .				
b Less: direct expenses		9a Gross income from	gamin	ng activities.					
c Net income or (loss) from gaming activities		See Part IV, line 19		9a					
10a Gross sales of inventory, less returns and allowances		b Less: direct expen	ises	9b					
returns and allowances 10a b Less: cost of goods sold 10b		c Net income or (los	ss) fro	m gaming activition	es .				
returns and allowances 10a b Less: cost of goods sold 10b		10 -0							
b Less: cost of goods sold 10b		returns and allowa	ences						
C Net income or (loss) from sales of inventory		b Less: cost of good	ls sold						
Business Code 541700 46,417 46,417 46,417					nrv 🕨				
b Other Revenue MiscAmt d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 7,970,390 770,499 0 219,172		- Net meane or (lot	33) 110	in sales of invente					
Other Revenue MiscAmt d All other revenue e Total. Add lines 11a–11d		11aOTHER REVENUE		ľ	541700	46,417			46,417
Other Revenue MiscAmt d All other revenue e Total. Add lines 11a–11d									
d All other revenue e Total. Add lines 11a–11d		b							
d All other revenue e Total. Add lines 11a–11d									
d All other revenue e Total. Add lines 11a–11d									
e Total. Add lines 11a–11d	Oth	er r evenueMiscAmt							
e Total. Add lines 11a–11d		d All abla							
12 Total revenue. See instructions				I.	·				
7,970,390 770,499 0 219,172		e iotal. Add lines 1	1a-1:	ıu	•	46,417			
		12 Total revenue. S	ee ins	structions		7 970 390	770 499	0	219 172
						.,510,530	770,755		Form 990 (2022)

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Form 990 (2022)

Page **10**

	Check if Schedule O contains a response or note to an	y line in this Part IX		<u>.</u>	🗸
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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 individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				_
5	Compensation of current officers, directors, trustees, and key employees	1,612,544	1,186,648	425,896	
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	2,512,825	1,912,929	599,896	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,874	42,299	32,575	
9	Other employee benefits	919,355	649,087	270,268	
10	Payroll taxes	346,276	260,248	86,028	
11	Fees for services (non-employees):				
ā	Management				
ŀ	Legal	6,519		6,519	
•	Accounting	29,420		29,420	
•	l Lobbying				
•	Professional fundraising services. See Part IV, line 17				
1	Investment management fees				
ģ	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	8,846		8,846	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	94,650	82,646	12,004	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	6,393	2,674	3,719	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	57,593	55,354	2,239	
23	Insurance	38,403		38,403	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a SUPPORT SERVICES	748,489	733,089	15,400	
	b LABORATORY SUPPLIES	197,719	157,477	40,242	_
	c PROFESSIONAL FEES	159,124		159,124	
	d BAD DEBT	127,761		127,761	
	e All other expenses	262,592	193,991	68,601	
25	Total functional expenses. Add lines 1 through 24e	7,203,383	5,276,442	1,926,941	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

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Form 990 (2022) Page **11**

		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	1,249,813	1	967,703
2	Savings and temporary cash investments	4,865,058	2	3,751,377
3	Pledges and grants receivable, net	1,217,142	3	1,410,683
4	Accounts receivable, net	, ,	4	<u> </u>
5	Loans and other receivables from any current or former officer, director,		-	
	trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8 9	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	77,910	9	48,166
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1,412,287			
b	Less: accumulated depreciation 10b 1,226,408	210,976	10c	185,879
11	Investments—publicly traded securities .		11	
12	Investments—other securities. See Part IV, line 11	488,195	12	1,899,559
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	8,109,094	16	8,263,36
17	Accounts payable and accrued expenses	692,384	17	723,57
18	Grants payable		18	
19	Deferred revenue	1,543,950	19	865,75
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
	· · · · · · · · · · · · · · · · · · ·		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	2,236,334	26	1,589,32
27 28 29 30 31	Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	5,872,760	27	6,674,040
28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	5,872,760	32	6,674,040
33	Total liabilities and net assets/fund balances	8,109,094	33	8,263,36
	<u> </u>			Form 990 (202
	Page 12			

0/23/2	24, 9:23 PM Greater Los Angeles Veterans Research & Education Foundation - Full Filing- Nonprofi	t Explo	rer - ProF	ublica	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,	,970,390
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	,203,383
3	Revenue less expenses. Subtract line 2 from line 1	3			767,007
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5,	,872,760
5	Net unrealized gains (losses) on investments	5			34,273
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		6,	,674,040
Pa	Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ✓ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both:	n a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate tonsolidated basis, or both:	oasis,			
	✓ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scheduler in Scheduler its oversight process or selection process during the tax year, explain in Scheduler its oversight process or selection process during the tax year, explain in Scheduler its oversight process or selection process during the tax year, explain in Scheduler its oversight process or selection process during the tax year, explain in Scheduler its oversight process or selection process during the tax year, explain in Scheduler its oversight process or selection process during the tax year, explain in Scheduler its oversight process or selection process during the tax year.	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Un Guidance, 2 C.F.R. Part 200, Subpart F?	iform	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red	Sa	162	
	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	Yes	

Form **990** (2022)

Form	aan	(2022)

Form 990 (2022) **Additional Data Return to Form**

> **Software ID: Software Version:**

Form 990, Special Condition Description:

Special Condition Description

efile Public Visual Render

ObjectId: 202441349349303204 - Submission: 2024-05-13

TIN: 83-2316783 OMB No. 1545-0047

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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.

2022

Open to Public Inspection

Name of the organization **Employer identification number GREATER LOS ANGELES VETERANS** RESEARCH AND EDUCATION FOUNDATION 83-2316783 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**. 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: VA MEDICAL CENTER, LOS ANGELES, CA 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). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a 9 non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts 10 from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not d functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s (i) Name of supported (ii) EIN (iii) Type of (iv) Is the organization listed (v) Amount of (vi) Amount of organization organization in your governing document? monetary support other support (see (described on lines (see instructions) instructions) 1- 10 above (see instructions)) Yes No Total For Paperwork Reduction Act Notice, see the Instructions for Cat. No. 11285F Schedule A (Form 990) 2022 Form 990 or 990-EZ. Page 2 Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

		reater Los Angeles	Veterans Research	& Education Found	ation - Full Filing- I	Nonprofit Explorer -	ProPublica	
	nenuar year r 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 grant.") Tax revenues levied for the							_
2	organization's benefit and either paid							
	to or expended on its behalf							_
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by							
	each person (other than a governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the amount							
6	shown on line 11, column (f) Public support. Subtract line 5 from							-
_	line 4.							
_ 5	Section B. Total Support							
	llendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
(o 7	r fiscal year beginning in) Amounts from line 4.		. ,					-
8	Gross income from interest,							-
Ī	dividends, payments received on							
	securities loans, rents, royalties and							
9	income from similar sources Net income from unrelated business							-
	activities, whether or not the							
	business is regularly carried on							_
10	Other income. Do not include gain o loss from the sale of capital assets							
	(Explain in Part VI.).							
11	Total support. Add lines 7 through 10							
12		etc. (see instruc	tions)			12		-
	First 5 years. If the Form 990 is for					L	ranization check	-
-5		-	, ,		•		gariization, check	
_	this box and stop here			<u> </u>				-
	-			1		1 1		-
	Public support percentage for 2022 (I					14		_
15	Public support percentage for 2021 S					15		_
16	a 33 1/3% support test—2022. If the						- 0	
	and stop here. The organization qua 33 1/3% support test—2021. If th							
•	box and stop here. The organizatio							
17	a 10%-facts-and-circumstances tes							
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"	test. The organiz	ation qualifies as	a publicly suppor	ted organization .		▶□	
ı	10%-facts-and-circumstances te	est—2021. If the	organization did	not check a box o	on line 13, 16a, 16	b, or 17a, and line	e 15 is 10% or	
	more, and if the organization meets						_	
	meets the "facts-and-circumstances	" test. The organi	zation qualifies a	s a publicly suppo	rted organization		▶∪	
18								
_	instructions				<u> </u>	<u> </u>	▶∪	_
						Schedule A	A (Form 990) 2022	-
				_				
			Page	3				-
Sch	nedule A (Form 990) 2022						Page 3	j
	Part III Support Schedule	for Organizati	ions Described	in Section 50	09(a)(2)			-
	(Complete only if you					ailed to qualify u	nder Part II. If	
	the organization fails	to qualify und	er the tests list	ed below, pleas	e complete Part	II.)		_
	Section A. Public Support		•		1			_
	llendar year r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
(0 1								-
_	membership fees received. (Do not							
_	include any "unusual grants.") .							_
2	Gross receipts from admissions, merchandise sold or services							
	performed, or facilities furnished in							
	any activity that is related to the							
3	organization's tax-exempt purpose Gross receipts from activities that a	re	+					_
3	not an unrelated trade or business							
	under section 513							_
4	under section 513	id						

10/23/2		iter Los Angeles Vei	terans Research & F	ducation Foundation	on - Full Filing- Nonp	profit Explorer - Pr	oPubli	ca	
5	to or expended on its behalf The value of services or facilities								
	furnished by a governmental unit to								
6	the organization without charge Total. Add lines 1 through 5						+		
	Amounts included on lines 1, 2, and								
h	3 received from disqualified persons Amounts included on lines 2 and 3								
b	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line								
	13 for the year.								
с 8	Add lines 7a and 7b Public support. (Subtract line 7c								
	from line 6.)								
	ction B. Total Support	•			_	_			
	endar year fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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. Add lines 10a and 10b.						-		
с 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.).								
14	First 5 years. If the Form 990 is for t	he organization's	first, second, thir	d, fourth, or fifth	tax year as a secti	on 501(c)(3) or	ganiza	tion, ch	neck
	this box and stop here							!	ightharpoons
Se	ction C. Computation of Public	Support Perce	entage						
15	Public support percentage for 2022 (lin					15			
16	Public support percentage from 2021 S					16			
Se	ction D. Computation of Invest Investment income percentage for 20	ment Income	Percentage	line 13 column	(f))	17			
	investment income percentage for 20			mic 15, column		1/			
	Investment income percentage from 2					18			
18	Investment income percentage from 2 33 1/3% support tests-2022. If the	2021 Schedule A,	Part III, line 17 .			18 n 33 1/3%, and li	ne 17	is not	
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18 19a b 20 Schee Par 1	33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (If the organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization (If "No," describe in Part VI how the states of the described in Section 509(a)(1) or (2). Did the organization have any supported 3c below. Did the organization have a supported 3c below. Did the organization have a supported 3c below.	so a box on line 12 cections A and C. If its A and D, and containing relative dorganization the corganization of the corganization of the corganization of the corganization organization organization designs organization	Part III, line 17 . not check the box organization qual I not check a box The organization a box on line 14, Page 4 of Part I. If you che f you checked box complete Part V.) ted by name in the ations are designationship, explain. that does not have organization deter cribed in section!	on line 14, and I ifies as a publicly on line 14 or line qualifies as a publicly on 19a, or 19b, check the control of the cont	supported organization of status undapported organization of status undapported organization (c)(4), (5), or (6) is supported organization of status undapported organization of status undapported organization (c)(4), (5), or (6) is supported organization (c)(4), (5), or (6) is supported organization of status undapported organization of status undapported organization (c)(4), (5), or (6) is supported organization of status undapported organization of status undapported organization (c)(4), (5), or (6) is supported organization of status undapported organization (c)(4), (5), or (6) is supported organization of status undapported organization (c)(4), (5), or (6) is supported organization of status undapported organization (c)(4), (5), or (6) is supported organization organization of status undapported organization (c)(4), (5), or (6) is supported organization organi	n 33 1/3%, and liadion	 /3% ar 1	pou checked bo	2022 Page 4 ked x
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18 19a b 20 Schee Par 1 2	33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Set 12d, of Part I, complete Set 17 "No," describe in Part VI how the standard in Part VI how the standard in Section 509(a)(1) or (2)? If "Yes," explain in Federation in Section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each the public support tests under section	d stop here. The e organization did if stop here. The e organization did is and stop here. On did not check is a box on line 12 cections A and C. If it is A and D, and continuing relative domains and continuing relative do	Part III, line 17 . not check the box organization qual I not check a box The organization a box on line 14, Page 4 Page 4 of Part I. If you che f you checked box omplete Part V.) red by name in thations are designationship, explain. That does not have organization determination of the complete in section sizuation qualified to the complete in Page 19.	ecked box 12a, con 12c, of Part I, con 18 determined that the solution 190 (19), or	supported organization 15 is more than supported organization 16 is supported organization 16 is subject to the supported organization of status undupported organization (c)(4), (5), or (6) in the organization of status undupported organization of status undupported organization (c)(4), (5), or (6) in the organization of status undupported organization of status undupported organization (c)(4), (5), or (6) in the organization of status undupported organization orga	n 33 1/3%, and live ation	 /3% ar 1	pou checked bo	2022 Page 4 ked x

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4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b		
	supervised by or in connection with its supported organizations.	40		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b			
	and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the			
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by	5a		
	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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other			
	than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its			
	supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in	0		
,	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) .	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as			
	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	_		
	Did one or more disqualified persons (as defined on line 0a) hold a controlling interest in any entity in which the supporting	9a		
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 .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets	90		
·	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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.			
	 	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).			
	5	10b		
	Schedule A (/ F	0001	2022
		(Form	990)	2022
	Page 5	(Form	990)	2022
	Page 5 ———————————————————————————————————	(Form	990)	2022
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	dule A (Form 990) 2022	(Form		2022 Page 5
		(Form	F	Page 5
	dule A (Form 990) 2022 t IV Supporting Organizations (continued)	(Form		
Par	dule A (Form 990) 2022 t IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons?	(Form	F	Page 5
Par	dule A (Form 990) 2022 t IV Supporting Organizations (continued)	11a	F	Page 5
Par 11 a	dule A (Form 990) 2022 TIV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? 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	F	Page 5
Par 11 a	dule A (Form 990) 2022 It IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above?	11a 11b	F	Page 5
Par 11 a b	dule A (Form 990) 2022 **TIV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11a	F	Page 5
Par 11 a b	dule A (Form 990) 2022 **TIV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11a 11b	Yes	No
11 a b c	dule A (Form 990) 2022 **TIV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. **Exection B. Type I Supporting Organizations**	11a 11b	F	Page 5
Par 11 a b	dule A (Form 990) 2022 **TIV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. **Exection B. Type I Supporting Organizations** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No,"	11a 11b	Yes	No
11 a b c	dule A (Form 990) 2022 *** **TV** Supporting Organizations* (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. **Ection B. Type I Supporting Organizations** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's	11a 11b	Yes	No
11 a b c	Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	11a 11b	Yes	No
11 a b c	dule A (Form 990) 2022 **TV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. **Pection B. Type I Supporting Organizations** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or	11a 11b	Yes	No
11 a b c	Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees, or controlled the organization's activities. If the organization had more than one supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	11a 11b 11c	Yes	No
Par 11 a b c Se	Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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	11a 11b 11c	Yes	No
Par 11 a b c Se	Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees, or controlled the organization's activities. If the organization had more than one supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	11a 11b 11c	Yes	No
Par 11 a b c Se 1	Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's in 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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.	11a 11b 11c	Yes	No
Par 11 a b c Se 1	Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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	11a 11b 11c	Yes	No No
Par 11 a b c Se 1	Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's in 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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.	11a 11b 11c	Yes	No

	supporting organization was vested in the same persons that controlled or managed t		_ 1 1	1	 	ı
	···	ne sup	porteu organization(5).			<u> </u>
sec	tion D. All Type III Supporting Organizations				Yes	No
	Did the organization provide to each of its supported organizations, by the last day of	the fif	th month of the organization's		163	140
	tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the the or	prior tax year, (ii) a copy of the	<u> </u>		
	documents in effect on the date of notification, to the extent not previously provided?			1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If " organization maintained a close and continuous working relationship with the support:	No," e	xplain in Part VI how the			
		_	. ,	2		-
	By reason of the relationship described in line 2 above, did the organization's supporton voice in the organization's investment policies and in directing the use of the organiza during the tax year? If "Yes," describe in Part VI the role the organization's supporte	tion's i	ncome or assets at all times	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations					
	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	tions):		
а	The organization satisfied the Activities Test. Complete line 2 below.					
b	The organization is the parent of each of its supported organizations. Complete	line	3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you	u supp	ported a government entity (see	e instru	ictions)	
	Activities Test. Answer lines 2a and 2b below.				Yes	No
	Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined th	Part \	/I identify those supported how the organization was			
	<i>substantially all of its activities.</i> Did the activities described on line 2a, above constitute activities that, but for the org	anizati	on's involvement, one or more	2a		
	of the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in t	' expla	in in Part VI the reasons for			
	organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.			2b		
а	 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. 					
	Did the organization exercise a substantial degree of direction over the policies, progr	ams aı	nd activities of each of its			-
	supported organizations? If "Yes," describe in Part VI. the role played by the organizations			3b		
			Schedule A	(Forr	n 990)	202
	Page 6 ————					
hodi	ulo A (Form 000) 2022					_
ar	ule A (Form 990) 2022 V Type III Non-Functionally Integrated 509(a)(3) Supporting O	raan	zations		ŀ	Page
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.				ee	
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea	ar
1	Net short-term capital gain	1		(Ори	ioriai)	
	Recoveries of prior-year distributions	2				
	Other gross income (see instructions)	3				
	Add lines 1 through 3	4				
	Depreciation and depletion	5				
	Portion of operating expenses paid or incurred for production or collection of gross	6				
	income or for management, conservation, or maintenance of property held for production of income (see instructions)					
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea ional)	ır
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
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):					

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2	Acquisition indebtedness applicable to non-exempt us	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	e 3 (for greater amount, see	4			
5	Net value of non-exempt-use assets (subtract line 4 for	rom 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			
	Section C - Distributable Amount		•			Current Year
1	Adjusted net income for prior year (from Section A, lin	ne 8, Column A)	1			
2	Enter 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, u temporary reduction (see instructions)	nless subject to emergency	6			
7	Check here if the current year is the organization instructions)	n's first as a non-functionally-i	ntegrat	ed Type III sup	porting	g organization (see
		——— Page 7 ————			S	chedule A (Form 990) 2022
	dule A (Form 990) 2022	1 500(-)(2) C		(cor	ntinue	Page 7
	rt V Type III Non-Functionally Integrated	1 509(a)(3) Supporting (ərgan	zations (col	itiliue	<u>í</u>
Sec	tion D - Distributions					Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes			1	
	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organiz	ations, in	2	
3	Administrative expenses paid to accomplish exempt pu	poses of supported organizatio	ns		3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)			5	
6	Other distributions (describe in Part VI). See instruction	ns			6	
7 1	Fotal annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to what details in Part VI). See instructions	nich the organization is respons	ive (<i>pro</i>	ovide	8	
9	Distributable amount for 2022 from Section C, line 6				9	
10	Line 8 amount divided by Line 9 amount				10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	(ii) derdistributio Pre-2022	าร	(iii) Distributable Amount for 2022
1 [Distributable amount for 2022 from Section C, line 6					
(Underdistributions, if any, for years prior to 2022 reasonable cause required explain in Part VI).					
	Excess distributions carryover, if any, to 2022:					
	From 2017					
	From 2018					
	From 2019					
	From 2020					
	From 2021					
	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Carryover from 2017 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
	istributions for 2022 from Section D, line 7:					
а	Applied to underdistributions of prior years					

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b Applied to 2022 distributable amount

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c 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. If the amount is greater than zero, <i>explain in Pa</i> See instructions.	2. art VI.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is gre than zero, explain in Part VI . See instructions.	eater			
7 Excess distributions carryover to 2023. Add 3j and 4c.	lines			
8 Breakdown of line 7:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022				
Calculate A (Farma 200) 2022	Page	e 8 ———————————————————————————————————		_
Schedule A (Form 990) 2022				Page 8
Part VI Supplemental Information. Provide to Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, instructions).	, 6, 9a, 9b, 9c, 11a, 11 V, Section E, lines 1c, 2 , Section E, lines 2, 5, a	b, and 11c; Part IV, Sect a, 2b, 3a and 3b; Part V and 6. Also complete this	tion B, lines 1 and 2; , line 1; Part V, Secti	; Part IV, Section C, line 1; ion B, line 1e; Part V
	Facts And Circu	mstances lest		
Return Reference		Explanation	n	
Return Reference		Ехріанацої		chedule A (Form 990) 2022

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Schedule B	Schedu	ule of Contributors		OMB No. 1545-0047			
Form 990) Department of the Treasury Internal Revenue Service		2022					
Name of the organization GREATER LOS ANGELES VETE				identification number			
RESEARCH AND EDUCATION I			83-231678	3			
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) o	organization					
	4947(a)(1) nonexempt char	ritable trust not treated as a private for	undation				
	☐ 527 political organization						
Form 990-PF	501(c)(3) exempt private fo	undation					
	4947(a)(1) nonexempt char	ritable trust treated as a private founda	ation				
	501(c)(3) taxable private foundation						
Special Rules							
under sections 509(a received from any or	a)(1) and 170(b)(1)(A)(vi), that che	g Form 990 or 990-EZ that met the 33 cked Schedule A (Form 990 or 990-E. al contributions of the greater of (1) \$5 plete Parts I and II.	Z), Part II, line 13	3, 16a, or 16b, and that			
during the year, total	contributions of more than \$1,000	or (10) filing Form 990 or 990-EZ tha exclusively for religious, charitable, so animals. Complete Parts I, II, and III.	scientific, literary,	any one contributor, or educational			
during the year, cont If this box is checked purpose. Don't comp	ributions <i>exclusively</i> for religious, of, enter here the total contributions olete any of the parts unless the G o	or (10) filing Form 990 or 990-EZ that charitable, etc., purposes, but no such as that were received during the year for the applies to this organization or more during the year	n contributions to or an <i>exclusively</i> on because it rec	taled more than \$1,000 religious, charitable, etc eived <i>nonexclusively</i>			
990-EZ, or 990-PF), but it m	ust answer "No" on Part IV, line 2	elle and/or the Special Rules doesn't file, of its Form 990; or check the box on et the filing requirements of Schedule	line H of its Forn				
For Paperwork Reduction Act N for Form 990, 990-EZ, or 990-PF		Cat. No. 30613X	C S	chedule B (Form 990) (2022			
		— Page 2 —————					
		-					

Name of organization

Employer identification number

GREATER LOS ANGELES VETERANS RESEARCH AND EDUCATION FOUNDATION

-	1	
)J-Z	210/02	

Part I Contributo	Contributors (see instructions). Use duplicate copies of Part I if additional sprs	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTE			Person
REGIRIOTE	-		Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		1	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.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		1	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		_	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022
	Page 3 ———		
	3 (Form 990) (2022)		Page
Name of org GREATER LO	ganization OS ANGELES VETERANS	Employer identification	on number
RESEARCH	AND EDUCATION FOUNDATION Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	83-2316783	
Part II (a)		(c)	/\
No. from Part I	(b) Description of noncash property given	FMV (or estimate)	(d) Date received

-					\$	
(a) No. from Part I	(b) Description of noncash	(b) Description of noncash property given			(c) or estimate)	(d) Date received
-				(366 11	\$	
(a) No. from Part I	(b) Description of noncash	property giver	1		(c) or estimate) nstructions)	(d) Date received
-					\$	
(a) No. from Part I	(b) Description of noncash	property giver	1		(c) or estimate) nstructions)	(d) Date received
-				-	\$_	
(a) No. from Part I	(b) Description of noncash	property giver	1		(c) or estimate) nstructions)	(d) Date received
-					\$_	
(a) No. from Part I	(b) Description of noncash	property giver	1		(c) or estimate) nstructions)	(d) Date received
-					\$_	
			age 4 ————			Schedule B (Form 990) (2022)
Schedule	B (Form 990) (2022)					Page 4
GREATER L	rganization .OS ANGELES VETERANS I AND EDUCATION FOUNDATION				Employer ider 83-2316783	ntification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See insues the duplicate copies of Part III if additional sections.)	tributor. Comple e total of exclus structions.) ►	ete columns (a) thr sively religious, cha	ough (e) a	tion 501(c)(7), (and the followin	ig line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
-		(e)	Transfer of gift			
-	Transferee's name, address, and		R	elationship	o of transferor to	o transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
}	Transferee's name, address, and		Transfer of gift R	elationship	o of transferor to	o transferee
(2)						
(a)	(b) Durnoss of sift] ,	a) line of wift		(d) Daga:::	ntion of how wift in Italy

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· <u> =</u>	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relation	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
· <u>=</u>	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relatio	onship of transferor to transferee
			Schedule B (Form 990) (202
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SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Interna	al Revenue Service	► Go to <u>www.irs.gov/Form</u>	990 for instructions and the latest info	ormation.	Inspection			
Na	me of the organ	ization		Employer ident	tification number			
	EATER LOS ANGELES SEARCH AND EDUCAT			83-2316783				
D:	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.							
1 0		te if the organization answered "Yes		or Accounts.				
	(a) Donor advised funds (b) Funds and other accounts							
1	Total number at	end of year						
2	Aggregate value	of contributions to (during year)						
3	Aggregate value	of grants from (during year)						
4	Aggregate value	at end of year						
5			rs in writing that the assets held in donor a clusive legal control?		e Yes No			
6	charitable purpo	oses and not for the benefit of the donor	nor advisors in writing that grant funds car or donor advisor, or for any other purpose 	n be used only for conferring impermis	ssible			
Pa		vation Easements. te if the organization answered "Yes	s" on Form 990 Part IV line 7					
1		onservation easements held by the organ						
•		on of land for public use (e.g., recreation		n historically import	ant land area			
				, ,				
		of natural habitat	Preservation of a	certified historic str	ucture			
		on of open space						
2	Complete lines in easement on the	2a through 2d if the organization held a e last day of the tax year.	qualified conservation contribution in the fo		the End of the Year			
а	Total number of	conservation easements		2a				
b	Total acreage re	stricted by conservation easements		2b				
c	Number of conse	ervation easements on a certified historic	structure included in (a)	2c				
d		ervation easements included in (c) acqui e listed in the National Register	red after July 25, 2006, and not on a	2d				
3	Number of cons	ervation easements modified, transferre	d, released, extinguished, or terminated by	y the organization d	uring the			
4	Number of state	es where property subject to conservatio	n easement is located 🕨					
5		zation have a written policy regarding that of the conservation easements it holds	e periodic monitoring, inspection, handling?	g of violations,	☐ Yes ☐ No			
6	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing o	conservation easem	ents during the year			
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements	during the year			
8		ervation easement reported on line 2(d)	above satisfy the requirements of section	_				
9			ervation easements in its revenue and expe		JYes □ No i			
	the organization	n's accounting for conservation easement						
Par		zations Maintaining Collections te if the organization answered "Yes	of Art, Historical Treasures, or Ot or on Form 990, Part IV, line 8.	her Similar Asse	ets.			
1a	historical treasu		C 958, not to report in its revenue stateme ic exhibition, education, or research in furtents that describes these items.					
b	historical treasu		C 958, to report in its revenue statement a ic exhibition, education, or research in furt					
(-	•		▶\$				
(1	ii)Assets included	in Form 990, Part X		> \$				
2	If the organizati		cal treasures, or other similar assets for fin		the			
а	-	·		▶\$				
b	Assets included in Form 990. Part X							

Cat. No. 52283D

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

Schedule D (Form 990) 2022

---- Page 2 -----

Sche	dule D (Form 99	0) 2022									ļ	Page 2
Par	t III Organ	izations M	laintaining Col	lections of Ar	t, Histori	ical Tre	easures, o	r Other	Similar Ass	sets (contii	nued)	
3	Using the organitems (check al		quisition, accessior :	n, and other reco		any of tl	he following	that are a	significant us	e of its colle	ection	
а	Public ex	hibition			d		Loan or exch	nange prog	rams			
b	Scholarly	research			е		Other					
C	Preserva	tion for futur	e generations									
4	Provide a descr Part XIII.	iption of the	organization's col	lections and expl	ain how the	ey furthe	er the organi	ization's ex	empt purpose	e in		
5			janization solicit or inds rather than to							Yes	□ No	
Pai		ete if the or	todial Arrange ganization answ		Form 990	, Part I	V, line 9, o	r reporte	d an amoun			ırt X,
1a			t, trustee, custodia X?							☐ Yes	□ No	
b	If "Yes," explai	n the arrang	ement in Part XIII	and complete th	e following	table:			An	nount		
c	Beginning bala	nce						1c				
d	Additions durin	g the year .						1d				
е	Distributions du	uring the yea	nr					1e				
f	Ending balance							1f				
2a	Did the organiz	ation include	e an amount on Fo	rm 990, Part X, I	ine 21, for	escrow	or custodial	account lia	bility?	☐ Yes	\square No	
b	If "Yes," explain	n the arrange	ement in Part XIII.	. Check here if th	e explanat	ion has l	been provide	ed in Part X	(III			
Pa		ment Fun		1 1157 11								
	Comple	ete if the or	rganization ansv	vered "Yes" on (a) Current yea		<u>, Part I</u> Prior year		years back	(d) Three year	s back (e) F	our years	hack
1a	Beginning of year	ır balance .		(0, 0000000, 000	(-)	/	(6)	,	(=)	(0)		
b	Contributions .											
c	Net investment e	earnings, gai	ns, and losses									
d	Grants or schola	rships										_
	Other expenditu		ies									
f	Administrative e	xpenses .										
g	End of year bala	nce										
2 a	Provide the est Board designat	•	entage of the curre endowment	ent year end bala	nce (line 1	g, colum	nn (a)) held a	as:				
b	Permanent end	owment 🕨										
С	Term endowme	 ent ▶										
	The percentage	es on lines 2a	a, 2b, and 2c shou	ld equal 100%.								
3а	Are there endo organization by		not in the posses	sion of the orgar	ization tha	t are he	ld and admir	nistered fo	r the	i	Yes	No
										3a(i)	165	110
	• •	-								3a(ii)		
b	If "Yes" on 3a(i	i), are the re	elated organization	is listed as requir	ed on Sche	dule R?				3b		
4	Describe in Par	t XIII the int	ended uses of the	organization's e	ndowment	funds.					·	
Pai			and Equipmen		Fa 000	Do set T	\/ line 11=	Coo For	000 Davit	V lima 10		
	Description of p		(a) Cost or oth	ner basis (b)	Cost or other			cumulated d			ok value	
1a	Land											
b	Buildings											
c	Leasehold impro	vements				83	3,218		83,218			0
d	Equipment .					1,329	9,069		1,143,190		18	85,879
	Other											
Tota	al. Add lines 1a th	irough 1e. ((Column (d) must e	equal Form 990, i	Part X, colu	ımn (B),	line 10(c).)		Scho	dule D (Fo		35,879

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Page **3**

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on F	Form 990 Part IV	line 11h See For	m 990 Part X lin	e 12
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation or end-of-year mark	tion:
(1) Financial derivatives				
(3) Other(A) LONG-TERM INVESTMENT	1,899,5	59	С	
(B)	1,033,3			
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,899,5	59		
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on F	Form 990, Part IV,	line 11c. See Fo	rm 990, Part X, lir	ie 13.
(a) Description of investment		(b) Book value		of valuation: ear market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answered 'Yes' on Fo	orm 990, Part IV,	line 11d. See For	m 990, Part X, lin	
(a) Description	n			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo		line 11e or 11f.Se	ee Form 990, Part	
1. (a) Descripti (1) Federal income taxes	ion of liability			(b) Book value
(2) reactal mediate taxes				

tal.	(Column (b) must equal Form 990, Part X, col.(B) line 25.)				•	<u> </u>
Lia	bility for uncertain tax positions. In Part XIII, provide the text o	f the footnote t	o the o	rganization's financial	statements that	reports the
gar	ization's liability for uncertain tax positions under FIN 48 (ASC 2	740). Check he	re if the	text of the footnote h	as been provide	ed in Part XIII 🔽
					Schedule I	(Form 990) 2022
		Page 4 —				
h 0 0	ule D (Form 990) 2022					5.4
		naial Ctatan		With Davience new	Datum	Page 4
al	t XI Reconciliation of Revenue per Audited Fina Complete if the organization answered 'Yes' on I				кесигп.	
	Total revenue, gains, and other support per audited financial st				1	8,113,280
	Amounts included on line 1 but not on Form 990, Part VIII, line					,
а	Net unrealized gains (losses) on investments		2a	34,2	273	
b	Donated services and use of facilities		2b	108,6		
С	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.)		2d			
e e	Add lines 2a through 2d				2e	142,890
_	Subtract line 2e from line 1		•		3	7,970,390
	Amounts included on Form 990, Part VIII, line 12, but not on li	ine 1 ·	•			7,570,550
а	Investment expenses not included on Form 990, Part VIII, line		4a	1		
a b	Other (Describe in Part XIII.)	, o	4b		 	
c	Add lines 4a and 4b		40		4c	0
_	Total revenue. Add lines 3 and 4c. (This must equal Form 990,	Part I line 12	`		5	7,970,390
	Reconciliation of Expenses per Audited Fina					7,570,550
ai	Complete if the organization answered 'Yes' on I				er Return.	
	Total expenses and losses per audited financial statements .				1	7,312,000
	Amounts included on line 1 but not on Form 990, Part IX, line 2	25:				
а	Donated services and use of facilities		2a	108,6	517	
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII.)		2d			
e	Add lines 2a through 2d		<u> </u>		2e	108,617
	Subtract line 2e from line 1				3	7,203,383
	Amounts included on Form 990, Part IX, line 25, but not on line	e 1:				· · ·
а	Investment expenses not included on Form 990, Part VIII, line		4a			
b	Other (Describe in Part XIII.)		4b			
c	Add lines 4a and 4b				4c	0
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990				5	7,203,383
21	t XIII Supplemental Information	o, rait i, iiie it	·., •			7,203,303
	• • • • • • • • • • • • • • • • • • • •					
	ide the descriptions required for Part II, lines 3, 5, and 9; Part I 2 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa				art V, line 4; Pa	rt X, line 2; Part XI,
	Return Reference	,	,	Explanation	1	
DT		DATIONI ANIMILA	LIV EV	· · · · · · · · · · · · · · · · · · ·		THE DDEDADATION OF
ĸΙ						THE PREPARATION OF ETHER TAX POSITIONS
	FOUNDATIO	ON TAKES WITH	H REGA	RD TO A PARTICULAR I	ITEM OF INCOM	E OR DEDUCTION WOL
				CERTAIN TAX POSITIO		
	CURRENT F	ACTS AND CIR	CUMST	ANCES. THE FOUNDAT:	ION'S POLICY IS	S TO RECOGNIZE INTER
				MBER 30, 2023, THE F		KPENSE AND PENALTIE ID NOT HAVE ANY
						JECT TO U.S. FEDERAL

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TIN: 83-2316783 OMB No. 1545-0047

Schedule J (Form 990)

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

		f the organization Employ LOS ANGELES VETERANS	er identification n	umber	
		CH AND EDUCATION FOUNDATION 83-2316	783		
Pa	τI	Questions Regarding Compensation			
				Yes	No
а		eck the appropiate box(es) if the organization provided any of the following to or for a person listed on Forr), Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	n		
		First-class or charter travel Housing allowance or residence for personal	use		İ
		Travel for companions	ence		
		Tax idemnification and gross-up payments Health or social club dues or initiation fees			
		Discretionary spending account Personal services (e.g., maid, chauffeur, che	7)		İ
b		any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or mbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2		the organization require substantiation prior to reimbursing or allowing expenses incurred by all	2		
	direc	ectors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? .			
3	orga	licate which, if any, of the following the filing organization used to establish the compensation of the lanization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods ad by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
		Compensation committee Written employment contract			
		Independent compensation consultant Compensation survey or study			
		Form 990 of other organizations Approval by the board or compensation com	mittee		İ
ı		ring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing orga ated organization:	nization or a		
а	Rece	ceive a severance payment or change-of-control payment?	4a		No
b	Parti	ticipate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
С		ticipate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Y	Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			İ
	Only	ly 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			İ
;		persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any neensation contingent on the revenues of:			
а	The	e organization?	5a		No
b	Any	y related organization?	. 5b		No
	If "Y	Yes," on line 5a or 5b, describe in Part III.			
6		persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any neensation contingent on the net earnings of:			
а	The	e organization?	6a		No
b	Any	y related organization?	6b		No
	If "Y	Yes," on line 6a or 6b, describe in Part III.			
,		persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed prents not described in lines 5 and 6? If "Yes," describe in Part III	. 7		No
3	subj	re any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was oject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Pa	Part III	8		No
)		Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulation 4958-6(c)?	ns section		
	23.1		Schedule J (Forn	1	Щ.

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not 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 the part of th

Note. The sum of columns (B)(i)-(iii) for each listed individua	ii must equal the tota	amount of Form	990, Part VII, Sec	tion A, line 1a, ap	plicable column (D) and (E) amount	s for that indiv	/iduai.
(A) Name and Title	(A) Name and Title			(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC ar			columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prio Form 990
1 MARCIA M RUSSELL COMMUNITY DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	353,622	0	0	0	0	353,622	0
2 LINDA GODLESKI ACOS-EDUCATION	(i)	0	0	0	0	0	0	0
	(ii)	343,039	0	0	0	0	343,039	0
3 STEVEN SIMON CHIEF OF STAFF	(i)	0	0	0	0	0	0	0
	(ii)	322,717	0	0	0	0	322,717	0
4 MICHAEL ONG ACOS-RESEARCH	(i)	0	0	0	0	0	0	0
	(ii)	292,074	0	0	0	0	292,074	0
5 MATTHEW RETIIG COMMUNITY DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	274,502					274,502	

Schedule J (Form 990) 2022

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Schedule J (Form 990) 2022 **Supplemental Information**

Page **3**

1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional info

Return Reference Explanation

Schedule J (Form 990) 2022

Additional Data Return to Form

> Software ID: **Software Version:**

efile Public Visual Render

ObjectId: 202441349349303204 - Submission: 2024-05-13

TIN: 83-2316783

OMB No. 1545-0047

Open to Public

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Inspection
Employer identification number

Name of the organization GREATER LOS ANGELES VETERANS RESEARCH AND EDUCATION FOUNDATION

83-2316783

Return Reference	Explanation
FORM 990, PART I, LINE 1	BUILDING PARTNERSHIPS TO ADVANCE RESEARCH AND EDUCATION FOR THE HEALTH OF OUR NATION'S VETERANS.
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD'S AUDIT COMMITTEE FIRST REVIEWED THE COMPLETED 990 AND THEN RECOMMENDED APPROVAL TO THE FULL BOARD. AFTER THE BOARD REVIEWED AND APPROVED THE 990'S CONTENT, IT WAS FILED.
FORM 990, PART VI, SECTION B, LINE 12C	ALL CORPORATION BOARD MEMBERS, OFFICERS AND EMPLOYEES ARE SUBJECT TO FEDERAL STATUTES AND REGULATIONS APPLICABLE TO FEDERAL EMPLOYEES WITH RESPECT TO CONDUCT AND CONFLICTS OF INTEREST. APPLICABLE FEDERAL STATUTES AND REGULATIONS INCLUDE 18, U.S.C. SECTIONS 202 THROUGH 209, AND TITLE 5, CODE OF FEDERAL REGULATIONS (CFR)PART 2635. AT THE TIME THE RELATIONSHIP OR EMPLOYMENT IS INITIATED, EACH CORPORATION BOARD MEMBER, OFFICER, AND EMPLOYEE MUST SIGN A STATEMENT CERTIFYING AWARENESS OF AND COMPLIANCE WITH FEDERAL CONDUCT AND CONFLICTS OF INTEREST LAWS AND REGULATIONS. THIS STATEMENT IS RETAINED IN EACH BOARDMEMBER'S, OFFICER'S, AND EMPLOYEE'S FILE. ANNUALLY, THE EXECUTIVE DIRECTOR MUST CERTIFY THAT SUCH A STATEMENT IS ON FILE FOR EACH BOARD MEMBER, OFFICER, AND EMPLOYEE.
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS MUST REVIEW AND APPROVE THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND CFO ACCORDING TO CALIFORNIA STATE LAW. THE BOARD RELIES ON THE PRESIDENTIALLY APPROVED COST OF LIVING AWARD THAT IS GIVEN TO EMPLOYEES OF THE FEDERAL CIVIL SERVICE FOR SETTING THE INCUMBENTS' SALARY EACH YEAR. THE EXECUTIVE DIRECTOR SETS THE SALARY FOR ALL OTHER EMPLOYEES OF THE CORPORATION. THIS COMPENSATION IS BASED ON THE EXISTING PAY CLASSIFICATION PLAN WHICH FOR THE MOST PART MIRRORS THE GOVERNMENT SERVICE (GS) PAY CLASSIFICATION SYSTEM. IT IS ADJUSTED ANNUALLY ACCORDING TO PRESIDENTIALLY APPROVED COST OF LIVING AWARDS.
FORM 990, PART VI, SECTION C, LINE 19	ALL DOCUMENTS THAT ARE, ACCORDING TO LAW, REQUIRED TO BE MADE AVAILABLE TO THE PUBLIC ARE PROVIDED FREE OF CHARGE UPON RECEIPT OF A WRITTEN REQUEST ADDRESSED TO THE EXECUTIVE DIRECTOR.
FORM 990, PART IX, LINE 24E	POSTAGE: PROGRAM SERVICE EXPENSES 54,461. MANAGEMENT AND GENERAL EXPENSES 6,492. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 60,953. SUBJECT PARTICIPATION: PROGRAM SERVICE EXPENSES 53,283. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 53,283. DUES AND SUBSCRIPTIONS: PROGRAM SERVICE EXPENSES 15,500. MANAGEMENT AND GENERAL EXPENSES 16,319. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 31,819. SUBCONTRACTORS: PROGRAM SERVICE EXPENSES 23,618. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 23,618. REPAIRS AND MAINTENANCE: PROGRAM SERVICE EXPENSES 22,849. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 14,098. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 7,796. MANAGEMENT AND GENERAL EXPENSES 14,098. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 21,894. TELEPHONE: PROGRAM SERVICE EXPENSES 6,091. MANAGEMENT AND GENERAL EXPENSES 8,794. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 14,885. EQUIPMENT EXPENSES: PROGRAM SERVICE EXPENSES 5,575. MANAGEMENT AND GENERAL EXPENSES 9,233. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 14,808. CONTRACT SERVICES: PROGRAM SERVICE EXPENSES 1,800. MANAGEMENT AND GENERAL EXPENSES 10,250. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 12,050. PRINTING: PROGRAM SERVICE EXPENSES 3,018. MANAGEMENT AND GENERAL EXPENSES 0. TOTAL EXPENSES 0. TOTAL EXPENSES 0. TOTAL EXPENSES 0. TOTAL EXPENSES 1,859. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 0. TOTAL EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. MANAGEMENT AND GENE

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

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Schedule O (Form 990) 2022

Additional Data

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