

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

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

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 07-01-2023, and ending 06-30-2024

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: UNITED STATES VETERANS INITIATIVE. Doing business as. Number and street (or P.O. box if mail is not delivered to street address): 800 WEST 6TH STREET 1505. Room/suite. City or town, state or province, country, and ZIP or foreign postal code: LOS ANGELES, CA 90017

D Employer identification number: 95-4382752. E Telephone number: (213) 542-2600. G Gross receipts \$ 97,768,262

F Name and address of principal officer: DARRYL J VINCENT, 800 WEST 6TH STREET 1505, LOS ANGELES, CA 90017

H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c) ( ) (insert no.), 4947(a)(1) or 527

J Website: WWW.USVETS.ORG

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 1992. M State of legal domicile: CA

Part I Summary

Table with 4 main sections: Activities & Governance (lines 1-7b), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Each section contains detailed financial data for the current year and prior year.

Part II 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

<b>Sign Here</b>	Signature of officer DARRYL J VINCENT PRESIDENT & CEO		Date 2025-04-23		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date 2025-04-21	Check <input type="checkbox"/> if self-employed	PTIN P00650274
	Firm's name ARMANINO ADVISORY LLC			Firm's EIN 94-6214841	
	Firm's address 2700 CAMINO RAMON STE 350 SAN RAMON, CA 945835004			Phone no. (925) 790-2600	

May the IRS discuss this return with the preparer shown above? See Instructions.  Yes  No  
**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11282Y Form **990** (2023)

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**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

THE SUCCESSFUL TRANSITION OF MILITARY VETERANS AND THEIR FAMILIES THROUGH THE PROVISION OF HOUSING, COUNSELING, CAREER DEVELOPMENT AND COMPREHENSIVE SUPPORT.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 28,931,153 including grants of \$ 12,709,803 ) (Revenue \$ 2,162 )  
 SUPPORTIVE SERVICES FOR VETERAN FAMILIES THIS VA-FUNDED SUPPORTIVE SERVICES FOR VETERAN FAMILIES ("SSVF") PROGRAM PROVIDES RAPID REHOUSING AND HOMELESS PREVENTION SERVICES TO VERY LOW-INCOME VETERAN FAMILIES. THIS PROGRAM PROVIDES OUTREACH, CASE MANAGEMENT AND ASSISTANCE IN OBTAINING VA AND OTHER BENEFITS TO INCLUDE HEALTH CARE SERVICES, DAILY LIVING SERVICES, PERSONAL FINANCIAL PLANNING SERVICES, TRANSPORTATION SERVICES, FIDUCIARY AND PAYEE SERVICES, LEGAL SERVICES, CHILD CARE SERVICES, AND HOUSING COUNSELING SERVICES. TEMPORARY FINANCIAL ASSISTANCE OF RENTAL ASSISTANCE, UTILITIES, SECURITY AND UTILITY DEPOSITS, MOVING COSTS, CHILD CARE, TRANSPORTATION, AND EMERGENCY SUPPLIES MAY ALSO BE PROVIDED TO HELP VETERAN FAMILIES STAY IN OR ACQUIRE PERMANENT HOUSING. (SEE SCH. O) THIS PROGRAM IS OPERATED IN LOS ANGELES AT PATRIOTIC HALL, INGLEWOOD, LONG BEACH, THE INLAND EMPIRE, LAS VEGAS, WASHINGTON, D.C., HOUSTON, PHOENIX, AND HAWAII.

**4b** (Code: ) (Expenses \$ 6,108,886 including grants of \$ 1,767,634 ) (Revenue \$ 317,184 )  
 RAPID REHOUSING THE PROGRAM ASSISTS HOMELESS AND AT-RISK VETERANS AND THEIR FAMILIES REGAIN AND MAINTAIN HOUSING, SOBRIETY AND EMPLOYMENT. THE GOAL OF THE PROGRAM IS TO PROVIDE TEMPORARY HOUSING UNTIL THE CLIENT CAN BE PLACED IN PERMANENT, TRANSITIONAL OR COMMUNITY RENTAL HOUSING. THIS PROGRAM IS OPERATED IN THE INLAND EMPIRE, HAWAII, AND PRESCOTT.

**4c** (Code: ) (Expenses \$ 2,842,211 including grants of \$ 153 ) (Revenue \$ 589,446 )  
 PERMANENT HOUSING PROGRAM THIS PERMANENT SUPPORTIVE HOUSING PROGRAM PROVIDES RENTAL ASSISTANCE OR LEASING SUBSIDIES AND SUPPORTIVE SERVICES INCLUDING OUTREACH, CASE MANAGEMENT, SOBRIETY SUPPORT (IF APPLICABLE), LIFE SKILLS, AND PARTICIPATION IN THERAPEUTIC GROUPS (IF APPLICABLE) FOR VETERANS WHO ARE HOMELESS AND HAVE A MEDICALLY-CERTIFIED DISABILITY. THE GOALS OF THIS PROGRAM ARE HOUSING RETENTION, INCREASED INCOME AND BENEFITS AND INCREASED SELF-DETERMINATION. THIS PROGRAM IS OPERATED IN PHOENIX, PRESCOTT, LONG BEACH, LAS VEGAS, HAWAII, HOUSTON, WASHINGTON, D.C., AND THE INLAND EMPIRE.

(Code: ) (Expenses \$ 45,053,779 including grants of \$ 756,665 ) (Revenue \$ 3,687,281 )  
 LOW DEMAND THIS PROGRAM IS ONE OF THE MODELS WITHIN THE OVERARCHING VETERANS IN PROGRESS TRANSITIONAL HOUSING PROGRAM. THE LOW DEMAND PROGRAM ASSISTS HOMELESS VETERANS, PRIMARILY CHRONICALLY HOMELESS VETERANS, WHO SUFFER FROM MENTAL-HEALTH OR SUBSTANCE-USE PROBLEMS, OR WHO STRUGGLE WITH MAINTAINING SOBRIETY; AND VETERANS WITH MULTIPLE TREATMENT FAILURES THAT MAY HAVE NEVER RECEIVED TREATMENT SERVICES OR MAY HAVE BEEN UNSUCCESSFUL IN TRADITIONAL HOUSING PROGRAMS. THESE VETERANS MAY HAVE NOT YET FULLY COMMITTED TO SOBRIETY AND TREATMENT. LOW-DEMAND HOUSING IS A PROGRAM DESIGN USING A LOW-DEMAND/HARM-REDUCTION MODEL TO BETTER ACCOMMODATE CHRONICALLY HOMELESS VETERANS, AND VETERANS WHO WERE UNSUCCESSFUL IN TRADITIONAL TREATMENT SETTINGS. PROGRAMMING DOES NOT REQUIRE SOBRIETY OR COMPLIANCE WITH MENTAL HEALTH TREATMENT AS A CONDITION OF ADMISSION OR CONTINUED STAY. OVERALL, DEMANDS ARE KEPT TO A MINIMUM; HOWEVER, SERVICES ARE AVAILABLE AS NEEDED. THE GOAL IS TO ESTABLISH PERMANENT HOUSING IN THE COMMUNITY, WHILE PROVIDING FOR THE SAFETY OF STAFF AND RESIDENTS. THIS PROGRAM IS OPERATED IN WASHINGTON, D.C., HOUSTON, PHOENIX, PRESCOTT, LAS VEGAS, LONG BEACH, INGLEWOOD, AND BARBER'S POINT. CLINICAL TREATMENT THIS PROGRAM IS ONE OF THE MODELS WITHIN THE OVERARCHING VETERANS IN PROGRESS TRANSITIONAL HOUSING PROGRAM. THE CLINICAL TREATMENT PROGRAM ASSISTS HOMELESS VETERANS WITH A SPECIFIC DIAGNOSIS RELATED TO A SUBSTANCE-USE DISORDER AND/OR MENTAL-HEALTH DIAGNOSIS. CLINICALLY FOCUSED TREATMENT IS PROVIDED IN CONJUNCTION WITH SERVICES EFFECTIVE IN HELPING HOMELESS VETERANS SECURE PERMANENT HOUSING AND INCREASE INCOME THROUGH BENEFITS AND/OR EMPLOYMENT. THIS PROGRAM IS OPERATED IN WASHINGTON, D.C., HOUSTON, PHOENIX, PRESCOTT, LAS VEGAS, LONG BEACH, INGLEWOOD, AND BARBER'S POINT. BRIDGE HOUSING THIS PROGRAM IS ONE OF THE MODELS WITHIN THE OVERARCHING VETERANS IN PROGRESS TRANSITIONAL HOUSING PROGRAM. THE BRIDGE HOUSING PROGRAM ASSISTS HOMELESS VETERANS THAT HAVE BEEN OFFERED AND ACCEPTED A PERMANENT HOUSING INTERVENTION BUT ARE NOT ABLE TO IMMEDIATELY ENTER THE PERMANENT HOUSING. BRIDGE HOUSING IS INTENDED TO BE A SHORT-TERM STAY IN TRANSITIONAL HOUSING FOR VETERANS WITH PRE-IDENTIFIED PERMANENT HOUSING DESTINATIONS. OFTEN VETERANS ARE PENDING OR CONTROLLED IN ANOTHER PROGRAM THAT ASSISTS WITH BRIDGING VETERANS TO PERMANENT HOUSING

DESCRIPTION OF OTHER PROGRAMS AND SERVICES OR CONTRACTS THAT PROVIDE HOUSING TO HOMELESS VETERANS TO PERMANENT HOUSING SUCH AS SUPPORTIVE SERVICES FOR VETERANS FAMILIES (SSVF), DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT-VA SUPPORTIVE HOUSING (HUD-VASH), AND HOUSING COALITION/CONTINUUM OF CARE (COC). THIS PROGRAM IS OPERATED IN WASHINGTON, D.C., HOUSTON, PHOENIX, PRESCOTT, LAS VEGAS, LONG BEACH, INGLEWOOD, AND BARBER'S POINT. IN ADDITION, LONG BEACH HAS A PROGRAM SPECIFICALLY FOR BRIDGE HOUSING FOR WOMEN.WORKFORCE PROGRAM.U.S.VETS PROVIDES EMPLOYMENT PLACEMENT SERVICES TO EXPEDITE THE REINTEGRATION OF HOMELESS AND AT-RISK VETERANS INTO THE WORKFORCE BY ELIMINATING SIGNIFICANT EMPLOYMENT BARRIERS, SECURING TRAINING AND EMPLOYMENT OPPORTUNITIES AND PROVIDING THE TOOLS THAT WILL HELP ENSURE JOB RETENTION. THESE SERVICES ARE PROVIDED IN INGLEWOOD, LONG BEACH, INLAND EMPIRE, LAS VEGAS, HOUSTON, PRESCOTT, PHOENIX, HAWAII, AND WASHINGTON, D.C.CHAMPS (CHRONICALLY HOMELESS ASPIRING FOR MAINTENANCE PROGRAM)THIS PERMANENT SUPPORTIVE HOUSING PROGRAM PROVIDES RENTAL ASSISTANCE SUBSIDIES AND SUPPORTIVE SERVICES INCLUDING OUTREACH, CASE MANAGEMENT, SOBRIETY SUPPORT (IF APPLICABLE), LIFE SKILLS, AND PARTICIPATION IN THERAPEUTIC GROUPS (IF APPLICABLE) FOR HOMELESS VETERANS WHO QUALIFY AS CHRONICALLY HOMELESS AND HAVE A MEDICALLY-CERTIFIED DISABILITY. THE GOALS OF THIS PROGRAM ARE HOUSING RETENTION, INCREASED INCOME AND BENEFITS AND INCREASED SELF-DETERMINATION. THIS PROGRAM IS OPERATED IN LAS VEGAS, HAWAII, LONG BEACH, AND HOUSTON.EMERGENCY BEDS/SAFE HAVENTHIS PROGRAM PROVIDES EMERGENCY AND TEMPORARY HOUSING TO HOMELESS VETERANS, PRIMARILY THOSE RECEIVING VETERANS ADMINISTRATION ("VA") HEALTH CARE SERVICES AND RESIDING IN SAFE HAVEN, RESPITE, OR EMERGENCY BEDS. THIS PROGRAM ALSO PROVIDES CRISIS/BRIDGE HOUSING TO HOMELESS INDIVIDUALS IN WHICH U.S.VETS PROVIDES SERVICES FOR VETERANS AND A SUBCONTRACTED AGENCY PROVIDES SERVICES FOR NON-VETERANS. IN ADDITION, U.S.VETS OPERATED A WINTER SHELTER FOR HOMELESS INDIVIDUALS FOR THE CITY OF LONG BEACH. EMERGENCY HOUSING PROGRAMS ARE OPERATED IN LONG BEACH, HAWAII, INLAND EMPIRE, AND INGLEWOOD.WAI'ANA'E CIVIC CENTERTHIS PROGRAM PROVIDES SUPPORTIVE SERVICES AND TRANSITIONAL HOUSING TO HOMELESS VETERAN AND NON-VETERAN INDIVIDUALS AND THEIR FAMILIES. THE PROJECT WAS INITIATED AND IS FUNDED BY THE STATE OF HAWAII IN A CONCENTRATED EFFORT TO PROVIDE EMERGENCY HOUSING FOR THE HOMELESS POPULATION IN WAIANA'E, HAWAII. SUPPORTIVE SERVICES INCLUDE OUTREACH, MEALS, CASE MANAGEMENT, AND SOBRIETY SUPPORT AND EMPLOYMENT ASSISTANCE.TRANSITION IN PLACETTE "TRANSITION IN PLACE" HOUSING MODEL OFFERS RESIDENTS HOUSING IN WHICH SUPPORT SERVICES TRANSITION OUT OF THE RESIDENCE OVER TIME, RATHER THAN THE RESIDENT. THIS LEAVES THE RESIDENT IN PLACE AT THE RESIDENCE AND NOT FORCED TO FIND OTHER HOUSING IN 24 MONTHS OR LESS. THE GOAL IS TO CONVERT EXISTING SUITABLE APARTMENT STYLE HOUSING WHERE HOMELESS VETERAN PARTICIPANTS RECEIVE TIME LIMITED SUPPORTIVE SERVICES OPTIMALLY FOR A PERIOD OF 6-12 MONTHS, BUT NOT TO EXCEED 24 MONTHS INTO A PERMANENT HOUSING OUTCOME FOR THE VETERAN. UPON TRANSITION OF HOUSING/PROGRAM COMPLETION, THE VETERAN MUST BE ABLE TO "TRANSITION IN PLACE" BY ASSUMING THE LEASE OR OTHER LONG-TERM AGREEMENT WHICH ENABLES THE UNIT IN WHICH HE OR SHE RESIDES TO BE CONSIDERED THE VETERAN'S PERMANENT HOUSING. THIS PROGRAM IS OPERATED IN LAS VEGAS, PHOENIX, AND PRESCOTT.OTHER PROGRAMS INCLUDE ADVANCE WOMEN'S PROGRAM, AFTERCARE PROGRAM, BUSINESS SERVICES - VET STORE, CAREER DEVELOPMENT INITIATIVE (CDI), HEALTH SERVICES, HOPTEL, LONG-TERM SUPPORTIVE HOUSING, OUTSIDE THE WIRE, MENTAL HEALTH/WOMEN VETS ON POINT, OUTREACH PROGRAM, SUBSTANCE ABUSE AND PAROLEE PROGRAM, PEER SUPPORT PROGRAM, VETERANS SERVICE CENTER, SHELTER PLUS CARE PROGRAM, SPECIAL NEEDS PROGRAM, VETERAN FOOD SERVICE PROGRAM, VETERANS IN PROGRESS, VETERANS ASSISTANCE, DEVELOPMENT, HOSPITAL TO HOUSING, AND SERVICE INTENSIVE TRANSITIONAL HOUSING.

<b>4d</b>	Other program services (Describe in Schedule O.)	(Expenses \$	45,053,779	including grants of \$	756,665 )	(Revenue \$	3,687,281 )
<b>4e</b>	<b>Total program service expenses</b>		<b>82,936,029</b>				

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Part IV Checklist of Required Schedules

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
<b>5</b> 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		No
<b>6</b> 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		No
<b>7</b> 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		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>d</b> 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	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		

<b>f</b>	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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	Yes	
<b>11f</b>				No
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>		No
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>		No
<b>15</b>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>		No
<b>16</b>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>		No
<b>17</b>	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. See instructions.</i>	<b>17</b>		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	Yes	
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>		No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>		
<b>21</b>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>		No

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Part IV Checklist of Required Schedules (continued)

		Yes	No
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
<b>23</b>	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? <i>If "Yes," complete Schedule J</i>	Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
<b>b</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>		No
<b>26</b>	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>		No
<b>27</b>	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, Part III</i>		No
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No

<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>		No
<b>33</b>	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>	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35b</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>		No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	Yes	

Part 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 . . . . .

		Yes	No
<b>1a</b>	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b>	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	

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

<b>2a</b>	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>2a</b>	781		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>			No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>	<b>3b</b>			
<b>4a</b>	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)? . . . . .	<b>4a</b>			No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>			No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	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? . . . . .	<b>6a</b>			No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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? . . . . .	<b>7a</b>		Yes	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		Yes	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>			No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form				

<p>8 <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>		<b>7h</b>		
<p>9 <b>Sponsoring organizations maintaining donor advised funds.</b></p> <p>a Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>		<b>8</b>		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>		<b>9a</b>		
<p><b>10 Section 501(c)(7) organizations.</b> Enter:</p> <p>a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>		<b>9b</b>		
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>		<b>10a</b>		
<p><b>11 Section 501(c)(12) organizations.</b> Enter:</p> <p>a Gross income from members or shareholders . . . . .</p>		<b>10b</b>		
<p>b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .</p>		<b>11a</b>		
<p><b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?</p>		<b>11b</b>		
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>		<b>12a</b>		
<p><b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b></p> <p>a Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.</p>		<b>12b</b>		
<p>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 . . . . .</p>		<b>13a</b>		
<p>c Enter the amount of reserves on hand . . . . .</p>		<b>13b</b>		
<p><b>13c</b></p>		<b>13c</b>		
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>		<b>14a</b>		No
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .</p>		<b>14b</b>		
<p><b>15</b> 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? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.</p>		<b>15</b>		No
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.</p>		<b>16</b>		No
<p><b>17 Section 501(c)(21) organizations.</b> 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.</p>		<b>17</b>		

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Part VI **Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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

<b>Section A. Governing Body and Management</b>		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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? . . . . .		No
<b>3</b>	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? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	Yes	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .		No
<b>7a</b>	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? . . . . .		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	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? If "Yes," provide the names and addresses in Schedule O . . . . . 9 No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 10a-16b regarding organizational policies on chapters, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, WA, WV, WI
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: DANIEL T WARZENSKI 800 WEST 6TH STREET STE 1505 LOS ANGELES, CA 90017 (213) 542-2600

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Table with 6 columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

	Organizations (below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2022, 2023 (NEC)	2022, 2023 (NEC)	Related organizations
(1) STEPHEN PECK PRESIDENT & CEO	35.00	X		X				375,935	0	18,510
(2) DARRYL J VINCENT CHIEF OPERATING OFFICER	40.00			X				338,341	0	19,330
(3) DANIEL WARZENSKI CHIEF FINANCIAL OFFICER	30.00			X				273,373	0	16,702
(4) LANEY KAPGAN VP DEVELOPMENT	40.00				X			216,801	0	15,242
(5) CARLA FORD LEGAL COUNSEL	40.00					X		203,034	0	20,153
(6) JEFF COLEMAN VP FISCAL EVALUATION COMPLIANCE	40.00				X			198,584	0	20,053
(7) JESSICA ROHAC VP OPERATIONS AND COMPLIANCE	40.00				X			201,796	0	14,792
(8) LORI ALLGOOD VP & DIRECTOR OF HOUSING DEV	5.00				X			202,021	0	10,528
(9) LARRY WILLIAMS JR VICE PRESIDENT OF PROGRAMS	35.00				X			201,796	0	6,186
(10) DONALD GRADY VP OF HUMAN RESOURCES	40.00					X		186,938	0	16,268
(11) KIM COOK VP OF CLINICAL SERVICES	40.00					X		191,897	0	5,607
(12) SHALIMAR CABRERA NAT'L DIRECTOR OF EXEC LEADERSHIP	40.00					X		174,447	0	15,390
(13) JOVAN BOWLES DIR OF CORP & ENT. RELATIONS	40.00					X		156,883	0	13,444
(14) CARLOS CONTRERAS CHAIR	5.00	X		X				0	0	0
(15) BOB FOSTER VICE CHAIR	3.00	X		X				0	0	0
(16) PAUL LARKIN TREASURER	3.00	X		X				0	0	0
(17) DAVID L KIRMAN SECRETARY	5.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-)	(F) Estimated amount of other compensation from the organization and related
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	NEC)	NEC)	organizations
(18) STERLING BEAIR DIRECTOR	3.00	X						0	0	0
(19) JODY BRECKENRIDGE DIRECTOR	3.00	X						0	0	0
(20) JAMES CADET DIRECTOR	3.00	X						0	0	0
(21) WILFRED N COOPER DIRECTOR	3.00	X						0	0	0
(22) PAIGE CRAIG DIRECTOR	3.00	X						0	0	0
(23) JOSEPH A CZYZYK DIRECTOR (THRU 1/24)	3.00	X						0	0	0
(24) ROBERT A DEWS DIRECTOR	3.00	X						0	0	0
(25) HANS P GETTY DIRECTOR	3.00	X						0	0	0
(26) AMY GRAVITT DIRECTOR	3.00	X						0	0	0
(27) RENE JONES DIRECTOR (THRU 6/24)	3.00	X						0	0	0
(28) HERBERT A LAMPERT DIRECTOR	3.00	X						0	0	0
(29) JEROLD B NEUMAN DIRECTOR	3.00	X						0	0	0
(30) PETE PAWLING DIRECTOR	3.00	X						0	0	0
(31) ANDREA PLATE DIRECTOR	3.00	X						0	0	0
(32) MIKE ROOS DIRECTOR (THRU 2/24)	1.00	X						0	0	0
(33) WILLIAM TAYLOR DIRECTOR	3.00	X						0	0	0
(34) MARJORIE WILLIAMS DIRECTOR	3.00	X						0	0	0
<b>1b Sub-Total</b>										
<b>1c Total from continuation sheets to Part VII, Section A</b>										
<b>1d Total (add lines 1b and 1c)</b>								2,921,846	0	192,205

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 36

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
UMOM NEW DAY CENTERS INC	VA SUB	1,798,301

3333 E VAN BUREN ST  
PHOENIX, AZ 85008

KALIHI-PALAMA HEALTH CENTER

SUB CONTRACTOR

876,015

915 NORTH KING STREET  
HONOLULU, HI 96817

HABILITAT INC

FOOD SERVICES

737,795

PO 801  
KANE OHE, HI 96744

FIRST RATE STAFFING CORPORATION

SUB CONTRACTOR

656,948

12150 S BLOOMFIELD AVE STE B  
SANTA FE SPRINGS, CA 90670

CJ CATERING & BBQ

FOOD SERVICES

616,832

1824 EAST ARDMORE DR  
PHOENIX, AZ 850428039

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **30**

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Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b> Federated campaigns . . . . .				
<b>1b</b> Contributions, gifts, grants, and membership dues . . . . .	25,851			
<b>1c</b> Other fundraising events . . . . .	664,227			
<b>1d</b> Related organizations . . . . .				
<b>1e</b> Government grants (contributions) . . . . .	80,296,155			
<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	9,730,454			
<b>1g</b> Noncash contributions included in lines 1a - 1f: \$ . . . . .	85,589			
<b>h Total.</b> Add lines 1a-1f . . . . .	90,927,687			

Program Service Revenue	Business Code			
		(A)	(B)	(D)
<b>2a</b> RENT INCOME . . . . .	531390	2,783,622	2,783,622	
<b>2b</b> PROGRAM SERVICE FEES . . . . .	900099	1,533,272	1,533,272	
<b>2c</b> . . . . .				
<b>2d</b> . . . . .				
<b>2e</b> . . . . .				
<b>2f</b> All other program service revenue . . . . .		279,179	279,179	
<b>9 Total.</b> Add lines 2a-2f. . . . .		4,596,073		
<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		1,171,258		1,171,258
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .				
<b>5</b> Royalties . . . . .				

		(i) Real	(ii) Personal					
<b>Other Revenue</b>	<b>6a</b> Gross rents	<b>6a</b>						
	<b>b</b> Less: rental expenses	<b>6b</b>						
	<b>c</b> Rental income or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss)							
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		110,067				
	<b>c</b> Gain or (loss)	<b>7c</b>		-110,067				
	<b>d</b> Net gain or (loss)				-110,067			-110,067
	<b>a</b> Gross income from fundraising events (not including \$ 664,227 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		677,999				
	<b>b</b> Less: direct expenses	<b>8b</b>		1,574,431				
	<b>c</b> Net income or (loss) from fundraising events				-896,432			-896,432
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities								
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		224,884					
<b>b</b> Less: cost of goods sold	<b>10b</b>		127,839					
<b>c</b> Net income or (loss) from sales of inventory				97,045			97,045	
<b>11a</b> MISCELLANEOUS INCOME	Business Code	900099		170,361			170,361	
<b>b</b>								
<b>c</b>								
<b>d</b> All other revenue								
<b>e Total.</b> Add lines 11a-11d				170,361				
<b>12 Total revenue.</b> See instructions				95,955,925	4,596,073	0	432,165	

<b>Part IX Statement of Functional Expenses</b>				
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).				
Check if Schedule O contains a response or note to any line in this Part IX <input type="checkbox"/>				
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	15,234,255	15,234,255		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				

<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,186,151		2,103,889	82,262
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	31,077,947	25,518,285	4,547,151	1,012,511
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	388,670	346,235	30,391	12,044
<b>9</b> Other employee benefits . . . . .	9,033,342	7,061,981	1,689,079	282,282
<b>10</b> Payroll taxes . . . . .	2,785,499	2,192,000	502,455	91,044
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	466,588	14,171	452,417	
<b>c</b> Accounting . . . . .	169,151	13	169,138	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,667,854	5,782,030	734,191	151,633
<b>12</b> Advertising and promotion . . . . .	128,485	97,860		30,625
<b>13</b> Office expenses . . . . .	4,590,920	4,345,621	178,518	66,781
<b>14</b> Information technology . . . . .	851,179	30,640	741,972	78,567
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	14,565,210	13,707,598	733,626	123,986
<b>17</b> Travel . . . . .	1,079,210	587,125	424,646	67,439
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	157,556	54,965	42,972	59,619
<b>20</b> Interest . . . . .	56,883	15,799	41,080	4
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,551,998	854,188	463,863	233,947
<b>23</b> Insurance . . . . .	1,061,701	1,030,341	13,140	18,220
<b>24</b> 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.)				
<b>a</b> MEALS	3,686,637	3,641,943	2,802	41,892
<b>b</b> PROGRAM SUPPLIES	1,676,404	1,641,633	412	34,359
<b>c</b> LICENSES	530,251	305,846	222,721	1,684
<b>d</b> DUES AND SUBSCRIPTIONS	271,769	70,166	159,309	42,294
<b>e</b> All other expenses	626,490	403,334	117,068	106,088
<b>25 Total functional expenses.</b> Add lines 1 through 24e	98,844,150	82,936,029	13,370,840	2,537,281
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Part X Balance Sheet

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

	(A) Beginning of year		(B) End of year
<b>1</b> Cash-non-interest-bearing . . . . .	2,584,807	<b>1</b>	9,716,728
<b>2</b> Savings and temporary cash investments . . . . .	22,703,492	<b>2</b>	6,240,996
<b>3</b> Pledges and grants receivable, net . . . . .	1,076,893	<b>3</b>	8,064,232
<b>4</b> Accounts receivable, net . . . . .	11,612,160	<b>4</b>	16,042,158

<b>Assets</b>	<b>4</b>	Accounts receivable, net . . . . .		14,013,402	<b>4</b>	10,342,400	
	<b>5</b>	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 . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .		1,264,144	<b>7</b>	905,245	
	<b>8</b>	Inventories for sale or use . . . . .		24,774	<b>8</b>	2,775	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		841,347	<b>9</b>	630,474	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	13,629,387			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	8,147,460	6,038,483	<b>10c</b>	5,481,927
	<b>11</b>	Investments—publicly traded securities . . . . .			<b>11</b>		
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>		
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .			<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		14,805,805	<b>15</b>	21,461,765	
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		63,953,207	<b>16</b>	69,446,600	
	<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		9,599,191	<b>17</b>	10,601,382
		<b>18</b>	Grants payable . . . . .			<b>18</b>	
<b>19</b>		Deferred revenue . . . . .		3,971,358	<b>19</b>	2,773,843	
<b>20</b>		Tax-exempt bond liabilities . . . . .			<b>20</b>		
<b>21</b>		Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>		
<b>22</b>		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 . . . . .			<b>22</b>		
<b>23</b>		Secured mortgages and notes payable to unrelated third parties . . . . .		2,000,000	<b>23</b>	5,000,000	
<b>24</b>		Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
<b>25</b>		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 . . . . .		26,347,554	<b>25</b>	31,924,496	
<b>26</b>		<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		41,918,103	<b>26</b>	50,299,721	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	<b>27</b>	Net assets without donor restrictions . . . . .		7,770,134	<b>27</b>	10,658,025	
	<b>28</b>	Net assets with donor restrictions . . . . .		14,264,970	<b>28</b>	8,488,854	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>						
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>		
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>		
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>31</b>		
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		22,035,104	<b>32</b>	19,146,879	
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		63,953,207	<b>33</b>	69,446,600		

Form 990 (2023)

Part XI **Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	95,955,925
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	98,844,150
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-2,888,225
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	22,035,104
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0
<b>10</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	19,146,879

Part XII Financial Statements and Reporting

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

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?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis  Consolidated basis  Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis  Consolidated basis  Both consolidated and separate basis

c 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?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Table with 3 columns: Question ID, Yes, No. Rows 2a, 2b, 2c, 3a, 3b.

Form 990 (2023)

Form 990 (2023)

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Table with 2 columns: Name of the organization (UNITED STATES VETERANS INITIATIVE) and Employer identification number (95-4382752)

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e 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.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . . .	61,896,652	70,687,475	72,292,726	90,563,015	90,927,687	386,367,555
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	61,896,652	70,687,475	72,292,726	90,563,015	90,927,687	386,367,555
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						386,367,555

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4. . . . .	61,896,652	70,687,475	72,292,726	90,563,015	90,927,687	386,367,555
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	80,642	75,849	69,689	424,446	1,171,258	1,821,884
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	563,972	600,604	421,626	409,126	395,245	2,390,573
<b>11 Total support.</b> Add lines 7 through 10						390,580,012
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	22,125,360
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	98.920 %
<b>15</b> Public support percentage for 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.070 %
<b>16a 33 1/3% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

Schedule A (Form 990) 2023

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are . . . . .						

not an unrelated trade or business under section 513 . . . . .					
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .					
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge					
<b>6 Total.</b> Add lines 1 through 5					
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons					
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.					
<b>c</b> Add lines 7a and 7b. . .					
<b>8 Public support.</b> (Subtract line 7c from line 6.)					

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests-2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests-2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the		

determination.

- c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*
- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
  - b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
  - c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*
  - b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
  - c Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI**.*
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI**.*
  - b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI**.*
  - c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI**.*
- 10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
  - b** Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*

<b>3b</b>		
<b>3c</b>		
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		
<b>9c</b>		
<b>10a</b>		
<b>10b</b>		

Schedule A (Form 990) 2023

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b>.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in <b>Part VI</b> 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.</i>		
<b>2</b> 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? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
	<b>1</b>		

**Section D. All Type III Supporting Organizations**

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	<b>1</b>		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
	<b>2</b>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
	<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- a  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.
- c  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in **Part VI**.

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

Schedule A (Form 990) 2023

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	<b>1</b>	
2	Recoveries of prior-year distributions	<b>2</b>	
3	Other gross income (see instructions)	<b>3</b>	
4	Add lines 1 through 3	<b>4</b>	
5	Depreciation and depletion	<b>5</b>	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
7	Other expenses (see instructions)	<b>7</b>	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
a	Average monthly value of securities	<b>1a</b>	
b	Average monthly cash balances	<b>1b</b>	
c	Fair market value of other non-exempt-use assets	<b>1c</b>	

<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990) 2023

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

<b>Section D - Distributions</b>			<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>		
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>		
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>		
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>		
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>		
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>		
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>		
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>		
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>		
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>		
<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023:			
<b>a</b> From 2018. . . . .			
<b>b</b> From 2019. . . . .			
<b>c</b> From 2020. . . . .			
<b>d</b> From 2021. . . . .			
<b>e</b> From 2022. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7:			

\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019. . . . .			
<b>b</b> Excess from 2020. . . . .			
<b>c</b> Excess from 2021. . . . .			
<b>d</b> Excess from 2022. . . . .			
<b>e</b> Excess from 2023. . . . .			

Schedule A (Form 990) (2023)

Schedule A (Form 990) 2023

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

<b>Facts And Circumstances Test</b>

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	GROSS INCOME FROM SALES OF INVENTORY - 2019 AMOUNT: \$ 351,770. 2020 AMOUNT: \$ 261,237. 2021 AMOUNT: \$ 282,407. 2022 AMOUNT: \$ 279,230. 2023 AMOUNT: \$ 224,884. MISCELLANEOUS INCOME - 2019 AMOUNT: \$ 212,202. 2020 AMOUNT: \$ 339,367. 2021 AMOUNT: \$ 139,219. 2022 AMOUNT: \$ 129,896. 2023 AMOUNT: \$ 170,361.

Schedule A (Form 990) 2023

**Additional Data**

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**Software ID:**  
**Software Version:**

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990) Department of the Treasury Internal Revenue Service

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

2023

Table with 2 columns: Name of the organization (UNITED STATES VETERANS INITIATIVE) and Employer identification number (95-4382752)

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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

**Part I**

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Page 3

Name of organization UNITED STATES VETERANS INITIATIVE	Employer identification number 95-4382752
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
------------------------	--	--	----------------------

-	_____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____	_____ \$	_____

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

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Name of organization UNITED STATES VETERANS INITIATIVE	Employer identification number 95-4382752
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
(e) Transfer of gift		Relationship of transferor to transferee	
Transferee's name, address, and ZIP 4		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
(e) Transfer of gift		Relationship of transferor to transferee	
Transferee's name, address, and ZIP 4		_____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
------------------------	---------------------	-----------------	-------------------------------------

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Schedule B (Form 990) (2023)

**Additional Data**

[Return to Form](#)

Software ID:  
Software Version:

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Table with 2 columns: Name of the organization (UNITED STATES VETERANS INITIATIVE) and Employer identification number (95-4382752)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and organization policies.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Yes/No options. Includes questions 1-9 regarding conservation easements, including a sub-table for 'Held at the End of the Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Question number and Description. Includes questions 1a-1b and 2a-2b regarding collections of art and historical treasures.

Schedule D (Form 990) 2022

Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment
b Permanent endowment
c Term endowment
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2022

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DEPOSITS	684,184
(2) OPERATING LEASE RIGHT OF USE ASSETS	20,777,581
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	21,461,765

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	



**Software ID:**

**Software Version:**

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Name of the organization UNITED STATES VETERANS INITIATIVE

Employer identification number 95-4382752

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	<b>ANNIVERSARY CELEBRATION</b> (event type)	<b>STEPS FOR VETS</b> (event type)	<b>23</b> (total number)	(add col. (a) through col. (c))	
<b>1</b> Gross receipts . . . . .	387,309	248,052	706,865	1,342,226	
<b>2</b> Less: Contributions . . . . .	324,259	124,026	215,942	664,227	
<b>3</b> Gross income (line 1 minus line 2) . . . . .	63,050	124,026	490,923	677,999	
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .			200	
	<b>6</b> Rent/facility costs . . . . .		68	7,080	7,148
	<b>7</b> Food and beverages . . . . .	0	237	23,898	24,135
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	232,713	102,584	1,207,651	1,542,948
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				1,574,431
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-896,432	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .			
	<b>3</b> Noncash prizes . . . . .			
	<b>4</b> Rent/facility costs . . . . .			
	<b>5</b> Other direct expenses . . . . .			
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

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

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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**Schedule G (Form 990) 2023**

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization UNITED STATES VETERANS INITIATIVE

Employer identification number 95-4382752

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Schedule I (Form 990) 2023

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

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of noncash assistance, (e) Method of valuation (book, FMV, appraisal, other), (f) Description of noncash assistance. Row 1: (1) TEMPORARY FINANCIAL ASSISTANCE, 2680, 15,234,255.

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

Table with 2 columns: Return Reference, Explanation. Row 1: PART I, LINE 2: RECIPIENTS OF FINANCIAL ASSISTANCE ARE SELECTED BASED ON SPECIFIC CRITERIA IDENTIFIED IN A GRANT AGREEMENT. PERIODIC REVIEWS OF EXPENDITURES AND PROGRAM ACCOMPLISHMENTS ALLOW FURTHER MONITORING OF THE USE OF GRANT FUNDS.

Additional Data

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Software ID:
Software Version:

Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

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.

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (UNITED STATES VETERANS INITIATIVE) and Employer identification number (95-4382752)

Part I Questions Regarding Compensation

Table with 3 columns: Question (1a-9), Yes, No. Contains questions about compensation reporting, including travel, housing, and severance.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

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

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

Table with 7 columns: (A) Name and Title, (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC, (C) Retirement and other deferred compensation, (D) Nontaxable benefits, (E) Total of columns (B)(i)-(D), (F) Compensation in column (B) reported as deferred on prior Form 990. Lists individuals like Stephen Peck, Darryl J Vincent, Daniel Warzenski, and Laney Kappan.

5 CARLA FORD LEGAL COUNSEL	(i)	203,034	0	0	6,091	14,062	223,187	0
	(ii)	0	0	0	0	0	0	0
6 JEFF COLEMAN VP FISCAL EVALUATION COMPLIANCE	(i)	198,584	0	0	5,958	14,095	218,637	0
	(ii)	0	0	0	0	0	0	0
7 JESSICA ROHAC VP OPERATIONS AND COMPLIANCE	(i)	201,796	0	0	6,054	8,738	216,588	0
	(ii)	0	0	0	0	0	0	0
8 LORI ALLGOOD VP & DIRECTOR OF HOUSING DEV	(i)	202,021	0	0	0	10,528	212,549	0
	(ii)	0	0	0	0	0	0	0
9 LARRY WILLIAMS JR VICE PRESIDENT OF PROGRAMS	(i)	201,796	0	0	6,054	132	207,982	0
	(ii)	0	0	0	0	0	0	0
10 DONALD GRADY VP OF HUMAN RESOURCES	(i)	186,938	0	0	5,608	10,660	203,206	0
	(ii)	0	0	0	0	0	0	0
11 KIM COOK VP OF CLINICAL SERVICES	(i)	191,897	0	0	5,607	0	197,504	0
	(ii)	0	0	0	0	0	0	0
12 SHALIMAR CABRERA NAT'L DIRECTOR OF EXEC LEADERSHIP	(i)	174,447	0	0	5,233	10,157	189,837	0
	(ii)	0	0	0	0	0	0	0
13 JOVAN BOWLES DIR OF CORP & ENT. RELATIONS	(i)	156,883	0	0	4,706	8,738	170,327	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2023

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 3	COMPENSATION OF THE CEO IS APPROVED BY BOARD OF DIRECTORS EXECUTIVE COMMITTEE, AFTER A COMPREHENSIVE MARKET STUDY.
PART I, LINE 7	THE CEO, COO AND CFO RECEIVED A BONUS PAYMENT WHICH WAS INCLUDED IN FORM W-2 AND REPORTED ON SCHEDULE J, PART II, COLUMN B(II). THE BONUS FORMULA FOR THE CEO, COO, AND CFO WAS 5% OF BASE WAGES. THE BONUS IS REVIEWED AND APPROVED ANNUALLY BY THE BOARD'S COMPENSATION BASED ON THE OFFICER'S PERFORMANCE. THE BONUS TO THE VP & DIRECTOR OF HOUSING DEVELOPMENT IS PERFORMANCE BASED.

Schedule J (Form 990) 2023

**Additional Data**

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**Software ID:**  
**Software Version:**

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

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

Department of the Treasury Internal Revenue Service

Name of the organization UNITED STATES VETERANS INITIATIVE

Employer identification number 95-4382752

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art-Works of art, Art-Historical treasures, Art-Fractional interests, Books and publications, Clothing and household goods, Cars and other vehicles, Boats and planes, Intellectual property, Securities, Real estate, Collectibles, Food inventory, Drugs and medical supplies, Taxidermy, Historical artifacts, Scientific specimens, Archeological artifacts, and Other (SPECIAL EVENTS).

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. 30a: During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 31: Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a: Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 33: If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2023)

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBER OF DONATIONS IS BASED ON THE NUMBER OF ITEMS DONATED.

Schedule M (Form 990) (2023)

**Additional Data**

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Software ID:

Software Version:

<b>efile Public Visual Render</b>	<b>ObjectID: 202531149349300933 - Submission: 2025-04-24</b>	<b>TIN: 95-4382752</b>
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**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 [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization UNITED STATES VETERANS INITIATIVE	Employer identification number 95-4382752
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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION AMENDED ITS BYLAWS ON OCTOBER 24, 2023. CHANGES INCLUDE: - LISTING OF ITS MISSION AND RESTRICTION OF POLITICAL ACTIVITIES. - DEDICATION AND DISTRIBUTION OF ASSETS TO ONLY 501(C)(3) ORGANIZATIONS. - UPDATES TO THE NUMBER, TERM, AND DUTIES OF THE DIRECTORS AND OFFICERS.
FORM 990, PART VI, SECTION B, LINE 11B	THE FINAL VERSION OF FORM 990 IS SENT TO THE ENTIRE GOVERNING BOARD FOR REVIEW AND COMMENTS BEFORE THE FORM IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C	UNITED STATES VETERANS INITIATIVE PROVIDES KEY EMPLOYEES, OFFICERS, AND DIRECTORS WITH A COPY OF THE CONFLICT OF INTEREST POLICY UPON RECRUITMENT. THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF THE CEO IS DETERMINED BY THE BOARD OF DIRECTORS EXECUTIVE COMMITTEE, AFTER A COMPREHENSIVE MARKET STUDY. COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED AFTER MARKET STUDY, AND APPROVED BY THE BOARD OF DIRECTORS AS PART OF THE ANNUAL BUDGET APPROVAL PROCESS.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENT ARE AVAILABLE UPON WRITTEN REQUEST.

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

Cat. No. 51056K

Schedule O (Form 990) 2023

**Additional Data**

Return to Form

Software ID:

Software Version:

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2023

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Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization UNITED STATES VETERANS INITIATIVE

Employer identification number

95-4382752

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

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity.

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

Table with 8 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No).

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

Cat. No. 50135Y

Schedule R (Form 990) 2023

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

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership.

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

Table with 9 columns: (a) Name, address, and EIN of; (b) Primary activity; (c) Legal; (d) Direct controlling; (e) Type of entity; (f) Share of total; (g) Share of end-of-year; (h) Percentage; (i) Section 512(b)(13).

related organization	domicile (state or foreign country)	entity	(L corp, S corp, or trust)	income	or-year assets	ownership	controlled entity?	
							Yes	No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) US VETS - ARIZONA	Q	266,844	FMV
(2) US VETS - TEXAS	Q	147,575	FMV
(3) US VETS - TEXAS	E	98,381	BALANCE
(4) US VETS - HOUSING CORP	D	11,665,869	BALANCE
(5) US VETS - ARIZONA	D	76,857	BALANCE

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

