

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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) Room/suite: 800 WEST 6TH STREET NO 1505
 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 \$ 67,083,289

F Name and address of principal officer:
 STEPHEN PECK
 800 WEST 6TH STREET NO 1505
 LOS ANGELES, CA 90017

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
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: 1993 **M** State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 THE SUCCESSFUL TRANSITION OF MILITARY VETERANS AND THEIR FAMILIES THROUGH THE PROVISION OF HOUSING, COUNSELING, CAREER DEVELOPMENT AND COMPREHENSIVE SUPPORT.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | |
|--|-----------|-------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 13 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 639 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 4,438 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0 |

| | Prior Year | Current Year |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 52,424,429 | 61,896,652 |
| 9 Program service revenue (Part VIII, line 2g) | 3,695,739 | 4,392,661 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 81,464 | -63,475 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 5,775 | 12,075 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 56,207,407 | 66,237,913 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 7,459,392 | 7,145,087 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 24,569,504 | 27,328,569 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,458,426 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 24,682,257 | 27,332,783 |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 56,711,153 | 61,806,439 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -503,746 | 4,431,474 |

| | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 20,376,366 | 30,690,916 |
| 21 Total liabilities (Part X, line 26) | 9,271,588 | 15,154,664 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 11,104,778 | 15,536,252 |

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 any knowledge.

Sign Here

Signature of officer: *****
 Date: 2021-03-04

STEPHEN PECK PRESIDENT & CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ARMANINO LLP
 Preparer's signature: [Signature]
 Date: 2021-03-04
 Check if self-employed
 PTIN: P00650274
 Firm's EIN: 94-6214841
 Firm's address: 12657 ALCOSTA BLVD STE 500, SAN RAMON, CA 945834600
 Phone no. (925) 790-2600

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

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 [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 12,730,584 including grants of \$ 5,375,763) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 5,796,272 including grants of \$ 57,071) (Revenue \$ 186,348)
See Additional Data

4c (Code:) (Expenses \$ 4,684,911 including grants of \$ 1,287,982) (Revenue \$ 213,791)
See Additional Data

(Code:) (Expenses \$ 28,339,075 including grants of \$ 424,271) (Revenue \$ 3,992,522)

DURING THE YEAR ENDING JUNE 30, 2020, U.S.VETS PROVIDED THE FOLLOWING OTHER PROGRAM SERVICES: CLINICAL TREATMENT THIS PROGRAM IS ONE OF THE MODELS WITHIN THE OVERARCHING VETERANS IN PROGRESS TRANSITIONAL HOUSING PROGRAM. THE CLINICAL TREATMENT PROGRAM ASSISTS HOMELESS VETERANS WITH A SPECIFIC DIAGNOSIS RELATED TO A SUBSTANCE-USE DISORDER AND/OR MENTAL-HEALTH DIAGNOSIS. CLINICALLY FOCUSED TREATMENT IS PROVIDED IN CONJUNCTION WITH SERVICES EFFECTIVE IN HELPING HOMELESS VETERANS SECURE PERMANENT HOUSING AND INCREASE INCOME THROUGH BENEFITS AND/OR EMPLOYMENT. THIS PROGRAM IS OPERATED IN WASHINGTON, D.C., HOUSTON, PHOENIX, PRESCOTT, LAS VEGAS, LONG BEACH, INGLEWOOD, AND BARBER'S POINT. BRIDGE HOUSING THIS PROGRAM IS ONE OF THE MODELS WITHIN THE OVERARCHING VETERANS IN PROGRESS TRANSITIONAL HOUSING PROGRAM. THE BRIDGE HOUSING PROGRAM ASSISTS HOMELESS VETERANS THAT HAVE BEEN OFFERED AND ACCEPTED A PERMANENT HOUSING INTERVENTION BUT ARE NOT ABLE TO IMMEDIATELY ENTER THE PERMANENT HOUSING. BRIDGE HOUSING IS INTENDED TO BE A SHORT-TERM STAY IN TRANSITIONAL HOUSING FOR VETERANS WITH PRE-IDENTIFIED PERMANENT HOUSING DESTINATIONS. OFTEN VETERANS ARE PENDING OR CONTROLLED IN ANOTHER PROGRAM THAT ASSISTS WITH BRIDGING VETERANS TO PERMANENT HOUSING SUCH AS SUPPORTIVE SERVICES FOR VETERANS FAMILIES (SSVF), DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT-VA SUPPORTIVE HOUSING (HUD--V ASH), AND HOUSING COALITION/CONTINUUM OF CARE (COC). THIS PROGRAM IS OPERATED IN WASHINGTON, D.C., HOUSTON, PHOENIX, PRESCOTT, LAS VEGAS, LONG BEACH, INGLEWOOD, AND BARBER'S POINT. IN ADDITION, LONG BEACH HAS A PROGRAM SPECIFICALLY FOR BRIDGE HOUSING FOR WOMEN. 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. WORKFORCE PROGRAM U.S.VETS PROVIDES EMPLOYMENT PLACEMENT SERVICES TO EXPEDITE THE REINTEGRATION OF HOMELESS AND AT-RISK VETERANS INTO THE WORKFORCE BY ELIMINATING SIGNIFICANT EMPLOYMENT BARRIERS, SECURING TRAINING AND EMPLOYMENT OPPORTUNITIES AND PROVIDING THE TOOLS THAT WILL HELP ENSURE JOB RETENTION. THESE SERVICES ARE PROVIDED IN INGLEWOOD, LONG BEACH, INLAND EMPIRE, LAS VEGAS, HOUSTON, PRESCOTT, PHOENIX, HAWAII, AND WASHINGTON, D.C. CHAMPS (CHRONICALLY HOMELESS ASPIRING FOR MAINTENANCE PROGRAM) THIS PERMANENT SUPPORTIVE HOUSING PROGRAM PROVIDES RENTAL ASSISTANCE SUBSIDIES AND SUPPORTIVE SERVICES INCLUDING OUTREACH, CASE MANAGEMENT, SOBRIETY SUPPORT (IF APPLICABLE), LIFE SKILLS, AND PARTICIPATION IN THERAPEUTIC GROUPS (IF APPLICABLE) FOR HOMELESS VETERANS WHO QUALIFY AS CHRONICALLY HOMELESS AND HAVE A MEDICALLY-CERTIFIED DISABILITY. THE GOALS OF THIS PROGRAM ARE HOUSING RETENTION, INCREASED INCOME AND BENEFITS AND INCREASED SELF-DETERMINATION. THIS PROGRAM IS OPERATED IN LAS VEGAS, HAWAII, LONG BEACH, AND HOUSTON. EMERGENCY BEDS/SAFE HAVEN THIS PROGRAM PROVIDES EMERGENCY AND TEMPORARY HOUSING TO HOMELESS VETERANS, PRIMARILY THOSE RECEIVING VETERANS ADMINISTRATION ("VA") HEALTH CARE SERVICES AND RESIDING IN SAFE HAVEN, RESPITE, OR EMERGENCY BEDS. THIS PROGRAM ALSO PROVIDES CRISIS/BRIDGE HOUSING TO HOMELESS INDIVIDUALS IN WHICH U.S.VETS PROVIDES SERVICES FOR VETERANS AND A SUBCONTRACTED AGENCY PROVIDES SERVICES FOR NON-VETERANS. IN ADDITION, U.S.VETS OPERATED A WINTER SHELTER FOR HOMELESS INDIVIDUALS FOR THE CITY OF LONG BEACH. EMERGENCY HOUSING PROGRAMS ARE OPERATED IN LONG BEACH, HAWAII, INLAND EMPIRE, AND INGLEWOOD. WAI'ANAE CIVIC CENTER THIS PROGRAM PROVIDES SUPPORTIVE SERVICES AND TRANSITIONAL HOUSING TO HOMELESS VETERAN AND NON-VETERAN INDIVIDUALS AND THEIR FAMILIES. THE PROJECT WAS INITIATED AND IS FUNDED BY THE STATE OF HAWAII IN A CONCENTRATED EFFORT TO PROVIDE EMERGENCY HOUSING FOR THE HOMELESS POPULATION IN WAIANAE, HAWAII. SUPPORTIVE SERVICES INCLUDE OUTREACH, MEALS, CASE MANAGEMENT, AND SOBRIETY SUPPORT AND EMPLOYMENT ASSISTANCE. TRANSITION IN PLACE THE "TRANSITION IN PLACE" HOUSING MODEL OFFERS RESIDENTS HOUSING IN WHICH SUPPORT SERVICES TRANSITION OUT OF THE RESIDENCE OVER TIME, RATHER THAN THE RESIDENT. THIS LEAVES THE RESIDENT IN PLACE AT THE RESIDENCE AND NOT FORCED TO FIND OTHER HOUSING IN 24 MONTHS OR LESS. THE GOAL IS TO CONVERT EXISTING SUITABLE APARTMENT STYLE HOUSING WHERE HOMELESS VETERAN PARTICIPANTS RECEIVE TIME LIMITED SUPPORTIVE SERVICES OPTIMALLY FOR A PERIOD OF 6-12 MONTHS, BUT NOT TO EXCEED 24 MONTHS INTO A PERMANENT HOUSING OUTCOME FOR THE VETERAN. UPON TRANSITION OF HOUSING/PROGRAM COMPLETION, THE VETERAN MUST BE ABLE TO "TRANSITION IN PLACE" BY ASSUMING THE LEASE OR OTHER LONG-TERM AGREEMENT WHICH ENABLES THE UNIT IN WHICH HE OR SHE RESIDES TO BE CONSIDERED THE VETERAN'S 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 SERVICES INTENSIVE TRANSITIONAL HOUSING.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 28,339,075 including grants of \$ 424,271) (Revenue \$ 3,992,522)

4e Total program service expenses 51,550,842

Part IV Checklist of Required Schedules

| | | Yes | No |
|------------|---|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| 11a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | Yes | |
| 11b | 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 |
| 11c | 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 |
| 11d | 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 | | No |
| 11e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | Yes | |
| 11f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | | No |
| 12b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| 14b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | No |
| 20b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | No |

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

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 []

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 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.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JOE CZYZYK CHAIR | 10.00 9.00 | X | | X | | | 0 | 0 | 0 | |
| (2) LINDA MILES CO-VICE CHAIR | 5.00 | X | | X | | | 0 | 0 | 0 | |
| (3) MIKE ROOS CO-VICE CHAIR | 5.00 | X | | X | | | 0 | 0 | 0 | |
| (4) HAL LAMPERT TREASURER | 5.00 6.00 | X | | X | | | 0 | 0 | 0 | |
| (5) MIKE MURRAY LEFT 1019 SECRETARY | 5.00 | X | | X | | | 0 | 0 | 0 | |
| (6) ADAM SIEGLER ASSISTANT SECRETARY | 3.00 | X | | X | | | 0 | 0 | 0 | |
| (7) JODY BRECKENRIDGE BOARD MEMBER | 3.00 | X | | | | | 0 | 0 | 0 | |
| (8) WILFRED COOPER BOARD MEMBER | 3.00 | X | | | | | 0 | 0 | 0 | |
| (9) BOB FOSTER BOARD MEMBER | 3.00 | X | | | | | 0 | 0 | 0 | |
| (10) DAVID KIRMAN BOARD MEMBER | 3.00 | X | | | | | 0 | 0 | 0 | |
| (11) JEROLD NEUMAN BOARD MEMBER | 3.00 | X | | | | | 0 | 0 | 0 | |
| (12) PETE PAWLING BOARD MEMBER | 3.00 | X | | | | | 0 | 0 | 0 | |
| (13) CARLOS CONTRERAS START 719 BOARD MEMBER | 3.00 | X | | | | | 0 | 0 | 0 | |
| (14) STEPHEN PECK PRESIDENT & CEO | 40.00 10.00 | X | | X | | | 319,616 | 0 | 14,854 | |
| (15) DARRYL VINCENT COO | 40.00 | | | X | | | 281,556 | 0 | 15,462 | |
| (16) DANIEL WARZENSKI CFO | 40.00 | | | X | | | 219,688 | 0 | 12,173 | |
| (17) LANEY KAPGAN VP DEVELOPMENT | 40.00 | | | | | X | 170,177 | 0 | 12,180 | |

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 below dotted line) | (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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|-----------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) JAMES LYNCH VP DIRECTOR OF HR | 40.00 | | | | | X | 165,417 | 0 | 4,963 | |
| (19) LORI ALLGOOD VP AND DIRECTOR OF HOUSING | 40.00 | | | | | X | 159,240 | 0 | 7,943 | |
| (20) JESSICA ROHAC VP OPERATIONS & COMPLIANCE | 40.00 | | | | | X | 154,466 | 0 | 11,702 | |
| (21) LARRY WILLIAMS JR NATIONAL DIRECTOR OF PROGRAMS | 40.00 | | | | | X | 153,885 | 0 | 5,511 | |
| 1b Sub-Total | | | | | | | | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| 1d Total (add lines 1b and 1c) | | | | | | | 1,624,045 | 0 | 84,788 | |

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 **▶ 14**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former 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 |
|--|--------------------------------|---------------------|
| KALIHI-PALAMA HEALTH CENTER 915 NORTH KING STREET HONOLULU, HI 96817 | CASE MANAGEMENT | 555,953 |
| ISLAND CATERING SERVICE INC 94-252 PUPUOLE STREET WAIPAHU, HI 96797 | FOOD SERVICES | 501,163 |
| SHAMROCK FOODS COMPANY PO BOX 843539 LOS ANGELES, CA 900843539 | FOOD SERVICES | 384,332 |
| MENTAL HEALTH AMERICA OF LOS ANGELES PO BOX 21052 LONG BEACH, CA 90802 | CASE MANAGEMENT | 295,036 |
| FIRST RATE STAFFING CORP 12150 BLOOMFIELD AVE B SANTA FE SPRINGS, CA 90670 | STAFFING AGENCY | 248,474 |

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 **▶ 11**

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 | |
|--|--|---|----------------------|--|---|--|----------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | 77,478 | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 756,493 | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 51,602,469 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 9,460,212 | | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g | 159,092 | | | | |
| | h Total. Add lines 1a-1f | | | 61,896,652 | | | |
| Program Service Revenue | 2a RENT INCOME | | Business Code | | | | |
| | | | 531390 | 2,314,921 | 2,314,921 | | |
| | b PROGRAM SERVICE FEES | | 900099 | 1,649,169 | 1,649,169 | | |
| | c PROPERTY DEVELOPER FEE | | 900099 | 428,571 | 428,571 | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue. | | | | | | |
| g Total. Add lines 2a-2f. | | | 4,392,661 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 80,642 | | 80,642 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | | 6b Less: rental expenses | | | | | |
| | | 6c Rental income or (loss) | | | | | |
| | | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | 7b Less: cost or other basis and sales expenses | | | 144,117 | | |
| | | 7c Gain or (loss) | | | -144,117 | | |
| | | d Net gain or (loss) | | | -144,117 | | -144,117 |
| | 8a Gross income from fundraising events (not including \$ 756,493 of contributions reported on line 1c). See Part IV, line 18 | | | | | | |
| | | 8b Less: direct expenses | | 149,362 | 502,349 | | |
| | | c Net income or (loss) from fundraising events | | | -352,987 | | -352,987 |
| | 9a Gross income from gaming activities. See Part IV, line 19 | | | | | | |
| | | 9b Less: direct expenses | | | | | |
| | | c Net income or (loss) from gaming activities | | | | | |
| 10a Gross sales of inventory, less returns and allowances | | | | | | | |
| | 10b Less: cost of goods sold | | 351,770 | 198,910 | | | |
| | c Net income or (loss) from sales of inventory | | | 152,860 | | 152,860 | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a MISCELLANEOUS INCOME | | 900099 | 212,202 | | | 212,202 | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 212,202 | | | | |
| 12 Total revenue. See instructions | | | 66,237,913 | 4,392,661 | 0 | -51,400 | |

Part IX Statement of Functional Expenses

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 7,145,087 | 7,145,087 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 899,755 | | 899,755 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 21,169,445 | 16,462,121 | 3,957,885 | 749,439 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 264,414 | 217,587 | 37,031 | 9,796 |
| 9 Other employee benefits | 3,394,792 | 2,611,310 | 664,587 | 118,895 |
| 10 Payroll taxes | 1,600,163 | 1,232,348 | 328,038 | 39,777 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 177,389 | 1,530 | 175,859 | |
| c Accounting | 97,210 | | 97,210 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 4,062,978 | 3,716,156 | 225,179 | 121,643 |
| 12 Advertising and promotion | 192,633 | 171,771 | | 20,862 |
| 13 Office expenses | 2,297,869 | 1,807,776 | 396,039 | 94,054 |
| 14 Information technology | 516,060 | | 509,121 | 6,939 |
| 15 Royalties | | | | |
| 16 Occupancy | 10,569,335 | 10,186,216 | 333,361 | 49,758 |
| 17 Travel | 945,695 | 741,085 | 182,377 | 22,233 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 51,389 | 28,536 | 12,217 | 10,636 |
| 20 Interest | 140,345 | 47,270 | 93,075 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,104,967 | 539,192 | 406,719 | 159,056 |
| 23 Insurance | 619,400 | 604,409 | 5,314 | 9,677 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a MEALS | 2,611,591 | 2,595,816 | 151 | 15,624 |
| b PROGRAM SUPPLIES | 2,120,331 | 2,096,281 | | 24,050 |
| c MAINTENANCE AND REPAIRS | 906,282 | 893,536 | 7,787 | 4,959 |
| d IMPAIRMENT LOSS | 456,859 | | 456,859 | |
| e All other expenses | 462,450 | 452,815 | 8,607 | 1,028 |
| 25 Total functional expenses. Add lines 1 through 24e | 61,806,439 | 51,550,842 | 8,797,171 | 1,458,426 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

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 |
|---|--|--------------------------|------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 2,363,174 | 1 | 6,118,038 |
| | 2 Savings and temporary cash investments | 0 | 2 | 2,570,595 |
| | 3 Pledges and grants receivable, net | 690,415 | 3 | 716,168 |
| | 4 Accounts receivable, net | 5,200,847 | 4 | 8,605,409 |
| | 5 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 | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | 2,276,045 | 7 | 1,997,353 |
| | 8 Inventories for sale or use | 21,965 | 8 | 8,407 |
| | 9 Prepaid expenses and deferred charges | 289,176 | 9 | 371,400 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 17,484,300 | | |
| | b Less: accumulated depreciation | 7,213,993 | | |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 325,787 | 15 | 33,239 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 20,376,366 | 16 | 30,690,916 | |
| Liabilities | 17 Accounts payable and accrued expenses | 4,847,733 | 17 | 7,399,542 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 158,599 | 19 | 811,263 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 2,648,446 | 23 | 4,242,095 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 1,616,810 | 25 | 2,701,764 |
| | 26 Total liabilities. Add lines 17 through 25 | 9,271,588 | 26 | 15,154,664 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 7,439,688 | 27 | 8,409,506 |
| | 28 Net assets with donor restrictions | 3,665,090 | 28 | 7,126,746 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 11,104,778 | 32 | 15,536,252 | |
| 33 Total liabilities and net assets/fund balances | 20,376,366 | 33 | 30,690,916 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 66,237,913 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 61,806,439 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 4,431,474 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 11,104,778 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 15,536,252 |

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 in 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 Single Audit Act and OMB Circular A-133?
- 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.

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | Yes | |
| 3b | Yes | |

Additional Data

Software ID:

Software Version:

EIN: 95-4382752

Name: UNITED STATES VETERANS INITIATIVE

Form 990 (2019)

Form 990, Part III, Line 4a:

SUPPORTIVE SERVICES FOR VETERAN FAMILIESTHIS 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. THIS PROGRAM IS OPERATED IN LOS ANGELES AT PATRIOTIC HALL, INGLEWOOD, LONG BEACH, THE INLAND EMPIRE, LAS VEGAS, WASHINGTON, D.C., HOUSTON, PHOENIX, AND HAWAII.

Form 990, Part III, Line 4b:

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.

Form 990, Part III, Line 4c:

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

SCHEDULE A
(Form 990 or 990-EZ)

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
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED STATES VETERANS INITIATIVE

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).** (Attach Schedule E (Form 990 or 990-EZ).)
- 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).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 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. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - 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).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| Total | | | | | | |

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 (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|--|------------|------------|------------|------------|------------|-------------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") | 42,495,794 | 49,269,998 | 48,026,617 | 52,424,429 | 61,896,652 | 254,113,490 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge.. . . . | | | | | | |
| 4 | Total. Add lines 1 through 3 | 42,495,794 | 49,269,998 | 48,026,617 | 52,424,429 | 61,896,652 | 254,113,490 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 254,113,490 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|--|------------|------------|------------|------------|------------|-------------|
| 7 | Amounts from line 4. | 42,495,794 | 49,269,998 | 48,026,617 | 52,424,429 | 61,896,652 | 254,113,490 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 98,982 | 94,800 | 90,361 | 85,648 | 80,642 | 450,433 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). | 1,440,538 | 1,858,833 | 1,550,478 | 628,103 | 713,334 | 6,191,286 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 260,755,209 |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 18,366,972 |

13 First five 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

| | | | |
|-----------|--|-----------|----------|
| 14 | Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 97.450 % |
| 15 | Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | 97.190 % |

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2018.** 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 **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2019.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2018.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c | Add lines 7a and 7b. | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6. | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c | Add lines 10a and 10b. | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five 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

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2019. 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—2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b | A family member of a person described in (a) above? | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

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? | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 | By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

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 | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 | Activities Test. Answer (a) and (b) 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? <i>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.</i> | Yes | No |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i> | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <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) | | |

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

| Section D - Distributions | Current Year |
|--|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|--|---|---|--|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

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).

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|--|---|
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME: | GROSS INCOME FROM FUNDRAISING - 2015 AMOUNT: \$ 559,144. 2016 AMOUNT: \$ 379,410. 2017 AMOUNT: \$ 867,563. 2018 AMOUNT: \$ 82,339. 2019 AMOUNT: \$ 149,362. GROSS INCOME FROM SALES OF INVENTORY - 2015 AMOUNT: \$ 596,536. 2016 AMOUNT: \$ 422,426. 2017 AMOUNT: \$ 374,369. 2018 AMOUNT: \$ 364,365. 2019 AMOUNT: \$ 351,770. MISCELLANEOUS INCOME - 2015 AMOUNT: \$ 284,858. 2016 AMOUNT: \$ 1,056,997. 2017 AMOUNT: \$ 308,546. 2018 AMOUNT: \$ 181,399. 2019 AMOUNT: \$ 212,202. |

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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.

Name of the organization UNITED STATES VETERANS INITIATIVE

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year. Includes questions about donor notification and grant fund usage.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, monitoring, and expenses. Includes a 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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

- 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.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 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** Temporarily restricted 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

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 586,980 | | 586,980 |
| b Buildings | | 3,405,714 | 355,217 | 3,050,497 |
| c Leasehold improvements | | 4,872,512 | 4,844,608 | 27,904 |
| d Equipment | | 5,613,334 | 2,014,168 | 3,599,166 |
| e Other | | 3,005,760 | | 3,005,760 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 10,270,307 |

Part VII Investments—Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (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) | | |
| Total. (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) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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 | |
| (1) CONDITIONAL CONTRIBUTIONS - BUILDING | 1,082,283 |
| (2) CONDITIONAL CONTRIBUTIONS - LAND | 583,000 |
| (3) VENDOR SETTLEMENT | 90,961 |
| (4) DEFERRED SPACE COST PAYABLE | 118,967 |
| (5) CUSTODIAL FUNDS | 72,810 |
| (6) PPP LOAN | 753,743 |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 2,701,764 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|--|
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | |

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
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| | |

Additional Data

Software ID:

Software Version:

EIN: 95-4382752

Name: UNITED STATES VETERANS INITIATIVE

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART X, LINE 2: | U.S.VETS IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701(D). U.S. VETS IS CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1) AND 170(B)(A)(VI) OF THE IRC. U.S.VETS ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB"), ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC NO. 740, AND ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ("ASC 740"), WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS IN ACCORDANCE WITH FASB STATEMENT NO. 109, "ACCOUNTING FOR INCOME TAXES, AND PRESCRIBES A MODEL FOR RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. ASC 740 ALSO PROVIDES GUIDANCE ON DE-RECOGNITION OF TAX BENEFITS, CLASSIFICATION ON THE STATEMENT OF FINANCIAL ACTIVITIES, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION. U.S. VETS HAS DETERMINED THAT THE ADOPTION OF ASC 740 DID NOT RESULT IN THE RECOGNITION OF ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS AND THAT THERE ARE NO UNRECOGNIZED TAX BENEFITS THAT WOULD, IF RECOGNIZED, AFFECT THE EFFECTIVE TAX RATE. U.S. VETS' INFORMATIONAL RETURNS ARE SUBJECT TO EXAMINATION FOR ALL TAX YEARS ENDED ON OR AFTER JUNE 30, 2017 WITH REGARDS TO ALL TAX POSITIONS AND THE RESULTS REPORTED. |

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 |
|-----------------|--|--|--|-----------------------------|---------------------------------|
| | | ANNIVERSARY CELEBRATION (event type) | SIGNATURE EVENT (event type) | 11 (total number) | (add col. (a) through col. (c)) |
| 1 | Gross receipts | 460,864 | 165,777 | 279,214 | 905,855 |
| 2 | Less: Contributions | 455,709 | 137,884 | 162,900 | 756,493 |
| 3 | Gross income (line 1 minus line 2) | 5,155 | 27,893 | 116,314 | 149,362 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 121,097 | 28,881 | 72,250 | 222,228 |
| | 7 Food and beverages | 105,344 | | 24,793 | 130,137 |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 88,099 | 4,478 | 57,407 | 149,984 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 502,349 |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -352,987 |

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)) |
|-----------------|---|---|---|---|--|
| | | 1 | Gross revenue | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 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 | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 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 | 13a | % |
| b An outside facility | 13b | % |

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 |
|------------------|-------------|
|------------------|-------------|

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

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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...
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.

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.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|------------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) TEMPORARY FINANCIAL ASSISTANCE | 1718 | 7,145,087 | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|------------------|--|
| 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. |

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

| | |
|---|--|
| Name of the organization UNITED STATES VETERANS INITIATIVE | Employer identification number 95-4382752 |
|---|--|

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----------|-----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | |
| <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? | 2 | |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | |
| <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| a Receive a severance payment or change-of-control payment? | 4a | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | No |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a The organization? | 5a | No |
| b Any related organization? | 5b | No |
| If "Yes," on line 5a or 5b, describe in Part III. | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| a The organization? | 6a | No |
| b Any related organization? | 6b | No |
| If "Yes," on line 6a or 6b, describe in Part III. | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | 7 | Yes |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | 8 | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (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 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 STEPHEN PECK PRESIDENT & CEO | (i) | 291,116 | 28,500 | 0 | 7,005 | 7,849 | 334,470 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 DARRYL VINCENT COO | (i) | 255,906 | 25,650 | 0 | 7,871 | 7,591 | 297,018 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 DANIEL WARZENSKI CFO | (i) | 203,976 | 15,712 | 0 | 5,122 | 7,051 | 231,861 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 LANEY KAPGAN VP DEVELOPMENT | (i) | 170,177 | 0 | 0 | 5,129 | 7,051 | 182,357 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 JAMES LYNCH VP DIRECTOR OF HR | (i) | 165,417 | 0 | 0 | 4,963 | 0 | 170,380 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 LORI ALLGOOD VP AND DIRECTOR OF HOUSING | (i) | 159,240 | 0 | 0 | 0 | 7,943 | 167,183 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 JESSICA ROHAC VP OPERATIONS & COMPLIANCE | (i) | 154,466 | 0 | 0 | 4,651 | 7,051 | 166,168 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 LARRY WILLIAMS JR NATIONAL DIRECTOR OF PROGRAMS | (i) | 153,885 | 0 | 0 | 4,651 | 860 | 159,396 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |
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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 DETERMINED BY BOARD OF DIRECTORS EXECUTIVE COMMITTEE, AFTER A COMPREHENSIVE MARKET STUDY. |
| PART I, LINE 7 | THE CEO, COO, AND CFO RECEIVED A BONUS PAYMENT AND THE PAYMENT WAS INCLUDED IN FORM W-2 AND REPORTED ON SCHEDULE J, PART II, COLUMN B (II). THE BONUS FORMULA FOR THE CEO AND COO WAS 10% OF THE BASE WAGE AND THE CFO WAS 7.5% OF BASE WAGE. THE BONUS IS REVIEWED AND APPROVED ANNUALLY BY THE BOARD'S COMPENSATION COMMITTEE BASED ON THE OFFICER'S PERFORMANCE. |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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.**

Open to Public Inspection

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

| | (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 |
|--|----------------------------|---|--|---|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 1 | 8,052 | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (VARIOUS GOODS) | X | 578 | 151,040 | FMV |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

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 | |
|-----------|--|

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?

| | Yes | No |
|------------|-----|----|
| 30a | | No |

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

| | | |
|-----------|-----|--|
| 31 | Yes | |
|-----------|-----|--|

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

| | | |
|------------|--|----|
| 32a | | No |
|------------|--|----|

b If "Yes," describe in Part II.

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.

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 O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

UNITED STATES VETERANS INITIATIVE

Employer identification number

95-4382752

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------------|---|
| FORM 990, PART XII, LINE 2C: | THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR. |

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

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.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|--------------------------------|--|---------------------|---------------------------|-----------------------------------|
| (1) US VETS E STREET LLC 800 WEST 6TH STREET STE 1505 LOS ANGELES, CA 90017 81-1751742 | DEVELOPMENT OF VETERAN HOUSING | CA | 0 | 457,373 | UNITED STATES VETERANS INITIATIVE |
| (2) US VETS 17TH STREET LLC 800 WEST 6TH STREET STE 1505 LOS ANGELES, CA 90017 82-1780531 | DEVELOPMENT OF VETERAN HOUSING | CA | 0 | 322,454 | UNITED STATES VETERANS INITIATIVE |
| (3) US VETS MVV BUILDING 1 LLC 800 WEST 6TH STREET STE 1505 LOS ANGELES, CA 90017 83-1149054 | DEVELOPMENT OF VETERAN HOUSING | CA | 0 | 1,683,283 | UNITED STATES VETERANS INITIATIVE |
| (4) US VETS VENTURA LLC 800 WEST 6TH STREET STE 1505 LOS ANGELES, CA 90017 84-3252086 | DEVELOPMENT OF VETERAN HOUSING | CA | 0 | 4,263 | UNITED STATES VETERANS INITIATIVE |
| | | | | | |
| | | | | | |

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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|--------------------------------|--|----------------------------|---|-----------------------------------|---|----|
| | | | | | | Yes | No |
| (1) US VETS - ARIZONA 800 WEST 6TH STREET STE 1505 LOS ANGELES, CA 90017 45-3683043 | VETERANS SUPPORT/HOUSING | AZ | 501(C)(3) | LINE 12A, I | UNITED STATES VETERANS INITIATIVE | Yes | |
| (2) US VETS - TEXAS 800 WEST 6TH STREET STE 1505 LOS ANGELES, CA 90017 45-5126753 | VETERANS SUPPORT/HOUSING | TX | 501(C)(3) | LINE 12A, I | UNITED STATES VETERANS INITIATIVE | Yes | |
| (3) USVETS HOUSING CORPORATION 800 WEST 6TH STREET STE 1505 LOS ANGELES, CA 90017 84-2613244 | DEVELOPMENT OF VETERAN HOUSING | CA | 501(C)(3) | LINE 12A, I | UNITED STATES VETERANS INITIATIVE | Yes | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (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 | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
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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 |
|--|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | No |
| b Gift, grant, or capital contribution to related organization(s) | | No |
| c Gift, grant, or capital contribution from related organization(s) | | No |
| d Loans or loan guarantees to or for related organization(s) | | No |
| e Loans or loan guarantees by related organization(s) | Yes | |
| f Dividends from related organization(s) | | No |
| g Sale of assets to related organization(s) | | No |
| h Purchase of assets from related organization(s) | | No |
| i Exchange of assets with related organization(s) | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | Yes | |
| o Sharing of paid employees with related organization(s) | | No |
| p Reimbursement paid to related organization(s) for expenses | | No |
| q Reimbursement paid by related organization(s) for expenses | Yes | |
| r Other transfer of cash or property to related organization(s) | | No |
| s Other transfer of cash or property from related organization(s) | | 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 | E | 444,320 | FMV |
| (2)US VETS - TEXAS | E | 106,270 | FMV |
| (3)US VETS - ARIZONA | Q | 694,416 | BALANCE |
| (4)US VETS - TEXAS | Q | 402,740 | FMV |
| | | | |
| | | | |

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

| Return Reference | Explanation |
|-------------------------|--------------------|
| | |