Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print US SUBMARINE VETERANS' CHARITABLE FOUNDA 95-4830806 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1065 CORAL RIDGE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 97524 EAGLE POINT, OR Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 Form 990-T (corporation) KENNETH EARLS EAGLE POINT, OR 97524 The books are in the care of ► 1065 CORAL RIDGE Telephone No. ▶ 928-308-4488 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box **DECEMBER** 15, 2022 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year 2021 , and ending JAN 31, 2022 ► X tax year beginning FEB 1, Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

** PUBLIC DISCLOSURE COPY **

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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)

OMB No. 1545-0047

▶ 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. 2021

Open to Public Inspection

<u> </u>	OI LII	e 2021 Calendar year, or tax year beginning FEB 1, 2021 and	enuing U	MIN DI, A	022			
B	Check if applicab	C Name of organization		D Employer id	dentific	ation number		
	Addre		DA]				
	Name	Doing business as		95-48	3080)6		
	□ Initial □ return □ Fiṇal	1065 CORAT, RIDGE	Room/suite	E Telephone r 54187				
	⊥return termir ated			G Gross receipts \$		187,388.		
	□Amen	ded FACIE DOING OP 07524						
	return ☐Applic _tion			H(a) Is this a g				
	tion pendi	1065 CORAL RIDGE, EAGLE POINT, OR 9752	1					
_	F			H(b) Are all subord	_	list. See instructions		
		empt status: $X = 501(c)(3) = 501(c)($) (insert no.) 4947(a)(1) cte: \rightarrow WWW • USSVCF • ORG	or 527	H(c) Group exe				
		forganization: X Corporation Trust Association Other	I Voor			State of legal domicile: CT		
	art I	Summary						
•	1	Briefly describe the organization's mission or most significant activities: $\underline{\text{THE}}$	FOUNDA	TION IS	A CH	ARITABLE		
Activities & Governance		ARM OF THE UNITED STATES SUBMARINE VETERA	NS', I	INC. A SE	CTI	ON		
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its	net asse	ets.		
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)			3	12		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	12		
တ္	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)				0		
iŧie	6	Total number of volunteers (estimate if necessary)				0		
듅	7 a				1 _ 1	0.		
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.		
				Prior Year		Current Year		
•	8	Contributions and grants (Part VIII, line 1h)		72,0	37.	153,850.		
Revenue	9	Program service revenue (Part VIII, line 2g)			0.	0.		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		24,3	37.	30,811.		
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-	0.	2,727.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		96,3	74.	187,388.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		110,8	63.	168,638.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.		
'n	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.		
ber	. ь	Total fundraising expenses (Part IX, column (D), line 25)	41.					
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		31,6	14.	23,553.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		142,4		192,191.		
	19	Revenue less expenses. Subtract line 18 from line 12		-46,1	03.	-4,803.		
or or	3			ginning of Current	Year	End of Year		
ets	20	Total assets (Part X, line 16)		1,091,6	68.	1,101,315.		
ASS	21	Total liabilities (Part X, line 26)		-	0.	0.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		1,091,6	68.	1,101,315.		
	art II	Signature Block	•	-				
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the bes	st of my	knowledge and belief, it is		
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge	Э.			
Sig	n	Signature of officer		Date				
Her		► KENNETH EARLS, TREASURER						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date	heck	PTIN		
Paid	j	BRIAN GROFF BRIAN GROFF	la	07/28/22 s	elf-employe	P00324634		
	parer	Firm's name TROUT CPA		Firm's E	IN 🛌 2	23-1551315		
-	Only	Firm's address 1705 OREGON PIKE						
	•	LANCASTER, PA 17601		Phone r	10.717	7-569-2900		
Ma	v the I	RS discuss this return with the preparer shown above? See instructions		1		X Yes No		

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE FOUNDATION IS THE CHARITABLE ARM OF THE UNITED STATES SUBMARINE
	VETERANS', INC., A SECTION 501(C)(19) VETERANS' ORGANIZATION. THE
	FOUNDATION WAS FORMED IN NOVEMBER 2000 TO: 1. PROVIDE SCHOLARSHIP
	ASSISTANCE TO THE CHILDREN AND GRANDCHILDREN OF SUBMARINE VETERANS AND
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 \$
	SCHOLARSHIP PROGRAM. DURING FY 1/31/2022, 74 SCHOLARSHIPS WERE AWARDED
	TO HIGH SCHOOL AND COLLEGE STUDENTS TO PROVIDE EDUCATIONAL ASSISTANCE
	TO RELATIVES OF CURRENT AND FORMER SUBMARINE VETERANS. RECIPIENTS IN
	BOTH THE HIGH SCHOOL AND COLLEGE CATEGORIES RECEIVED GRANTS RANGING
	FROM \$1,000 TO \$2,000. THE TOTAL AMOUNT AWARDED IN FY 1/31/2022 WAS
	\$127,034.
	4-2-7-1
4b	(Code:) (Expenses \$ 2 , 142 •including grants of \$) (Revenue \$)
	KAPS 4 KIDS PROGRAM. SUBMARINE VETERANS VISIT LOCAL HOSPITALS TO MEET
	WITH CHILDREN WITH CANCER OR OTHER LIFE-THREATENING CONDITIONS. EACH
	CHILD IS GIVEN A SUBMARINER'S BALL CAP AND AN HONORARY SUBMARINIER
	CERTIFICATE.
4c	
	MEMORIAL PROGRAM. DURING FY 1/31/2022 THE FOUNDATION USED \$19,593 TO
	IMPROVE AND MAINTAIN MEMORIALS IN THE U.S.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 25,551. including grants of \$ 25,551.) (Revenue \$ 9,997.)
<u>4e</u>	Total program service expenses ► 174,320. Form 990 (2021)
	Form 990 (2021)

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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	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	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_ <u>X</u> _
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١		v
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		446		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
				

Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D -	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
1a				
b		긔		
С				
	(gambling) winnings to prize winners?	1c	1	I

Form **990** (2021)

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5		
·	to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e		7e		
f		7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>1</u>		
g	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
н 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
0		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0		
	5:11	9a		
a b		9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	90		
	Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b	Section 501(c)(12) organizations. Enter:			
11	```			
a b	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against			
b				
129	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	104		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand 13c			
с 14а	Did the second of the second o	14a		Х
		14b		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1 1 D		
13		15		Х
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13		-25
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
16		10		-23
17	If "Yes," complete Form 4720, Schedule O. Section 501(a)(21) organizations. Did the trust, any disqualified person, or mine operator operator operator.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		
	n roo, complete i unii uuua.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
			1.0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		1.0			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with ar	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	point o	ne or			
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue C	Code.)			
			1		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before	filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to confli	cts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	scribe			
	on Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approva	al by ind	ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent wit	h a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶CT					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-1	(section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of	interest policy, and	financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	records			
	KENNETH EARLS - 928-308-4488					
	1065 CORAL RIDGE, EAGLE POINT, OR 97524					

Form **990** (2021)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organizati	on nor any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck			nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week		Cer ai	lu a u	recto	i / ii us	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		1099-NEC)	10001120)	and related
	below	idual	ution	la e	Key employee	est co oyee	le.			organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) JOHN MARKIEWICZ	0.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) KENNETH EARLS	0.00									
EXECUTIVE DIRECTOR & TREAS		Х		Х	4			0.	0.	0.
(3) RAYMOND WEWERS	0.00							•		
SECRETARY AND USSVI SECRET		Х	L	X				0.	0.	0.
(4) WAYNE STANDERFORD	0.00								_	_
USSVI NATIONAL COMMANDER		X		۵				0.	0.	0.
(5) JON JAQUES	0.00					ŀ				_
USSVI SENIOR VICE COMMANDE		X		\square				0.	0.	0.
(6) STEVEN BELL	0.00				ľ					
USSVIL JUNIOR VICE COMMAND		X		_				0.	0.	0.
(7) PAUL HISER	0.00									
USSVI TREASURER		Х						0.	0.	0.
(8) WAYNE PHILLIPS	0.00									
USSVI DISTRICT COMMANDER O		X						0.	0.	0.
(9) LESLIE ALTSCHULER	0.00									
USSVI REGIONAL DIRECTOR NO	0.00	Х						0.	0.	0.
(10) VICTOR VANHORN	0.00	.,							_	
USSVI REGIONAL DIRECTOR WE	0.00	Х				_		0.	0.	0.
(11) WYVEL THOMAS WILLIAMS	0.00	37							_	_
USSVI REGIONAL DIRECTOR CE (12) KENNETH NICHOLAS	0.00	Х						0.	0.	0.
	0.00	Х						0.	0.	_
USSVI REGIONAL DIRECTOR SO		Λ						0.	0.	0.
			\vdash			\vdash				
		1								
								1	l .	

Form 990 (2021)

Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C					
(A)	(B)			(C Posi	•	,		(D)	(E)			F)
Name and title	Average hours per	(do not check more than one				than o		Reportable compensation	Reportable compensation			nated unt of
	week					r/trus		from	from related			her
	(list any	ector						the	organizations		•	ensation
	hours for related	or dir	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS(1099-NEC)	C/		n the
	organizations	truste	al trus		yee	mpen		1099-NEC)	1099-NEC)		•	ization elated
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner	,			organi	zations
	line)	ib	Insti	Officer	Key	High	Forr			_		
												
						4						
1b Subtotal								0.		0.		0.
c Total from continuation sheets to Part VI			1					0.		0.		0.
d Total (add lines 1b and 1c)							0 rc	-		0.		0.
compensation from the organization	or inflited to th	USE	liste	u ab	JOVE) vvi i	016	cerved more than \$100,	ooo or reportable			0
				$\overline{\mathbf{v}}$	7						Υ	es No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s				,							3	X
4 For any individual listed on line 1a, is the su												Х
and related organizations greater than \$150Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple on fr	ete S	Sche	dule	J f	or such individual	dual for services		4	 ^
rendered to the organization? If "Yes." com		w .							dual for services		5	х
Section B. Independent Contractors	DICTO GOVICGOR	<i>3</i> 0 70	07 30	1011 <u>F</u>	<i>7013</i>	011						•
Complete this table for your five highest contact the organization. Report compensation for the organization.		•								ensatio	n from	ı
(A) Name and business			ONE					(B) Description of s		Cor	(C)	ation
			<u> </u>	_								
									+			
									-			
2 Total number of independent contractors (in	ncludina but na	ot lin	niter	d to t	thos	se lie	ted	above) who received mo	ore than			
\$100,000 of compensation from the organization		J. 111			(22570, MIO 10001100 III				
										F	orm 99	90 (2021)

US SUBMARINE VETERANS' CHARITABLE FOUNDA 95-4830806 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c 54,539. d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 99,311. 1f g Noncash contributions included in lines 1a-1f 153,850. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 30,811 30,811. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) _______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses 2,727. 2,727. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a

187,388.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

d All other revenue

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must cor	mplete column (A).	
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	168,638.	168,638.		
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				
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				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				_
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8,856.		8,856.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	1,500.		1,500.	
12	Advertising and promotion				
13	Office expenses	3,915.		3,274.	641.
14	Information technology	3,000.		3,000.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	600.			600.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	MEMORIALS RENOVATIONS A	3,540.	3,540.		
b	KAPS4KIDS SUPPLIES	2,142.	2,142.		
c		, = = = •	, = = = •		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	192,191.	174,320.	16,630.	1,241.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	40.00.04				Earm 990 (2021)

95-4830806 Page **11** US SUBMARINE VETERANS' CHARITABLE FOUNDA Form 990 (2021) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year **(B)** End of year 175,030. 132,778. 1 Cash - non-interest-bearing 97,775. 93,151. Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 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

	l	drider section 4556(i)(1)), and persons described	111 3CCtion +330(c)(b)(b)		-	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	<u> </u>
¥	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		818,863.	11	875,386.
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related. See Part IV, line 1	1		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)	1,091,668.	16	1,101,315.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
S	22	Loans and other payables to any current or form	er officer, director,			
ii:		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e persons		22	
j	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow FASB ASC 958, che	ck here 🕨 🔛			
ces		and complete lines 27, 28, 32, and 33.				
a	27	Net assets without donor restrictions			27	
Ва	28	Net assets with donor restrictions			28	
ဋ		Organizations that do not follow FASB ASC 95	58, check here ▶ X			
Ę		and complete lines 29 through 33.		_		
ပ္သ	29	Capital stock or trust principal, or current funds		0.	29	0.
se	30	Paid-in or capital surplus, or land, building, or eq		0.	30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc		1,091,668.		1,101,315.
Se	32	Total net assets or fund balances		1,091,668.	32	1,101,315.
	۱ ۵۵			1 001 660		1 1 1 1 1 1 1 1

1,101,315. Form **990** (2021)

33

Total liabilities and net assets/fund balances

1,091,668.

33

	1990 (2021) US SUBMARINE VETERANS CHARITABLE FOUNDA	95	<u>-483(</u>	<u> 1806</u>	Pag	ge 12
Pa	rt 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		187		
2	Total expenses (must equal Part IX, column (A), line 25)	2		192		
3	Revenue less expenses. Subtract line 2 from line 1	3				03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	L,091		
5	Net unrealized gains (losses) on investments	5		41	.,6	<u> 10.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7		-27	7,1	60.
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1	L,101	L,3:	<u>15.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			Ш
				\rightarrow	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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?			2b		X
	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					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		•			
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-				
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		ı

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization US SUBMARINE VETERANS' CHARITABLE FOUNDA 95-4830806 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 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 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

1 Gifts, grants, co	I year beginning in)	(a) 2017	(b) 2018	(-) 2010	/ I) 0000		
, •			(6) 2010	(c) 2019	(d) 2020	(e) 2021	(f) Total
membership fee	ntributions, and						
	es received. (Do not						
include any "un	usual grants.")						
2 Tax revenues le	vied for the organ-						
ization's benefit	and either paid to						
or expended on	its behalf						
3 The value of ser	vices or facilities						
furnished by a g	overnmental unit to						
the organization	without charge						
4 Total. Add lines	1 through 3						
5 The portion of t	otal contributions					7	
by each person							
governmental u							
-	nization) included						
	ceeds 2% of the						
amount shown	on line 11,						
column (f)							
6 Public support	Subtract line 5 from line 4.						
Section B. Tota						'	
Calendar year (or fisca	l year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from I	ine 4						
8 Gross income fi	om interest,						
dividends, payn	nents received on						
	, rents, royalties,						
	n similar sources						
9 Net income from	n unrelated business						
activities, wheth	ner or not the						
business is regu							
10 Other income. [• • •						
or loss from the		4					
assets (Explain	in Part VI.)						
11 Total support.	Add lines 7 through 10						
12 Gross receipts	rom related activities, e	tc. (see instruction	ons)		•	12	
	the Form 990 is for the			fourth, or fifth tax	year as a section 5	601(c)(3)	
	eck this box and stop						
	putation of Public						
14 Public support	percentage for 2021 (lin	e 6, column (f), d	ivided by line 11, o	column (f))		14	%
15 Public support	percentage from 2020 S	Schedule A, Part	II, line 14			15	%
	rt test - 2021. If the or					ore, check this bo	x and
stop here. The	organization qualifies a	s a publicly supp	orted organization				▶□
	rt test - 2020. If the or						
and stop here.	The organization qualifi	es as a publicly s	supported organiza	ation			>
	l-circumstances test -						
and if the organ	ization meets the facts-	and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
meets the facts	and-circumstances tes	. The organization	n qualifies as a pu	blicly supported o	rganization		▶□
b 10% -facts-and	l-circumstances test -	2020. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
more, and if the	organization meets the	facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	ata tha faata and airaur	netaneoe toet. Th	e organization gua	alifies as a nublicly	supported organi	zation	
organization me	ets the facts-and-circur	iistances test. II	io organization que	annes de la publiciy	supported organi		

Schedule A (Form 990) 2021

(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

Sec	qualify under the tests listed be ction A. Public Support	elow, please comp	lete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(u) 2011	(5) 2010	(0) 2010	(4) 2020	(0) 2021	(i) rotar
•	membership fees received. (Do not						
	include any "unusual grants.")	154,685.	60,240.	112,897.	72,037.	153,850.	553,709.
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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	154,685.	60,240.	112,897.	72,037.	153,850.	553,709.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						553,709.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	154,685.	60,240.	112,897.	72,037.	153,850.	553,709.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	22,905.	21,072.	23,650.	24,337.	30,811.	122,775.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	22,905.	21,072.	23,650.	24,337.	30,811.	122,775.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	O					
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.)	177,590.	81,312.	136,547.	96,374.	184,661.	676,484.
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, t	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	n,
_							
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (li		•	olumn (f))		15	81.85 %
	Public support percentage from 2020					16	81.67 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
	Investment income percentage for 20					17	18.15 %
	Investment income percentage from 2					18	18.33 %
19a	33 1/3% support tests - 2021. If the						
b	more than 33 1/3%, check this box an 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, check	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	▶□
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
 10b	- 000	2001

Pai	Supporting Organizations (continued)			
		١	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	la		
b	A family member of a person described on line 11a above?	b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	c		
Sect	tion B. Type I Supporting Organizations			
	<i>y</i> 11 0 0	Τ,	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Seci	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Sect	tion 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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a .	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tione)	١	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities 2	a		
h	and those definition of his definition.	и		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	D		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2021

5

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

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Pa	rt V Type III Non-Functionally Integrated 509(a)(3)	Supporting Orga	nizations _{(continu}	ıed)	
Sect	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	urposes		1	
2	Amounts paid to perform activity that directly furthers exempt purp	oses of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of si	upported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	anization is responsive			
	(provide details in Part VI). See instructions.				
9					
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.	4		
6 Remaining underdistributions for 2021. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization **Employer identification number**

TIC CIDMADINE TEMEDANC! CUADITABLE FOIINDA

95-4830806

Ua	O SUDMAKINE VEIEKANS CHAKITADLE FUUNDA 93-4030000
Organization type (check o	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is	s covered by the General Rule or a Special Rule.
· · ·	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
X For an organization	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or
	one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
,,	
Special Rules	
For an organization	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
	and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
	the year, total contributions of the greater of. (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ	line 1. Complete Parts I and II.
For an organization	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
	the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,
	onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering
) instead of the contributor name and address), II, and III.
year, contributions is checked, enter h purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify g requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page

Name of organization Employer identification number

US SUBMARINE VETERANS' CHARITABLE FOUNDA

95-4830806

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 22,337.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,644.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$6,452.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

US SUBMARINE VETERANS' CHARITABLE FOUNDA

95-4830806

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,307.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 10	Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

US SUBMARINE VETERANS' CHARITABLE FOUNDA

95-4830806

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	4030000
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
23453 11-11	21		Schedule B (Form 990) (2021

Schedule B (Form 990) (2021) Name of organization **Employer identification number** US SUBMARINE VETERANS' CHARITABLE FOUNDA 95-4830806 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21

Schedule B (Form 990) (2021)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **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

2021

Open to Public

Inspection

Schedule I (Form 990) 2021

Employer identification number Name of the organization US SUBMARINE VETERANS' CHARITABLE FOUNDA 95-4830806 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No criteria used to award the grants or assistance? Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (g) Description of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	74	127,034.	0.		
BROTHERHOOD - CARING & SHARING, DISASTER RELIEF,					
SOY	8	4,082.	0.		
MEMORIALS	1	16,053.	0.		
BUILDING FUND	1	21,469.	0.		
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
SCHEDULE 1, PART III LINES 1 & 2					
GRANT PROGRAM FUND MANAGERS MAINTA	AIN PROCED	URES MANUA	LS THAT AR	E	
AVAILABLE TO THE PUBLIC VIA THE IN	TERNET AT				
WWW.USSVI.ORG/CHARITABLE.ASF. FUNI	MANAGER	PROCEDURES	SINCLUDING		
REPORTING OF SIGNIFICANT ACTIVITY	/ GRANTS	AT BOARD M	MEETINGS AN	D VIA	
MONTHLY FINANCIAL REPORTS PROVIDE					

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

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

DESCRIPTION OF ORGANIZATION MISSION:

Name of the organization

FORM 990, PART

501(C)(19) VETERANS'

EDUCATIONAL PURPOSES.

I,

LINE 1,

ORGANIZATION

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

US SUBMARINE VETERANS' CHARITABLE FOUNDA

Employer identification number 95-4830806

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACTIVE DUTY SUBMARINE PERSONNEL; 2. ESTABLISH, SUPPORT AND MAINTAIN

MEMORIALS AND PUBLIC MONUMENTS DEDICATED TO HONORING THE MEMORY OF

DECEASED SHIPMATES WHO LOST THEIR LIVES IN THE LINE OF DUTY; 3.

ESTABLISH A LIBRARY AND / OR A MUSEUM CONCERNING THE HISTORY OF THE

SUBMARINE SERVICE; 4. UNDERTAKE APPROPRIATE ACTIVITIES TO PROMOTE A

STRONG SUBMARINE FORCE; AND 5. PROMOTE OTHER ACTIVITIES AS MAY BE

APPROPRIATE FOR AN ORGANIZATION OPERATED EXCLUSIVELY FOR CHARITABLE AND

BROTHERHOOD PROGRAM. THIS PROGRAM HELPS NEEDY SUBMARINE VETERANS WHO

BECOME UNABLE TO WORK OR FUNCTION NORMALLY DUE TO MEDICAL OR NATURAL

DISASTER ISSUES. IT ALSO PROVIDES SUPPORT TO NEEDY FAMILIES OF U.S.

NAVY ACTIVE DUTY SAILORS. TOTAL GRANTS AND SUPPORT AWARDED FOR THE FY

1/31/2022 WAS \$4,082, AND REVENUE OF \$0.

BUILDING FUND. A BUILDING FUND HAS BEEN ESTABLISHED TO FACILITATE THE

PROCUREMENT AND MAINTENANCE OF A BUILDING TO HOUSE OPERATIONS, ITEMS

AND ASSETS OF THE CHARITABLE FOUNDATION, AND OTHER VETERAN RELATED

ORGANIZATIONS. TOTAL GRANTS AND SUPPORT AWARDED FOR THE FY 1/31/2022

WAS \$21,469, AND REVENUE OF \$15,200.

LIBRARY FUND. DESCRIBED IN THE ORGANIZATION'S MISSION STATEMENT ABOVE.

THIS PROGRAM HAD NO REVENUE AND NO EXPENSES IN FY 1/31/2022.

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

Schedule O (Form 990) 2021

Page 2
Employer identification number 95-4830806
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

US SUBMARINE VETERANS' CHARITABLE FOUNDA

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2021

95-4830806

Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-yea		(f) Direct con entit	ntrolling	I
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, b	ecause it had one	or more related	tax-exemp	ot	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct contro	olling	Section 5 contro enti	olled
		,,		501(c)(3))			Yes	No
UNITED STATES SUBMARINE VETERANS, INC 06-1007203, PO BOX 3870, SILVERDALE, WA 98383-3870	VETERANS' ORGANIZATION	CONNECTICUT	501(C)(19) & (C)(23)		N/A			х
	OKOMVIZMION	COMMETTED	(0)(23)		N/11			<u> </u>

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

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

						•			•			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)	
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	£		Code V-UBI	General or	Percentage ownership	
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner?	ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No		
								1				
								1				
	I.	l	I .	<u> </u>		ı			ı			

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	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		tion b)(13) rolled tity?
		country)						Yes	No
	O								

Schedule R (Form 990) 2021

Yes No

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

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?

а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		X			
b	b Gift, grant, or capital contribution to related organization(s)								
c Gift, grant, or capital contribution from related organization(s)									
d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)									
f Dividends from related organization(s)									
	g Sale of assets to related organization(s)			1g		X			
h Purchase of assets from related organization(s)									
	i Exchange of assets with related organization(s)			1i		X			
j Lease of facilities, equipment, or other assets to related organization(s)									
k Lease of facilities, equipment, or other assets from related organization(s)									
	Performance of services or membership or fundraising solicitations for related organization(s)			11		X			
	m Performance of services or membership or fundraising solicitations by related organization(s)			1m		X			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)									
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses									
r Other transfer of cash or property to related organization(s)									
s	s Other transfer of cash or property from related organization(s)			1s		<u>X</u>			
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this								
	(a) Name of related organization (b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	lved					
1) [UNITED STATES SUBMARINE VETERANS, INC. C	22,337.	CASH						
2)									
<u>~,</u>									
3)									
-,_									
4)									
5)									
6)									
3216	163 11-17-21		Schedule R	(Forn	n 990)	2021			

Schedule R (Form 990) 2021

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

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

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

Primary activity	Legal domicile (state or foreign country)		Are all partners sec. 501(c)(3) orgs.?	Share of total income	Share of end-of-year assets	Disprop tiona allocatio	por- te ons?		Gene mana parti	er? Perce owne	entage
		,	163 140					(Form 1065)	Vac	NO	ersnip
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				0							