Form 990

EXTENDED TO NOVEMBER 15, 2023 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

Department of the Treasury Internal Revenue Service

Т

<u>A r</u>	or th	a 2022 calendar year, or tax year beginning and	lending					
B C a	heck if pplicab	C Name of organization D Employer identification number						
	Addre	e GREEN BERET FOUNDATION						
	Name Chang	e Doing business as		27-12069	51			
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return			(844) 287-7133				
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,110,444.			
	Amen	ded SAN ANTONIO, TX 78216		H(a) Is this a group re	turn			
	Applie tion	F Name and address of principal officer: CHARDED IACONO		for subordinates	? Yes 🗶 No			
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
IT	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		list. See instructions			
J۷	Vebsi	te: WWW.GREENBERETFOUNDATION.ORG		H(c) Group exemption	n number			
ΚF	orm o	organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other	L Year	of formation: 2010 N	State of legal domicile: CA			
Pa	nrt I	Summary						
	1	Briefly describe the organization's mission or most significant activities: PROV	IDE FI	NANCIAL ASSI	STANCE,			
Activities & Governance		SUPPORT, AND LIAISING FOR THE WOUNDED, II	L, INJ	URED AND TH	E FAMILY			
'nar	2	Check this box if the organization discontinued its operations or dispo						
ver	3			3	9			
ő	4	Number of independent voting members of the governing body (Part VI, line 1b)			9			
کە د	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)						
itie	6	Total number of volunteers (estimate if necessary)						
Ę				7a	<u> </u>			
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
		······································		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		2,716,564.	3,213,219.			
uue	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		104,471.	88,932.			
Å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		601,935.	245,299.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,422,970.	3,547,450.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		933,591.	1,692,203.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
	40	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		518,025.	874,759.			
sec	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) 204, 8	85.					
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		616,427.	959,160.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,068,043.	3,526,122.			
	19			1,354,927.	21,328.			
۲. S		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)		4,813,026.	4,396,784.			
Asse Bala	20			81,762.	227,818.			
Vet /	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		4,731,264.	4,168,966.			
	nrt II	Signature Block			±,100,000.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	e and statem	ante and to the best of my	knowledge and belief it is			
onu	or herri	anos or perjury, i declare mari nave examined unis return, including accompanying schedule	o anu statemit	הווס, מווע נט נוו <i>ד שב</i> גנ טו וווץ	KIIOWIEUYE AIIU DEIIEI, IL IS			

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

Sign	Signature of officer			Date
-	CHARLES IACONO, PRESIDENT	& CEO		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	RANDY L. WALKER, CPA			self-employed P00963779
Preparer	Firm's name RANDY WALKER & CO			Firm's EIN 20-3992693
Use Only	Firm's address 7800 IH 10 WEST,	STE. 505		
	SAN ANTONIO, TX 7	8230		Phone no. 210 - 366 - 9430
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2022) GREEN BERET FOUNDATION 27-1206961 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PROVIDE FINANCIAL ASSISTANCE, SUPPORT, AND LIAISING FOR THE WOUNDED,
	ILL, INJURED AND THE FAMILY MEMBERS (INCLUDING KILLED IN ACTION) OF
	THE SPECIAL FORCES REGIMENT (GREEN BERETS) WHEN THE CARE SYSTEM DOES
	NOT COVER THE NEED DIRECTLY RELATED TO THE HEALTH AND WELFARE OF THAT
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?
	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 \$23,842. including grants of \$15,120.) (Revenue \$
	CASUALTY SUPPORT: CASUALTY SUPPORT IS PROVIDED IN TWO FORMS: C3 CHECK
	AND GORUCK GR1. AS A MATTER OF PRACTICE, THE GREEN BERET FOUNDATION
	("GBF") IMMEDIATELY PROVIDES A \$2,500 CHECK TO OFFSET HISTORICALLY
	PREDICTABLE AND UNPREDICTABLE EXPENSES AND A HIGHLY SPECIALIZED
	RUCKSACK PACKED WITH NON-TRIVIAL ESSENTIALS TO THOSE GREEN BERETS THAT
	HAVE BEEN MEDEVAC'D AWAY FROM THEIR PERMANENT DUTY STATION. THIS
	RUCKSACK IS A TOOL TO COMMUNICATE OUR INITIAL ENGAGEMENT WITH THE GREEN
	BERET AND THEIR FAMILY. WE ENGAGE IMMEDIATELY AND REMAIN ENGAGED WITH
	THAT FAMILY. AS CASUALTY IMPACTS NOT JUST THE SOLDIER, BUT ALSO THEIR
	ENTIRE FAMILY. GBF STEPS IN TO PROVIDE THE EXTRA SUPPORT GREEN BERETS
	AND THEIR FAMILIES NEED IMMEDIATELY AFTER BEING INJURED.
4b	(Code:) (Expenses \$ 895,774 . including grants of \$ 680,275 .) (Revenue \$
	HEALTH AND WELLNESS SUPPORT: WE PROVIDE THE STRENGTH OF LONG-TERM OR
	ONGOING SUPPORT FOR SPECIAL FORCES SOLDIERS AS THEY MANAGE INJURIES AND
	CONDITIONS THAT HAVE RESULTED FROM THEIR SERVICE. THE GOAL OF THIS
	PROGRAM IS TO ENSURE THAT THEIR MIND, BODY, AND SPIRIT ARE HEALTHY BY
	SUPPLEMENTING THE CARE THEY RECEIVE THROUGH THE MILITARY HEALTH SYSTEM
	AND THE VETERANS HEALTH ADMINISTRATION. THIS PROGRAM INCLUDES:
	FINANCIAL SUPPORT FOR ALTERNATIVE TREATMENTS AND THERAPIES NOT COVERED
	BY THE U.S. DEPARTMENT OF DEFENSE (DOD) AND THE DEPARTMENT OF VETERANS
	AFFAIRS (VA) INCLUDING MENTAL HEALTH, ADDICTION TREATMENT, OR
	HYPERBARIC OXYGEN THERAPY. FINANCIAL SUPPORT FOR ADAPTIVE MEDICAL
	EQUIPMENT SUCH AS SPECIALIZED WHEELCHAIRS, BRACES, STIMULATION
	MACHINES, PROSTHETICS, ADAPTIVE EQUIPMENT, COMPRESSION SYSTEMS FOR
4c	(Code:) (Expenses \$752,261. including grants of \$219,585.) (Revenue \$ NEXT RIDGELINE SUPPORT: THE NEXT RIDGELINE IS A METAPHOR USED TO
	SYMBOLIZE A JOURNEY FROM ONE PEAK TO ANOTHER. IN MILITARY TERMS IT
	MEANS THE HARD OBJECTIVE - VISIBLE BUT REQUIRES TIME AND EFFORT TO GET
	TO THE NEXT RIDGELINE. THE NEXT RIDGELINE ENSURES THAT SPECIAL FORCES
	SOLDIERS AND THEIR FAMILIES ARE PREPARED TO TRANSITION FROM ACTIVE-DUTY
	SERVICE TO CIVILIAN LIFE AND HAVE A TRUSTED RESOURCE FOR NAVIGATING THE
	VA. THE GREEN BERET FOUNDATION'S NEXT RIDGELINE PROGRAM PROVIDES
	TRANSITIONING SPECIAL FORCES SOLDIERS DIRECTION AND ACCESS TO A
	COMPREHENSIVE UNDERSTANDING OF THE VETERANS AFFAIRS BENEFITS &
	DISABILITY CLAIMS PROCESS AND INTERNAL SYSTEMS TO ENSURE A FAIR AND
	THOROUGH EVALUATION OF VA CLAIMS. THE ACCURACY OF THESE CLAIMS CAN
	RESULT IN A QUANTIFIABLE INCREASE IN TAX-FREE COMPENSATION TO A SPECIAL
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,344,613. including grants of \$ 777,223.) (Revenue \$)
4e	Total program service expenses 3,016,490.
	Form 990 (202)
32002	SEE SCHEDULE O FOR CONTINUATION(S)
	2
11	110 130509 GREENBERET2022.05000 GREEN BERET FOUNDATIONGREE

			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		<u> </u>
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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
~	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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
11				
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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	X	
	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		0000
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	- (00.0000)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	
22		22	х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u></u>	
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			v
	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
	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		<u> </u>
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	Х	
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 22			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form	990 (2022) GREEN BERET FOUNDATION	27-1206	961	Р	_{age} 5
Par	t 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 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
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 A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X	
			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	445			
10-	amounts due or received from them.)	11b	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u>12a</u>		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		120		
d	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>		
h	Note: See the instructions for additional information the organization must report on Schedule O. 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	13b			
~		13c	1		
	Enter the amount of reserves on hand		14a		x
14a			14a 14b		- 23
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunel excess parachute payment(s) during the year?		15		x
	excess parachute payment(s) during the year?		15		- 23
16	If "Yes," see the instructions and file Form 4720, Schedule N.	income?	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Vos " complete Form 4720. Schedule O	Income?	10		- 23
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitios			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
232005	12-13-22		Form	990	(2022)
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Form	990	(2022)

Form 990		RET FOUNDATION	27-1206961	
Part VI	Governance, Management,	and Disclosure. For each "Yes	s" response to lines 2 through 7b below, and for a "No" r	response
			hanges on Schedule O. See instructions.	
	Chaok if Schodula O contains a room	noo or poto to any line in this Dort		X

						X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9		
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9					Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one 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					
а	The governing body?		-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be 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					
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
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	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	/es," d	escribe			
	on Schedule O how this was done	· · · · · · · · · · · · · · · · · · ·		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
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 w	ith 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	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	's			
	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 filedAL, AR, CA, CT, D	C,F	L,GA,HI,I	L,KS	, KY ,	, LA
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X 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	onflict c	of interest policy, a	nd finan	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	d records			
	CHARLES IACONO - (844) 287-7133					
	14351 BLANCO ROAD, SAN ANTONIO, TX 78216					
232006	SEE SCHEDULE O FOR FULL LIST OF STATES			Forn	1 990	(2022)
	6					

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2022.05000 GREEN BERET FOUNDATION

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Form 990	(2022)
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Part VII	Compensation of Officers	Directors, Trustees,	Kev Employees.	Highest Compensated
	Employees, and Independ			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average			(C Posi	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	do not check more than one ox, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) BRENT COOPER (THRU 11/4) EXECUTIVE DIRECTOR	40.00			х				102,632.	0.	9,562.
(2) FRANCES ARIAS	40.00									
INTERIM EXEC DIR (STARTING 11/5) (3) CHARLES A. DONABEDIAN	2.00			X				89,250.	0.	7,680.
DIRECTOR (4) NATHAN NUELOW	2.00	X						0.	0.	0.
DIRECTOR		x						0.	0.	0.
(5) JASON MCCARTHY DIRECTOR	2.00	x						0.	0.	0.
(6) FRAN WESSELING	2.00									
DIRECTOR (7) KRISTA ANDERSON	2.00	X						0.	0.	0.
DIRECTOR		x						0.	0.	0.
(8) WALT COOPER DIRECTOR	2.00	x						0.	0.	0.
(9) LTG(R) KEN TOVO	5.00			v						
CHAIRMAN (10) ANDREW BRAY	5.00	X		X				0.	0.	0.
SECRETARY (11) CHRIS ROBINETTE	5.00	Х		Х				0.	0.	0.
TREASURER		x		х				0.	0.	0.
		-								
		-								
222007 10 12 00										Form 990 (2022)

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232007 12-13-22

Form 990 (2022)

	orm 990 (2022) GREEN BERET FOUNDATION 2											Р	age 8
Par			oloye	ees,			ghes	t Co		, ,		(-)	
	Name and title Aver hours we			(B) (C) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)				an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
		hours for telated to related to r						fi org an	pensa rom th anizat d relat anizati	e ion ed			
											-		
	Subtotal Total from continuation sheets to Part VII								191,882. 0.	0.		7,2	<u>42.</u> 0.
d	Total (add lines 1b and 1c)				<u></u>				191,882.	0.	1	7,2	42.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable		Yes	1 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su			-		-		-		•	3	163	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensat	tion	and	oth	er compensation from t	ne organization	4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	ccrue compen	satio	on fr	oma	any	unre	late	d organization or individ	lual for services	5		x
	ion B. Independent Contractors												
1	Complete this table for your five highest cor the organization. Report compensation for t								the organization's tax y				
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	(Compe	C) nsatio	n
								_					
								+					
								+					
								+					
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	l to t	thos C	se lis [.]	ted	above) who received mo	ore than			

232008 12-13-22

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) Total revenue Related or exempt function revenue Related or exempt function revenue statement of Revenue 1a (B) Related or exempt function revenue statement of Revenue 1a (B) Related or exempt function revenue statement of Revenue 1b (C) Related or exempt function revenue statement grants (contributions) 1c 519,261. 1e ic Government grants (contributions) 1e 1e g Noncash contributions included in lines 1a.1f 1g \$ 22,905. 3,213,219. g Noncash contributions included in lines 1a.1f 3,213,219. 1g g C 1g \$ 22,905. 1g 1g g C 1g 1g 1g 1g g C 1g 1g 1g 1g 1g g Total. Add lines 2a.2f 1g 1g 1g 1g 1g 1g g Total. Add lines 2a.2f 1g 1g 1g	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Image: state of the second state of	Unrelated	Revenue excluded from tax under
Total revenue Related or exempt function revenue state 1 a b Membership dues c Fundraising events d 1b d Related organizations f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f g Noncash contributions g Noncash contributions g Noncash contributions g <td>Unrelated</td> <td>Revenue excluded from tax under</td>	Unrelated	Revenue excluded from tax under
b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f b 2 a b c f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) b Membership dues t b c Fundraising events t b c Fundraising events t b c Fundraising events t b c Fundraising events t c fundraisin		
b Membership dues		
2 a Business Code Image: Code b Image: Code Image: Code c Image: Code Image: Code d Image: Code Image: Code f All other program service revenue Image: Code g Total. Add lines 2a-2f Image: Code 3 Investment income (including dividends, interest, and other similar amounts) 91,603.		
2 a Business Code Image: Code b Image: Code Image: Code c Image: Code Image: Code d Image: Code Image: Code f All other program service revenue Image: Code g Total. Add lines 2a-2f Image: Code 3 Investment income (including dividends, interest, and other similar amounts) 91,603.		
2 a Business Code Image: Code b Image: Code Image: Code c Image: Code Image: Code d Image: Code Image: Code f All other program service revenue Image: Code g Total. Add lines 2a-2f Image: Code 3 Investment income (including dividends, interest, and other similar amounts) 91,603.		
2 a Business Code Image: Code b Image: Code Image: Code c Image: Code Image: Code d Image: Code Image: Code f All other program service revenue Image: Code g Total. Add lines 2a-2f Image: Code 3 Investment income (including dividends, interest, and other similar amounts) 91,603.		
2 a Business Code Image: Code b Image: Code Image: Code c Image: Code Image: Code d Image: Code Image: Code f All other program service revenue Image: Code g Total. Add lines 2a-2f Image: Code 3 Investment income (including dividends, interest, and other similar amounts) 91,603.		
2 a Business Code Image: Code b Image: Code Image: Code c Image: Code Image: Code d Image: Code Image: Code f All other program service revenue Image: Code g Total. Add lines 2a-2f Image: Code 3 Investment income (including dividends, interest, and other similar amounts) 91,603.		
Participation Business Code Image: Code b Image: Code Image: Code Image: Code b Image: Code Image: Code Image: Code c Image: Code Image: Code Image: Code d Image: Code Image: Code Image: Code d Image: Code Image: Code Image: Code e Image: Code Image: Code Image: Code g Total. Add lines 2a-2f Image: Code Image: Code Image: Code 3 Investment income (including dividends, interest, and other similar amounts) 91,603. 91,603.		
2 a		
b		
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts)		
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts)		
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts)		
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts)		
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts)		
3 Investment income (including dividends, interest, and other similar amounts) 91,603.		
other similar amounts) 91,603.		
		01 602
4 Income from investment of tax-exempt bond proceeds		91,603.
5 Royalties		
6 a Gross rents 6a b Less: rental expenses 6b		
b Less: rental expenses 6b c c Rental income or (loss) 6c		
d Net rental income or (loss)		-
7 a Gross amount from sales of (i) Securities (ii) Other		
assets other than inventory 7a		
b Less: cost or other basis		
and sales expenses 7b 2,671. c Gain or (loss) 7c -2,671.		
		-2,671.
a Net gain or (loss) -2,071. b 8 a Gross income from fundraising events (not including \$ 519,261. of		
专 including \$ 519,261. of		
contributions reported on line 1c). See		
Part IV, line 18 8a 575,049.		
b Less: direct expenses		
c Net income or (loss) from fundraising events		111,660.
9 a Gross income from gaming activities. See		
Part IV, line 19		
b Less: direct expenses 9b 0.		
c Net income or (loss) from gaming activities 95,200.		95,200.
10 a Gross sales of inventory, less returns		
and allowances		
b Less: cost of goods sold 10b 96,934.		
c Net income or (loss) from sales of inventory 33,184. 33,184.		
Business Code 32. 11 a MISCELLANEOUS REVENUE 900099 5,255.		5,255.
11 a MISCELLANEOUS REVENUE 900099 5,255.		<u> </u>
		
11 a MISCELLANEOUS REVENUE 900099 5,255. b		1
e Total. Add lines 11a-11d 5, 255.		
12 Total revenue. See instructions 3,547,450 33,184		
232009 12-13-22	0.	301,047.

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2022.05000 GREEN BERET FOUNDATION

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GREEN BERET FOUNDATION Form 990 (2022) 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).

Secu	Check if Schedule O contains a respons				
	· · · · · ·	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising
<u>1</u>	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	98,127.	98,127.		
2	Grants and other assistance to domestic	50,127.	50,127.		
2		1,594,076.	1,594,076.		
3	individuals. See Part IV, line 22	1,351,070.	1,354,0700		
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				
4 5	Compensation of current officers, directors,				
5		128,411.	96,198.	16,421.	15,792.
~	trustees, and key employees	120,411.	50,150.	10,4210	15,752.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	672,336.	513,644.	80,723.	77,969.
7	Other salaries and wages	072,550.	515,044.	00,725.	11,909.
8	Pension plan accruals and contributions (include	1,137.	1 1 2 7		
•	section 401(k) and 403(b) employer contributions)	10,443.	1,137. 6,154.	2,215.	2 07/
9 10	Other employee benefits	62,432.	47,612.	7,605.	2,074. 7,215.
10 11	Payroll taxes Fees for services (nonemployees):	04,434.	±/,012•	7,005.	1,413.
a	ΥΓ				
	Accounting				
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch 0.)	111,341.	46,936.	43,671.	20,734.
40		111, 541.	±0,550.	45,0710	20,7540
12	Advertising and promotion	172,948.	65,662.	72,748.	34,538.
13 14	Office expenses	98,233.	24,056.	46,647.	27,530.
	Information technology	50,255.	24,050.		27,550.
15 16	Royalties	268,275.	246,470.	14,392.	7,413.
10	Occupancy Travel	23,779.	21,171.	2,608.	7,4150
	Travel Payments of travel or entertainment expenses	25,115.	21,11•	2,000.	
18	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	70,536.	70,536.		
19 20	· · · · · · · · · · · · · · · · · · ·	10,550:	10,550.		
20 21	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	12,626.	10,690.	926.	1,010.
22 23		14,441.	2,888.	8,665.	2,888.
23 24	Other expenses. Itemize expenses not covered		270001	0,0001	270001
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		139,736.	124,244.	8,031.	7,461.
b	REPAIRS & MAINTENANCE	37,067.	37,067.	-,	.,
2	PROFESSIONAL DEVELOPMEN	5,428.	5,262.		166.
d		4,750.	4,560.	95.	95.
	All other expenses	_,	_,		
25	Total functional expenses. Add lines 1 through 24e	3,526,122.	3,016,490.	304,747.	204,885.
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 following SOP 98-2 (ASC 958-720)				
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- 10 1		10			()

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Form 990 (2022)

GREEN BERET FOUNDATION Part X Balance Sheet

27-1206961 Page 11

		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			809,627.	1	709,658.
	2	Savings and temporary cash investments			200.	2	200.
	3	Pledges and grants receivable, net			52,872.	3	71,589.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			31,383.	8	89,416.
A	9	Prepaid expenses and deferred charges			77,986.	9	52,616.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		57,595.	10 000		21 005
		Less: accumulated depreciation		25,698.	18,893.	10c	31,897.
	11	Investments - publicly traded securities		3,822,065.	11	3,329,836.	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1	0	13	111 570		
	14	Intangible assets	0.	14	111,572.		
	15	Other assets. See Part IV, line 11		4,813,026.	15	4,396,784.	
	16	Total assets. Add lines 1 through 15 (must equa		1	42,585.	<u>16</u> 17	92,890.
	17 10	Accounts payable and accrued expenses	42,505.	17	52,050.		
	18 19	Grants payable	39,177.	19	22,759.		
	20	Deferred revenue Tax-exempt bond liabilities			55,17,	20	22,755.
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form				21	
Liabilities	~~	trustee, key employee, creator or founder, subst					
ilidi		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela	-			23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	. Complete Part X			
		of Schedule D			0.	25	112,169.
	26	Total liabilities. Add lines 17 through 25			81,762.	26	227,818.
		Organizations that follow FASB ASC 958, che	ck here	e X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			4,330,292.	27	3,565,432.
Ba	28	Net assets with donor restrictions		L	400,972.	28	603,534.
pun		Organizations that do not follow FASB ASC 9	58, che	ck here			
гF		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			1 721 264	31	1 169 066
Ne	32	Total net assets or fund balances			4,731,264.	32	4,168,966.
	33	Total liabilities and net assets/fund balances			4,813,026.	33	4,396,784.

Form 990 (2022)

	GREEN BERET FOUNDATION		6961	Paç	_{ge} 12				
Part XI Recon	ciliation of Net Assets								
Check if	Schedule O contains a response or note to any line in this Part XI								
1 Total revenue	nust equal Part VIII, column (A), line 12)	1	3,547						
2 Total expense	(must equal Part IX, column (A), line 25)	2	3,526		$\frac{22.}{28.}$				
3 Revenue less	Revenue less expenses. Subtract line 2 from line 1								
4 Net assets or t	Ind balances at beginning of year (must equal Part X, line 32, column (A))	4	4,731						
5 Net unrealized	gains (losses) on investments	5	-583	8,83	<u>32.</u>				
6 Donated service	es and use of facilities	6							
7 Investment ex	enses	7							
8 Prior period ac		8		20	06.				
9 Other changes	in net assets or fund balances (explain on Schedule O)	9			0.				
10 Net assets or t	nd balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			_					
column (B))		10	4,168	3,90	56.				
Part XII Financ	al Statements and Reporting								
Check if	Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
	thod used to prepare the Form 990: 📃 Cash 🛛 X Accrual 📃 Other								
If the organiza	on changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.							
-			. 2a		X				
If "Yes," check	a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
, in the second	consolidated basis, or both:								
Separate									
b Were the orga	ization's financial statements audited by an independent accountant?		. 2 b	X					
	a box below to indicate whether the financial statements for the year were audited on a separate	e basis,							
consolidated b									
X Separate									
	a or 2b, does the organization have a committee that assumes responsibility for oversight of the				1				
	bilation of its financial statements and selection of an independent accountant?		. 2c	Х					
-	on changed either its oversight process or selection process during the tax year, explain on Sch	edule O.							
	federal award, was the organization required to undergo an audit or audits as set forth in the								
Uniform Guida	ice, 2 C.F.R. Part 200, Subpart F?		3a		<u>X</u>				
b If "Yes," did th	organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1				
or audits, expl	in why on Schedule O and describe any steps taken to undergo such audits			000					

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

1

Name of the organization	
--------------------------	--

Nan	ne of t	the organization							identification number					
			N BERET FO						7-1206961					
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions							
The	organ	ization is not a private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)								
1		A church, convention of ch	urches, or associatio	on of churches described	l in sectio	n 170(b)(1	1)(A)(i).							
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)									
3	\square	A hospital or a cooperative				(b)(1)(A)(ii	ii).							
4	\square	A medical research organiz						iii). Enter	the hospital's name.					
-		city, and state:						,	, , , , , , , , , , , , , , , , , , ,					
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed bv a do	overnmental un	t describe	ed 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	X													
•					onn a gove			general						
8		section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9	\square	An agricultural research org				ad in coniu	inction with a l	and arant	college					
5		or university or a non-land-				-		-	-					
		university:	grant concyc or agric			name, eny		ie conege						
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sunr	ort from c	ontribution	ns membershir	fees and	d aross receipts from					
10		activities related to its exem	• • • •											
		income and unrelated busir												
		See section 509(a)(2). (Con				oco uoqui		nization a						
11		An organization organized a		ively to test for public sa	fetv See	section 50	19(a)(4)							
12	\square	An organization organized a	-		•			v out the	purposes of one or					
		more publicly supported or	-	-	-			-						
		lines 12a through 12d that	-											
а		Type I. A supporting orga	• •					-	aivina					
		the supported organization	-	-	• • • •	-								
		organization. You must c			·····j -···j -									
b		Type II. A supporting org	-		tion with its	s supporte	d organization	(s), by hay	vina					
		control or management o	-				•		•					
		organization(s). You mus			anne peree			, and earph						
c		Type III functionally inte	-		in connect	tion with, a	and functionally	, integrate	d with					
-		its supported organization					-							
d		Type III non-functionally						ed organiz	zation(s)					
		that is not functionally int						U U						
		requirement (see instructi	•		-		-							
е		Check this box if the orga	,	•				. Type III						
		functionally integrated, or					51 5 51	51						
f	Ente	er the number of supported o	51	, , , , , , , , , , , , , , , , , , , ,	0 0									
ç		vide the following informatior												
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ng document?	(v) Amount of r	nonetary	(vi) Amount of other					
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)					
Tota	al													

Part II

GREEN BERET FOUNDATION

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2046957.	2092916.	2028290.	2716564.	3213219.	12097946.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	2046957.	2092916.	2028290.	2716564.	3213219.	12097946.
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)						518,641.
	Public support. Subtract line 5 from line 4.						11579305.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2046957.	2092916.	2028290.	2716564.	3213219.	12097946.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	7,363.	62,059.	83,606.	104,471.	91,603.	349,102.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	659,788.	49,788.	84,112.	579,055.	206,860.	1579603.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		8,496.			5,255.	
11	Total support. Add lines 7 through 10						14040402.
	Gross receipts from related activities,					12	389,076.
13	First 5 years. If the Form 990 is for the	•	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
0.0	organization, check this box and stop	phere					
	ction C. Computation of Publi		-				00 47
	Public support percentage for 2022 (I					14	82.47 %
	Public support percentage from 2021					15	80.79 %
16a	33 1/3% support test - 2022. If the o						V
	stop here. The organization qualifies		-				
D	33 1/3% support test - 2021. If the o						
4-	and stop here. The organization qual		• •				
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact		-		•	VI how the organiz	zation
1-	meets the facts-and-circumstances te	-	-		-	To and line 15 is	
D	10% -facts-and-circumstances test	0					
	more, and if the organization meets the						
10	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	T UIU HOL CHECK A		a, 100, 178, 01 170	, oneok this box a		(Form 990) 2022
						ochequie A	1 JIII JJUJ ZUZZ

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GREEN BERET FOUNDATION

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from 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.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	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						
11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)	<u> </u>	+	+	+	+	
	Total support. (Add lines 9, 10c, 11, and 12.)	L		family an COL tar			
14	First 5 years. If the Form 990 is for the	0		-			
500	check this box and stop here						
			-				
	Public support percentage for 2022 (I			.,,		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	-	-				
b	33 1/3% support tests - 2021. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organizatio	n
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
23202	23 12-09-22					Schedule	e A (Form 990) 2022
21	110 130509 GREENBERE	ST	15 2022.		EN BERET	FOUNDATIC	ON GREEN
			= - = - -				

GREEN BERET FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2022

e A (Form 990) 2022	GREEN	BERET	FOUNDATION

Supporting Organizations (continued)

Schedu Part IV

1

2

			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?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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,

supervised, or controlled the supporting organization.
Section C. Type II Supporting Organizations

Yes No 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 1 the supported organization(s)

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

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

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

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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

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

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

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GREEN BERET FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2022

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.

1 2 3 4 5 6 7 8	(A) Prior Year	(B) Current Year (optional)
3 4 5 6 7 8	(A) Prior Year	
4 5 6 7 8	(A) Prior Year	
5 6 7 8	(A) Prior Year	
6 7 8	(A) Prior Year	
7 8	(A) Prior Year	
7 8	(A) Prior Year	
7 8	(A) Prior Year	
8	(A) Prior Year	
	(A) Prior Year	
	(A) Prior Year	
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
	1b 1c 1d 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 6	1b 1c 1d 1d 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6

instructions).

Schedule A (Form 990) 2022

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14421110 130509 GREENBERET

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

GREEN BERET FOUNDATION

Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets		-	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		_	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	•	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ıs	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 GREEN BERET FOUNDATION 27-1206961 Page 8 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, Page 8
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.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS REVENUE
2019 AMOUNT: \$ 8,496.
2022 AMOUNT: \$ 5,255.
SCHEDULE A, PART II
GREEN BERET FOUNDATION CHANGED ACCOUNTING FIRMS FOR THE PREPARATION OF
THE FORM 990 DURING THE 2019 FILING PERIOD. AS SUCH, A CHANGE WAS MADE
TO THE PRESENTATION OF THE CONTRIBUTIONS FROM FUNDRAISING TO MORE
ACCURATELY REFLECT THE STREAMS OF SUPPORT AND COMPLY WITH THE IRS FORM
990 GUIDELINES.
IN AN EFFORT TO MAINTAIN COMPLETE TRANSPARENCY, GREEN BERET FOUNDATION
DID NOT CHANGE THE PRESENTATION OF THE SUPPORT IN PART II, SECTION A,
LINE 1 AND SECTION B, LINE 9 FOR THE YEARS 2018 AND EARLIER. THE
ORGANIZATION WILL PROVIDE ADDITIONAL DETAILS AND EXPLANATIONS UPON
REQUEST.

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Schedule A

223171 04-01-22

Identification of Excess Contributions Included on Part II, Line 5

27-1206961

2022

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
THE ESTATE OF ROFF AND BOBBI ARDEN	400,000.	119,192
FORWARD OBSERVATION GROUP LLC	680,257.	399,449
otal Excess Contributions to Schedule A, Part II, Line 5		518,641

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2022

Employer identification number

27-1206961

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

GREEN BERET FOUNDATION

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Name of organization

GREEN BERET FOUNDATION

Employer identification number

27-1206961

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(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.)
(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.)
(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 Occupied Payroll Payroll Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

2022.05000 GREEN BERET FOUNDATION

GREENBE1

Schedule B	(Form	990)	(2022	2
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Name of organization

Page **3**

Employer identification number

27-1206961

GREEN BERET FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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14421110 130509 GREENBERET

2022.05000 GREEN BERET FOUNDATION

Name of o	rganization		Employer identification number
GREEN	BERET FOUNDATION		27-1206961
Part III			ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious, ch	aritable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. once.)
(a) No.	Use duplicate copies of Part III if additional sp	bace is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·		(e) Transfer of gift	l
	Transferee's name, address, an	d 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	(-)	(-, 3	
			<u> </u>
		(e) Transfer of gift	t
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
			·
(a) No. from			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			<u> </u>
		(e) Transfer of gift	t
			Deletionskip of two-forces to two-of-sec
·	Transferee's name, address, an		Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·		(e) Transfer of gift	l
		() · · · · · · · · · · · · · · · · · ·	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
223454 11-15	5-22		Schedule B (Form 990) (2022)

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14421110 130509 GREENBERET

2022.05000 GREEN BERET FOUNDATION GREENBE1

~ ~-		Sunnlamante	I Financial	Statomo	nte		OMB No.	1545-0047
SCH (Form	HEDULE D 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10	nization answered " , 11a, 11b, 11c, 11d,	Yes" on Form 9	990,		20	22
	nent of the Treasury Revenue Service	A Go to www.irs.gov/Form99	ttach to Form 990. 0 for instructions an	d the latest inf	ormation.		Open Inspe	to Public ction
	of the organizatio					Emp	loyer identificat	
	Ū	GREEN BERET FOUNDAT	FION				27-1206	
Par		tions Maintaining Donor Advise		r Similar Fu	nds or Ac	coun	ts. Complete if	the
	organization	answered "Yes" on Form 990, Part IV, lin	e 6.					
			(a) Donor ad	vised funds	(b) Fund	ds and other acc	ounts
1	Total number at en	d of year						
		contributions to (during year)						
3	Aggregate value of	grants from (during year)						
4	Aggregate value at	end of year						
5	Did the organization	n inform all donors and donor advisors in v	writing that the asset	s held in donor a	advised fund	s		
	are the organizatior	n's property, subject to the organization's	exclusive legal contro	ol?			Yes	No
6	Did the organization	n inform all grantees, donors, and donor a	dvisors in writing tha	t grant funds ca	n be used or	ıly		
	for charitable purpo	oses and not for the benefit of the donor o		,		•		
	impermissible priva						Yes	No
Par		ation Easements. Complete if the org			990, Part IV,	line 7.		
1		ervation easements held by the organization		<u> </u>				
		of land for public use (for example, recrea	tion or education)			-	important land ar	ea
		natural habitat		Preservati	on of a certif	ied his	toric structure	
		of open space						
		through 2d if the organization held a qualif	ied conservation con	tribution in the f	orm of a cor	iservat	tion easement on Held at the End of	
	day of the tax year.					•	Helu al lile Ellu Ul	lile lax teal
		nservation easements				2a		
	÷		unture included in (a)			2b		
		ration easements on a certified historic stru				2c		
		ration easements included in (c) acquired a	• • •			2d		
		sted in the National Register					during the tax	
	year	ation easements mouneu, transierreu, rei	eased, extinguished,	or terminated b	y the organiz	anon	during the tax	
	-	vhere property subject to conservation eas	ement is located					
		ion have a written policy regarding the per		pection, handlin	a of			
	•	procement of the conservation easements it	e , 1		•		Yes	No
		hours devoted to monitoring, inspecting,		, and enforcing	conservatio	n easei	ments during the	year
			Ū.	, c			C C	
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and	d enforcing cons	servation eas	ement	s during the year	
8	Does each conserv	ration easement reported on line 2(d) abov	e satisfy the requiren	nents of section	170(h)(4)(B)(i)		
	and section 170(h)((4)(B)(ii)?					Yes	No
		e how the organization reports conservation					d	
	balance sheet, and	include, if applicable, the text of the footn	ote to the organization	on's financial sta	atements that	t desc	ribes the	
	organization's acco	ounting for conservation easements.		-				
Par		tions Maintaining Collections of		reasures, o	r Other Si	milar	r Assets.	
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.					
1 a	If the organization e	elected, as permitted under FASB ASC 95	8, not to report in its	revenue statem	ent and bala	nce sh	eet works	
	of art, historical trea	asures, or other similar assets held for pub	olic exhibition, educat	tion, or research	in furtheran	ce of p	oublic	
		Part XIII the text of the footnote to its finar						
	-	elected, as permitted under FASB ASC 95						
		ures, or other similar assets held for public	exhibition, education	n, or research in	furtherance	of pub	olic service,	
	•	ng amounts relating to these items:						
	(i) Revenue incluc	led on Form 990, Part VIII, line 1				9	\$	

		Ψ
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	le
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
23205	1 09-01-22	

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Sche		ERET FOUNDAT					1206961		age 2
Par	t III Organizations Maintaining C	ollections of Art,	Historical Tre	easures, or	Other S	imilar Ass	ets _{(contine}	ued)	
3	Using the organization's acquisition, accession	on, and other records,	check any of the	following that	make signi	ficant use of i	its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange progra	m				
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain h	low they further th	ne organizatior	n's exempt	purpose in P	art XIII.		
5	During the year, did the organization solicit o	r receive donations of	art, historical trea	sures, or other	r similar ass	sets			_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		e if the organizatio	on answered "	Yes" on Fo	rm 990, Part	IV, line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermediar	y for contribution	s or other asse	ets not incl	uded			,
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	wing table:						
							Amount		
	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
	Ending balance					lf	<u> </u>		1
	Did the organization include an amount on Fe				-		Yes		No
Par	If "Yes," explain the arrangement in Part XIII.								
Fai	t V Endowment Funds. Complete i			(c) Two years		Three years ba	ack (e) Four	voare	back
		(a) Current year	(b) Prior year	(C) Two years	s Dack (U)	THEE years be		years i	Dack
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr)) heid as.					
a ⊾	Board designated or quasi-endowment Permanent endowment		%						
u o		%							
C	Term endowment The percentages on lines 2a, 2b, and 2c show	/ -							
20	Are there endowment funds not in the posse		on that are hold a	ad administors	d for the				
Ja	organization by:	ssion of the organizatio		nu aurimistere			Г	Yes	No
	c								
	(i) Unrelated organizations								
h	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere		Part IV, line 11a. S	See Form 990,	Part X, line	e 10.			
	Description of property	(a) Cost or oth		t or other		imulated	(d) Book	value	.
		basis (investme	. ,	(other)		ciation	(4) 2000		-
1 a	Land								
b	Buildings								
	Leasehold improvements								
	Equipment		5	7,595.	2	5,698.	31	, 89	97.
	Other								
	. Add lines 1a through 1e. (Column (d) must e		column (B). line 1	0c.)			31	.,89	97.
		, <u></u> , <u></u> , <u></u> _, <u>_</u> , <u>_</u> ,					lule D (Form		

	(Form 990) 2022			FOUNDATION
Part VII	Investments -	Other Secu	rities.	

Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	n Fauna 000 Daut IV/ linea	11a Cas Farm 000 Dart V line 10	
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		·	
Complete if the organization answered "Yes" o	n 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" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
I. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE PAYABLE			112,169
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
			1
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		112,169

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

232053 09-01-22

Scheo	lule D (Form 990) 2022 GREEN BERET FOUNDATION 2	7-1	206961 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	ırn.	
	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	3,060,552.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	-583,832.
3	Subtract line 2e from line 1	3	3,644,384.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b96,934.		
с	Add lines 4a and 4b	4c	-96,934.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,547,450.
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	eturn).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,623,056.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	96,934.
3	Subtract line 2e from line 1	3	3,526,122.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,526,122.
Par	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.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOOD SOLD

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

232054 09-01-22

-96,934.

96,934.

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2022	
	C	Attach to Form 990 c	•					Open to Public	
Department of the Treasury Internal Revenue Service	ernal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection								
Name of the organization									
Part I Fundrais		ERET FOUNDATION Complete if the organization answe	red "V		Form 000 Port IV/ li		27 - 1206		
	complete this part		reu r	es 01	1 Form 990, Part IV, I	ne i	7. FOITT 990-E2	liters are not	
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events								
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursus organization.	ant to	agreer	ments under which th	ie fur	ndraiser is to b	e	
(i) Name and addres or entity (func	s of individual	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total									
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	egistration	

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

Schedule G (Form 990) 2022

232081 10-27-22

GREEN BERET FOUNDATION

27-1206961 Page 2

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.

		of fundraising event contributions and gro	bss income on Form 990	$- \mathbb{E} \mathbb{Z}$, lines 1 and 60. List	events with gross receipt	is greater than \$5,000.
			(a) Event #1 SPECIAL	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			EVENTS	(avent type)	(total number)	col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,094,310.			1,094,310.
	2	Less: Contributions	519,261.			519,261.
	3	Gross income (line 1 minus line 2)	575,049.			575,049.
	4	Cash prizes				
Se	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ц	8	Entertainment				
	9	Other direct expenses	463,389.			463,389.
	10	Direct expense summary. Add lines 4 through		·	•	463,389.
	11	Net income summary. Subtract line 10 from li				111,660.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1		1	1
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue			95,200.	95,200.
se	2	Cash prizes				
Expense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	X Yes <u>99.00</u> %	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			95,200.
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac	ctivities in each of these	states?		X Yes No
b	lf "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	woked, suspended, or te	erminated during the tax	year?	Yes X No
b	lf "	Yes," explain:				
23208	82 10)-27-22			Sche	dule G (Form 990) 2022

Sch	edule G (Form 990) 2022 GR	EN BERET FOUNDATION	27-	-1206961	Page 3
		tivities with nonmembers?		X Yes	No
12		or trustee of a trust, or a member of a part			
40				Yes	X No
	Indicate the percentage of gaming activity	/ conducted in:		13a	%
		n who prepares the organization's gaming.			
	Name FRANCES ARIAS				
	Address 14351 BLANCO B	OAD - SAN ANTONIO, TX	78216		
15a	Does the organization have a contract w	h a third party from whom the organizatio	n receives gaming revenue?	Yes	X No
ł	If "Yes," enter the amount of gaming rev	nue received by the organization \$ _	and the amount		
	of gaming revenue retained by the third				
Ċ	: If "Yes," enter name and address of the	niro party:			
	Name				
	Address				
16	Gaming manager information:				
	Name FRANCES ARIAS				
	Gaming manager compensation \$	893.			
	Description of services provided	ORDINATION OF RAFFLE	DURING FUNDRAISING	EVENTS.	
	Director/officer	mployee Independent co	ontractor		
17	Mandatory distributions:				
	•	w to make charitable distributions from th	e gaming proceeds to		
	retain the state gaming license?			Yes	X No
ł	•	I under state law to be distributed to other	exempt organizations or spent in the		
Pa	organization's own exempt activities dur Information of the second seco	ng the tax year \$ 1. Provide the explanations required by P	art I, line 2b, columns (iii) and (v); and F	Part III, lines 9,	9b, 10b,
		ble. Also provide any additional informatic		, ,	
2320	83 10-27-22		Sche	edule G (Form	990) 2022
• •		32			

14421110 130509 GREENBERET

Part IV	Supplemental Information	on (continued)		
232084 04-01-	.92			Schedule G (Form 990)
202007 04-01-			33	

SCHEDULE I (Form 990)	Go	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury		Ū	Attach to Form				Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization GREEN BER	ET FOUNDA'	FION					Employer identification number 27-1206961
Part I General Information on Grants and	nd Assistance						
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro- 	tance?						on
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SPECIAL FORCES ASSOCIATION PO BOX 41436 FAYETTEVILLE, NC 28309	56-6148492	501(C)(19)	25,000.	0.			SFA SCHOLARSHIPS, 1ST SPECIAL FORCES GROUP REUNION
SPECIAL FORCES ASSOCIATION CHAPTER 4-24 - PO BOX 17508 - COLORADO SPRINGS, CO 80935	56-6148492	501(C)(19)	21,000.	0.			SFA CONVENTION
SFA LEGACY INITIATIVES PO BOX 71125 FORT BRAGG, NC 28307	56-6148492	501(C)(3)	10,000.	0.			JFK SPECIAL WARFARE MUSEUM SPONSORSHIP
SHIELDS AND STRIPES 37 PRINCESS GATE DRIVE WHISPERING PINES, NC 28327	86-3379162	501(C)(3)	8,802.	0.			SHIELDS AND STRIPES HEALTH AND WELLNESS PILOT PROGRAM
 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations 		·	e line 1 table				<u> </u>

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

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

Schedule I (Form 990) 2022

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CASUALTY SUPPORT	6	15 120	0.		
ASUALTI SUPPORT	0	15,120.	0.		
EALTH & WELLNESS SUPPORT	228	667,411.	0.		
NEXT RIDGELINE SUPPORT	2892	174,927.	0.		
AMILY SUPPORT	457	648,006.	0.		
OLD STAR FAMILIES Part IV Supplemental Information. Provide the information rec	37	88,612.	0.	ditional information	
	uireu in Part I, iin	e 2, Part III, column	(D), and any other ad		
PART I, LINE 2:					
CASUALTY SUPPORT CASES AND THEIR R	ESPECTIVE	GRANT FUN	IDS ARE ONL	Y USED WHEN	
A REQUEST IS FORMALLY MADE (VIA EM	AIL) TO T	'HE FOUNDA'I	ION BY USS	OCOM WARRIOR	
CARE PROGRAM. FOR ALL REQUESTS FOR					
FOUNDATION FOR REVIEW TO ENSURE TH	AT EACH R	EQUEST FAL	LS UNDER T	HE	
RGANIZATION'S MISSION. THE EXECUT	IVE DIREC	TOR IS GRA	NTED PURCH	ASE	
AUDITOR A CHOILD & DECLECT MEET A					

AUTHORITY. SHOULD A REQUEST MEET A CERTAIN THRESHOLD, A WRITTEN NARRATIVE

IS PREPARED AS A TASKER AT WHICH TIME IT IS SENT TO THE ENTIRE BOARD OF

DIRECTORS FOR A VOTE.

SCHEDULE I, PART III

NEXT RIDGELINE SUPPORT:

THE NUMBER OF RECIPIENTS OF 2,892 IN COLUMN (B) REPRESENTS THE NUMBER

OF INDIVIDUALS WHO RECEIVED DIRECT FINANCIAL ASSISTANCE AS WELL AS

INDIRECT SUPPORT SUCH AS RESOURCES, REFERRALS TO PROGRAM PARTNERS, ETC.

Schedule I (Form 990)

232291 04-01-22

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

Complete if the organizations answered "Yes" on	Form 990, Part IV, lines 29 or 30.
Attach to Form 990	0.

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

Name of the organization

Employer	identification number
2	7-1206961

ſ L

Pa	rt 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 dei noncash contribu		•	s
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							
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 (AUCTION ITEMS)	X	32	19,436.	FAIR MARKET	VAI	JUE	
26	Other (PROGRAM SUPPLIE)	X	2		FAIR MARKET			
27	Other (OFFICE SUPPLIES)	X	1		FAIR MARKET			
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions				
	for which the organization completed Form 828							
	5	, ,	0	······			Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t							
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review	of any nonstandard contribut	ions?	31	х	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				
			•			32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is cheo	ked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

Schedule M (Form 990) 2022 GREEN BERET FOUNDATION	27-1206961 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32	b, and 33, and whether the organization?
is reporting in Part I, column (b), the number of contributions, the number of items received, this part for any additional information.	or a combination of both. Also complete
SCHEDULE M, PART I, COLUMN (B):	
THE ORGANIZATION USES A COMBINATION OF THE NUMBER OF	CONTRIBUTIONS AND
THE ORGANIZATION USED A COMBINATION OF THE NOMBER OF	CONTRIBUTIONS AND
THE NUMBER OF ITEMS RECEIVED FOR THE PRESENTATION OF	PART I. COLUMN
<u>(B)</u> .	
232142 09-09-22	Schedule M (Form 990) 2022
38	
50	

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-E Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	Z OMB No. 1545-0047 2022 Open to Public Inspection
Name of the organization		mployer identification number $27 - 1206961$
	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISSIC	
(GREEN BERET	· · · · · · · · · · · · · · · · · · ·	DIRECTLY
RELATED TO TH	HE HEALTH AND WELFARE OF THAT SERVICE MEMBER OR	THEIR
FAMILY.		
SECTION 1.263	3(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION	
GREEN BERET I	FOUNDATION	
14351 BLANCO	ROAD	
SAN ANTONIO,	TX 78216	
	NTIFICATION NUMBER: 27-1206961 ENDING DECEMBER 31, 2022	
GREEN BERET I	FOUNDATION IS MAKING THE DE MINIMIS SAFE HARBOR	ELECTION
UNDER REG. SI	EC. 1.263(A)-1(F).	
FORM 990, PAI	RT III, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
SERVICE MEMBI	ER OR THEIR FAMILY.	
FORM 990, PA	RT III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS	5:
INJURIES, CHA	AIR LIFTS, CHEMOTHERAPY TREATMENTS, OR MEDICAL S	UPPLIES NOT
COVERED BY IN	ISURANCE. TRAVEL AND LODGING COSTS FOR TREATMEN	ITS,

INCLUDING FOR FAMILY OR CAREGIVERS WHEN NEEDED. FINANCIAL SUPPORT FOR

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22

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Name of the organization

HOSPICE CARE AND SUBSTANCE ABUSE TREATMENTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: FORCE SOLDIER'S ENTIRE HOUSEHOLD. THIS PROGRAM INCLUDES: VETERAN AFFAIRS ADVOCACY TO REVIEW CURRENT MILITARY/PERSONNEL SERVICE MEDICAL RECORDS OR POST-SERVICE VA. LOCATING ANY TREATMENT RECORDS OR ARCHIVED DOCUMENTS AS EVIDENCE TO SUBMIT WHEN FILING VA DISABILITY CLAIMS. ASSESS PREVIOUS SERVICE DOCUMENTATION OR RECORDS FOR A CONDITION OR AN INJURY THAT COULD HAVE POTENTIALLY LED TO A SERVICE-CONNECTION: THE IN-SERVICE INJURY OR DIAGNOSIS. ACCESS TO OUR REGIONAL ACCREDITED VETERANS SERVICES OFFICERS (VSO) TO FILE AN ORIGINAL OR UPDATED VA DISABILITY CLAIM. PRE-TRANSITION BRIEFINGS FOR SPECIAL FORCES SOLDIERS AND THEIR FAMILY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: FAMILY SUPPORT: THE FAMILY OF A SPECIAL FORCES SOLDIER IS THEIR FIRST AND MOST IMPORTANT SUPPORT, AND SO IT'S CRITICAL THAT THE GREEN BERET FOUNDATION PROVIDES TRUST, STRENGTH, AND SERVICES TO MEET THE NEEDS OF THE ENTIRE FAMILY. THE FAMILY SUPPORT PROGRAMS INCLUDE SCHOLARSHIPS, HEALTH AND WELLNESS PROGRAMS, AND ACCESS TO OUR VERY OWN STEEL MAGS SISTERHOOD PROGRAM. THESE PROGRAMS PROVIDE DIRECT ASSISTANCE FOR THE SPOUSES AND CHILDREN OF SPECIAL FORCES SOLDIERS AS THEY NAVIGATE THE CHALLENGES OF TRAINING, DEPLOYMENTS, AND LIFE AFTER THE MILITARY THAT ARE NOT AVAILABLE BY OTHER MEANS. THESE PROGRAMS INCLUDE: SUPPORT AND FINANCIAL ASSISTANCE TO THE SPOUSES WHO MUST BECOME A CAREGIVER TO A SPECIAL FORCES SOLDIER. THIS SITUATION CAN AFFECT THEM EMOTIONALLY, PHYSICALLY, AND CAN OFTEN SEEM OVERWHELMING. WE HELP THEM MAKE SURE THEY ARE TAKING CARE OF THEMSELVES THROUGHOUT THE CAREGIVING PROCESS. Schedule O (Form 990) 2022 232212 10-28-22 40

14421110 130509 GREENBERET

2022.05000 GREEN BERET FOUNDATION

GREENBE1

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
GREEN BERET FOUNDATION	27-1206961
FINANCIAL SUPPORT, CARE, AND EDUCATION FOR SPECIAL FORCES	PARENTS WITH
SPECIAL-NEEDS CHILDREN. HEALTHCARE AND FINANCIAL SUPPORT F	OR SPOUSES
AND CHILDREN SUFFERING FROM CONDITIONS NOT COVERED BY THE	DOD/VA,
INCLUDING CANCER, MEDICAL DEVICES, CHILDCARE, THERAPIES AN	D RETREATS,
AND MEAL TRAINS. THE DE OPPRESSO LIBER (DOL) SCHOLARSHIP P	ROGRAM, FOR
QUALIFIED CHILDREN OF SPECIAL FORCES SOLDIERS. DOL1 SCHOLA	RSHIPS ARE
FOR CHILDREN OF NON-COMMISSIONED OFFICERS, DOL2 SCHOLARSHI	PS ARE FOR
THE CHILDREN OF WARRANT OFFICERS, AND DOL3 SCHOLARSHIPS AR	E FOR THE
CHILDREN OF COMMISSIONED OFFICERS. THE ATHENA SCHOLARSHIP	PROGRAM IS
FOR SPECIAL FORCES SPOUSES PURSUING THEIR UNDERGRADUATE AN	D GRADUATE
DEGREES. THE ATHENA GRANT PROVIDES SPECIAL FORCES SPOUSES	FINANCIAL
SUPPORT TO COVER THE COSTS OF VOCATIONAL PROGRAMS, EXAMS,	AND
PROFESSIONAL DEVELOPMENT COURSES. THE STEEL MAGS SISTERHOO	D PROGRAM IS
EXCLUSIVE TO THE GREEN BERET FOUNDATION. IT PROVIDES SPOUS	ES, PARENTS,
SIBLINGS, AND CAREGIVERS OF SPECIAL FORCES SOLDIERS. THEY	RECEIVE
UNCONDITIONAL SUPPORT, STRENGTH, ADVOCACY, AND DIRECTION O	N HOW TO
ACCESS CRITICAL RESOURCES THAT EMPOWER THEM TO BUILD A LIF	E WHERE THEY
CAN THRIVE FOR THEMSELVES AND THEIR FAMILY. FINANCIAL SUPP	ORT FOR
MONTHLY LIVING EXPENSES DUE TO EXTENUATING CIRCUMSTANCES.	
GOLD STAR & SURVIVING FAMILIES SUPPORT: OUR GOLD STAR FAMI	LY PROGRAM
BEGINS IN THE IMMEDIATE WAKE OF A COMBAT DEATH, ASSISTING	WITH A WIDE
VARIETY OF NEEDS TO SUPPORT THE FAMILY DURING THE DIGNIFIE	D TRANSFER,

MEMORIAL SERVICE, AND FUNERAL. OUR SACRED DUTY AND PRIVILEGE AT THE

GREEN BERET FOUNDATION IS TO SERVE THE FAMILIES AND LOVED ONES WHO LOST

A SPECIAL FORCES SOLDIER. THE FINAL SACRIFICE OF A FALLEN SPECIAL

FORCES SOLDIER CAUSES US TO PAUSE, REFLECT, AND GIVE THANKS FOR THE

FREEDOMS WE HOLD SO DEAR. FOR THIS REASON, OUR GOLD STAR PROGRAM
232212 10-28-22
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2022.05000 GREEN BERET FOUNDATION

Name of the organization GREEN BERET FOUNDATION	Employer identification numbe
REMAINS A CRITICAL FOCUS OF OUR MISSION. NOT EVERY LOSS O	
BERET IS COMBAT RELATED. OUR SURVIVING FAMILY SUPPORT OFT	EN BEGINS
BEFORE THE GREEN BERET PASSES DUE TO INJURY IN TRAINING,	ILLNESS, OR
SUICIDE. WITH SUDDEN NON-COMBAT RELATED DEATHS, WE CAN RE	ACT QUICKLY
AND PROVIDE SEAMLESS SUPPORT.	
THIS PROGRAM INCLUDES: POSSIBLE ASSISTANCE OF FUNERAL COS	TS NOT COVERED
BY THE MILITARY AND CONTINUOUS ENGAGEMENT WITH FAMILIES T	O SUPPORT THE
HEALING OF THE GREEN BERET'S IMMEDIATE FAMILY THROUGH THE	RAPIES,
ACTIVITIES, AND NETWORKING.	
EXPENSES \$ 1,344,613. INCLUDING GRANTS OF \$ 777,223. R	EVENUE \$ 0.
	·
FORM 990, PART VI, SECTION B, LINE 11B:	
THE EXECUTIVE DIRECTOR DISTRIBUTES THE COMPLETED FORM 990	TO THE BOARD OF
DIRECTORS FOR REVIEW. IF THE BOARD MEMBERS HAVE ANY QUEST	IONS, THE
EXECUTIVE DIRECTOR ADDRESSES THOSE INQUIRIES.	
FORM 990, PART VI, SECTION B, LINE 12C:	

1. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD OR EXECUTIVE COMMITTEE. ANY DIRECTOR MAY RECUSE HIMSELF OR HERSELF AT ANY TIME FROM INVOLVEMENT IN ANY DECISION OR DISCUSSION IN WHICH THE DIRECTOR BELIEVES HE OR SHE HAS OR MAY HAVE A CONFLICT OF INTEREST, WITHOUT GOING THROUGH THE PROCESS FOR DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND

AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE

BOARD OR EXECUTIVE COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT
232212 10-28-22
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2022.05000 GREEN BERET FOUNDATION

Schedule O (Form 990) 2022	Page 2
Name of the organization GREEN BERET FOUNDATION	Employer identification number $27 - 1206961$
OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOA	RD OR EXECUTIVE
COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST E	XISTS. AN
INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR	EXECUTIVE
COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHAL	L LEAVE THE
MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRA	NSACTION OR
ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.	

THE CHAIRPERSON OF THE BOARD OR EXECUTIVE COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR EXECUTIVE COMMITTEE SHALL DETERMINE WHETHER GBF CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OR EXECUTIVE COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN GBF'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION, IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON: A. HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, B. HAS READ AND UNDERSTANDS THE POLICY, C. HAS AGREED TO COMPLY WITH THE POLICY, AND D. UNDERSTANDS GBF IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR Schedule O (Form 990) 2022 232212 10-28-22

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2022.05000 GREEN BERET FOUNDATION

Name of the organization

GREEN BERET FOUNDATION

27-1206961

MORE OF ITS TAX-EXEMPT PURPOSES.

2. EACH VOTING MEMBER OF THE BOARD SHALL ANNUALLY SIGN A STATEMENT WHICH DECLARES WHETHER SUCH PERSON IS AN INDEPENDENT DIRECTOR.

3. IF AT ANY TIME DURING THE YEAR, THE INFORMATION IN THE ANNUAL STATEMENT CHANGES MATERIALLY, THE DIRECTOR SHALL DISCLOSE SUCH CHANGES AND REVISE THE ANNUAL DISCLOSURE FORM.

4. THE EXECUTIVE COMMITTEE SHALL REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THIS POLICY BY REVIEWING ANNUAL STATEMENTS AND TAKING SUCH OTHER ACTIONS AS ARE NECESSARY FOR EFFECTIVE OVERSIGHT.

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

THE EXECUTIVE DIRECTOR, WITH THE ASSISTANCE OF THE DIRECTOR OF OPERATIONS, CONDUCTS RESEARCH TO IDENTIFY FAIR AND EQUITABLE COMPENSATION RATES FOR THE MARKET THAT ARE COMMENSURATE WITH THE JOB DESCRIPTION, DUTIES, AND LEVEL OF EXPERIENCE. AS PART OF THE REGULAR BUDGET CYCLE, THE EXECUTIVE DIRECTOR INCLUDES COSTS/TITLES FOR PROJECTED HIRES FOR THE UPCOMING YEAR AND INCLUDES THE RESULTS OF THE COMPENSATION RESEARCH. THE BOARD OF DIRECTORS THEN APPROVES OR CHANGES THE BUDGET AND LINE ITEMS. FOR HIRES OUTSIDE THE NORMAL BUDGET CYCLE, THE EXECUTIVE DIRECTOR FORWARDS THE JOB DESCRIPTION, OFFER LETTER, AND SUPPORTING RESEARCH TO THE BOARD OF DIRECTORS FOR APPROVAL. THE BOARD THEN APPROVES OR MAKES A RECOMMENDATION TO CHANGE, THEN NEGOTIATES WITH THE INDIVIDUAL. FINAL APPROVAL OF THE COMPENSATION REQUIRES A VOTE OF THE MAJORITY OF THE BOARD MEMBERS.

FORM 990,	PART	VI,	LINE	17,	LIST	OF	STATES	RECEIVING	COPY	OF	FORM	990:	
232212 10-28-22											Schedul	e O (Form 990) 2022	
							44						

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

GREEN BERET FOUNDATION MAKES ITS ANNUAL REPORTS, CONFLICT OF INTEREST

POLICY, AND 990 AVAILABLE TO THE PUBLIC ON ITS PUBLIC WEBSITE AND/OR UPON

WRITTEN REQUEST.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION'S PROCESS FOR ASSUMING RESPONSIBILITY FOR OVERSIGHT OF

THE AUDIT, REVIEW, OR COMPILATION OF ITS FINANCIAL STATEMENTS AND THE

SELECTION OF AN INDEPENDENT AUDITOR HAVE NOT CHANGED FROM THE PRIOR

YEAR.

Schedule O (Form 990) 2022

TAXABLE YEARCalifornia Exempt Organization2022Annual Information Return

	202	2 Annual Information Return		199
Cale	endar Year	2022 or fiscal year beginning (mm/dd/yyyy) , and er	nding (mm/dd/yyyy)	
Corp	oration/Org	anization name	California corp	oration number
		BERET FOUNDATION	3111	220
Addi	tional inform	nation. See instructions.	FEIN	200001
Strop	t addraga (a	suite or room)	PMB no.	206961
		BLANCO ROAD	T WID NO.	
L I City	<u> </u>	DIANCO KOAD	State ZIP code	
	N AN	TONIO	TX 7821	6
	ign country			ostal code
A	First retu	rnYes 🚺 No I Did the organizatio	on have any changes to its	guidelines
В	Amended		e FTB? See instructions	• Yes X No
C	IRC Secti		&TC Section 23701d, has t	
D	Final info		al activities? See instructio	
		-	n exempt under R&TC Sect	-
-			gross receipts from nonme	
			n a limited liability company	
F			on file Form 100 or Form 1 ome?	
G	. ,		n under audit by the IRS or	
			rior year?	
		vhat is the parent's name? 0 Is federal Form 10		Yes X No
			S	
Pa	arti o	complete Part I unless not required to file this form. See General Information B and C.		
		1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	1 897,225 00
		2 Gross dues and assessments from members and affiliates	•	2 00
		3 Gross contributions, gifts, grants, and similar amounts received	STMT I \bullet	3 3,213,219 00
R	eceipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.	ion D	4 4,110,444 00
	and	This line must be completed. If the result is less than \$50,000, see General Informat 5 Cost of goods sold STMT 2 5	96,934 ₀₀	
Re	evenues	6 Cost or other basis, and sales expenses of assets sold	2,671 00	
		 7 Total costs. Add line 5 and line 6 	, ,	7 99,605 00
		8 Total gross income. Subtract line 7 from line 4	•	8 4,010,839 00
_		9 Total expenses and disbursements. From Side 2, Part II, line 18	•	9 3,976,885 00
EX	penses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	•	10 33,954 00
		11 Total payments		11 00
		12 Use tax. See General Information K	•	12 00
		13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13 00	
Fil	ling Fee		•	14 00
		15 Penalties and interest. See General Information J		15 00
		16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	statements, and to the best of m	y knowledge and belief,
Sigr	ı	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh	, ,	
Her	e	Signature of officer PRESIDENT	た CE	● Telephone
		Date	Check if	PTIN
		Preparer's signature	self-employed	P 00963779
Paic	ł	Firm's name	F	Firm's FEIN
	parer's	(or yours, if self-		20-3992693
	Only	employed) 7800 IH 10 WEST, STE. 505		Telephone
		and address SAN ANTONIO, TX 78230		210-366-9430
		May the FTB discuss this return with the preparer shown above? See instructions	• 🗴	Yes No

GREEN BERET FOUNDATION

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

228951 01-10-23

					SEE PART	II SUBSTITU	TE AT	TTACHMENT	
		1 Gross sales or receipts from al	Il business activities.	See instructions		•	1		00
		2 Interest				•	2		00
		3 Dividends					3		00
Recei	pts	4 Gross rents	•	4		00			
from		5 Gross royalties	5		00				
Other		6 Gross amount received from s	ale of assets (See in	structions)		•	6		00
Sourc	es						7		00
		8 Total gross sales or receipts fr	8		00				
		9 Contributions, gifts, grants, an	9		00				
		10 Disbursements to or for memb	10	0	00				
		11 Compensation of officers, direct	11	0	00				
F		12 Other salaries and wages					12		00
Expen		13 Interest					13 14		00
and Disbu		14 Taxes 15 Rents					14		00
ments			(instructions)			•	16		00
mems							17		00
		17 Other expenses and disbursem18 Total expenses and disbursem	ienis Add line 9 thro	undh line 17 Enter	here and on Side 1 Pa	ert I line Q	18		00
Sch	edule			eginning of taxabl			of taxabl	e vear	100
Assets			(a)		(b)	(C)		(d)	
1 C	h						•	()	
		unts receivable					•		
		receivable					•		
		es					•		
		nd state government obligations					•		
6 Ir	nvestme	nts in other bonds					•		
		nts in stock					•		
							•		
9 0	9 Other investments						•		
10 a	10 a Depreciable assets								
b	b Less accumulated depreciation		()		()		
11 La	11 Land						•		
		ets					•		
13 T	13 Total assets								
Liabilities and net worth									
	14 Accounts payable						•		
		ions, gifts, or grants payable					•		
	6 Bonds and notes payable						•		
		es payable					•		
		pilities					•		
		ock or principal fund					•		
	20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund								
		bilities and net worth							
	edule			ome per return					
		Do not complete this sch			e 13, column (d), is les	s than \$50,000.			
1 N	et incon	ne per books			7 Income recorded				
		me tax				e 🖣)		
		f capital losses over capital gains		8 Deductions in this return not charged					
		ot recorded on books this year.			against book inco	•			
	Attach schedule		•		Attach schedule		[•		
	5 Expenses recorded on books this year not				9 Total. Add line 7 and line 8				
	deducted in this return. Attach schedule				10 Net income per return.				
	Total. Add line 1 through line 5			Subtract line 9 from line 6					

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GREEN BERET FOUNDATION

27-1206961

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
THE ESTATE OF ROFF AND BOBBI ARDEN	P.O. BOX 2369 SHELTON, WA 98584		400,000.	
WOUNDED WARRIOR PROJECT	4899 BELFORT RD STE 300 JACKSONVILLE, FL 32256		300,000.	
FORWARD OBSERVATIONS GROUP LLC	353 E. BONNEVILLE AVE LAS VEGAS, NV 89101		102,687.	
TOTAL INCLUDED ON LINE 3			802,687.	

802,687.

FORM 199	COST OF GOODS SOLD INCLUDED ON PART I, LINE 5	S	STATEMENT 2
COST OF GOODS SOLD			
. INVENTORY AT BEGINNING	G OF YEAR		
3. COST OF LABOR	• •	96,934	96,934
7. INVENTORY AT END OF Y	EAR	-	
. COST OF GOODS SOLD (L	INE 6 LESS LINE 7)	_	96,934

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021) MAIL TO:			ATION RENEW			DEPARTMENT (For Registry Use Only)		JSTICE GE 1 of 5
Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS:	S	ections 12586 and 1 Cal. Code Regs.	Governme	nt Code				
Sincer ADDRESS: Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section www.oag.ca.gov/charities 23703; Government Code section 12586.1. IRS extensions will be honored.								
				Check if:				
GREEN BERET FOUN	NDATION				ange of address nended report			
List all DBAs and names the organization								
Address (Number and Street)	AD			State Ch	arity Registration Nur	mber ст<u>0159023</u>		
SAN ANTONIO, TX City or Town, State, and ZIP Code	78216			Corporat	ion or Organization N	lo. <u>3111220</u>		
(844) 287-7133 Telephone Number	E-mail Addres	s		Federal E	Employer ID No. 27	-1206961		
ANNUAL RE	GISTRATION		HEDULE (11 Cal. C ayable to Departm		s. sections 301-307, stice	311, and 312)		
<u>Total Revenue</u> Less than \$50,000 Between \$50,000 and \$100,00 Between \$100,001 and \$250,000 and \$250,000 and \$250,0000 and \$250,00000000000000000000000000000000000			01 and \$1 million 001 and \$5 million 001 and \$20 million	Fee \$100 \$200 1 \$400		001 and \$100 million 0,001 and \$500 million) million	<u>Fee</u> \$800 \$1,000 \$1,200	
PART A - ACTIVITIES								
For your most recent fu Total Revenue (including noncash contributions) \$ Program Expension	-						6,7	84
PART B - STATEMENTS REG		ANIZATION DURI	NG THE PERIOD O	F THIS RE	PORT			
Note: All questions must be providing an explanat							Yes	No
 During this reporting period and any officer, director o any financial interest? 						0		x
2. During this reporting period or funds?	od, was there a	any theft, embezzler	nent, diversion or m	isuse of th	ne organization's char	itable property		x
3. During this reporting period	od, were any o	rganization funds us	sed to pay any pena	lty, fine or	judgment?			x
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?							x	
5. During this reporting period	od, did the org	anization receive an	y governmental fund	ding?				x
6. During this reporting period	od, did the org	anization hold a raff	le for charitable purp	poses?	SEE S	fatement 3	x	
7. Does the organization cor	nduct a vehicle	e donation program?	?					x
8. Did the organization cond generally accepted accou	•			al stateme	ents in accordance wi	th	x	
9. At the end of this reportin	g period, did t	he organization hold	d restricted net asse	ts, while re	eporting negative unr	estricted net assets?		x
I declare under penalty of per and belief, the content is true					ng documents, and	to the best of my know	wledg	
		ARLES IACO	NO		PRESIDENT &			
Signature of Authorized Agent	Pri	nted Name		Т	itle	Date		

CA RRF-1	EXPLANATION OF	F CHARITABLE	RAFFLES	STATEMENT	3		
PART B, LINE 6							

RAFFLE DATES: 1/18/2022, 5/17/2022, 5/21/2022, 6/11/2022, 7/1/2022, 8/20/2022, 9/11/2022, 9/12/2022, 10/3/2022,12/16/2022.