TIN: 59-1523943

Form 990

Department of the Treasury

Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

**Open to Public** Inspection

For the 2021 calendar year, or tax year beginning 07-01-2021 and ending 06-30-2022 C Name of organization D Employer identification number **B** Check if applicable United Home Care Services Inc 59-1523943 Address change Doing business as Name change E Telephone number Number and street (or P.O. box if mail is not delivered to street Room/suite П address) Initial return 8400 NW 33rd Street STE 400 П City or town, state or province, country, and ZIP or foreign postal code Final **G** Gross receipts \$ 31,856,953 return/terminated Amended return П Application pending F Name and address of principal officer: H(a) Is this a group return for Yes Vo subordinates? H(b) Are all subordinates included? Tax-exempt status: 501(c)(3) 501(c)( ) **◄** (insert no.) 4947(a)(1) or If "No," attach a list. See instructions. 527 **H(c)** Group exemption number ▶ Website: ▶ www.unitedhomecare.com M State of legal domicile: FL L Year of formation: 1973 **K** Form of organization: Corporation Trust Association Summary 1 Briefly describe the organization's mission or most significant activities: UHC is a a home and community based organization providing comprehensive health and social services to older adults through medicare, medicaid and other federal and state programs fulfilling its mission to promote independepence and wellness. Activities & Governance Check this box Number of voting members of the governing body (Part VI, line 1a) . 3 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 Total number of individuals employed in calendar year 2021 (Part V, line 2a) . 5 859 52 Total number of volunteers (estimate if necessary) . . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Prior Year Current Year** 9,090,044 11,226,472 8 Contributions and grants (Part VIII, line 1h) . Revenue **9** Program service revenue (Part VIII, line 2g) . . . 15,494,021 20,125,243 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 436,323 796,211 38,802 68,915 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 25,419,078 31,856,953 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 18,832,987 20,794,557 **Expenses** 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . **b** Total fundraising expenses (Part IX, column (D), line 25) 234,511 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 6,218,230 8,472,379 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 25,051,217 29,266,936 2,590,017 **19** Revenue less expenses. Subtract line 18 from line 12 . . . . 367,861 Assets or Balances **Beginning of Current Year End of Year** 13,477,949 **20** Total assets (Part X, line 16) . . . . . . 13,617,577

0 =		iabilities (Part X, line 26)	21 from line 20		/,231,218	4,1/5,241
Par Under	t II <b>Si</b>	sets or fund balances. Subtract line gnature Block of perjury, I declare that I have exar elief, it is true, correct, and complet	nined this return, including accon			
	owledge.					
	Sig	nature of officer			2022-12-15 Date	
Sign Here		des Mantines Duraidant and C				
		rlos Martinez President and C be or print name and title				
		Print/Type preparer's name	Preparer's signature	Date	PTIN	
Paid				2022-12-1	self employed	6
Prep	arer	Firm's name ANTHONY BRUNSON	PA		Firm's EIN  65-0321690	
Use	Only	Firm's address > 3350 SW 148th Ave	nue Suite 110		Phone no. (954) 874-1721	
		Miramar, FL 33027				
May th	ie IRS disci	uss this return with the preparer sh	own above? (see instructions)			Yes 🗸 No
		Reduction Act Notice, see the se	<u> </u>		No. 11282Y	Form <b>990</b> (2021)
						, ,
			——————————————————————————————————————			
Form (	990 (2021)					Page <b>3</b>
Part	, ,	atement of Program Service	Accomplishments			Page <b>2</b>
ı aı		_	•	Ш		
1		eck if Schedule O contains a respons cribe the organization's mission:	se or note to any line in this Part	<u> </u>		· · · <u>U</u>
-	•	and community based organization	providing comprehensive health	and social services	to older adults through m	nedicare.medicaid
		I and state programs fulfilling its mis			to older addite till odgi. It	
3	If "Yes," de Did the org	orm 990 or 990-EZ?		onducts, any prog	ram	Yes No
	services?					☐ Yes ✓ No
4	Describe the Section 50	escribe these changes on Schedule on the organization's program service a 1(c)(3) and 501(c)(4) organizations and revenue, if any, for each progra	ccomplishments for each of its the are required to report the amou			
	(Code:	) (Expenses \$	22,978,486 including grants of		) (Revenue \$	)
		served over 3600 clients enhancing the ice and wellnes	continuum of care to semors and fra	ill older addits in line	with its corporate mission to	promote
•						
4b	(Code:	) (Expenses \$	including grants of	\$	) (Revenue \$	)
,						
4c	(Code:	) (Expenses \$	including grants of	\$	) (Revenue \$	)

4d	Other program services (Describe in So	chedule O.)		
	(Expenses \$	including grants of \$	) (Revenue \$	)

**4e** Total program service expenses ► 22,978,486

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

			1	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm <b>99</b>	<b>0</b> (2021)

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

check is believed a contains a response of note to any line in this rate vi. I i i i i	<u> </u>	• •	
		Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   <b>1a</b>	44		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . <b>1b</b>	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gar (gambling) winnings to prize winners?	ming <b>1c</b>	Yes	
		Form <b>99</b>	<b>0</b> (2021)

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Pa	statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		

b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Which the organization is included to base qualified flexibility plans.			
	150			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $\$1,000,000$ in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	ii ies, complete ronni ouos.	F	orm <b>99</b>	<b>0</b> (2021)
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Form	990 (2021)			D 6
	tVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No	n" resn	onse to	Page <b>6</b>
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	•		<b>✓</b>
Se	ction 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 12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
<b>h</b>	members of the governing body?	7a 7b		No No
	persons other than the governing body?	70		INO
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		-	
		l l		l

109	Did the organization invest in, contribute taxable entity during the year?	assets to, or pa	rticipate	e in a	JOII1	t ve	nture •	or s	imilar arrangement	with a 16	a	No
b	If "Yes," did the organization follow a writt in joint venture arrangements under appli status with respect to such arrangements	cable federal tax	law, ar	nd tak	ke st	eps	to sa	fegu	ard the organization	n's exempt		
Sa	ction C. Disclosure									16	Ь	
17	List the states with which a copy of this F	orm 990 is requ	ired to	be file	ed▶							
18	Section 6104 requires an organization to 501(c)(3)s only) available for public inspec					24-						
19	Own website Another's website Describe in Schedule O whether (and if so		request		_		٠.,		in Schedule 0)	f interest		
	policy, and financial statements available to					go	v Ci i ii i i	<i>y</i> 40	camenes, comme o	· interest		
20	State the name, address, and telephone r Bismark Omane 8400 NW 33rd Street	umber of the po Miami, FL 3312					s the	orga	nization's books ar	nd records:		
											Form <b>990</b>	(2021)
				Page	7							
				raye	/							
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Par	t ∨ Compensation of Officers, I and Independent Contracto		stees,	Key	/ Er	npl	oyee	s, F	lighest Comper	sated Employ	ees,	
	Check if Schedule O contains a res		o any lir	ne in t	this	Part	VII .					
Se	ction A. Officers, Directors, Truste	<u>'</u>										
	omplete this table for all persons required t	o be listed. Rep	ort com	pensa	atio	ı foı	the c	alen	dar year ending wit	h or within the or	ganization's	tax
	List all of the organization's <b>current</b> officer							or o	rganizations), rega	rdless of amount		
	mpensation. Enter -0- in columns (D), (E), ist all of the organization's <b>current</b> key em	` '	•					ofin it	ion of "koy omploy	ao "		
	ist the organization's five <b>current</b> highest								, , ,			
organ	received reportable compensation (box 5 of ization and any related organizations.	·				-			•	·		the
	ist all of the organization's <b>former</b> officers portable compensation from the organization						sated	emp	loyees who receive	d more than \$100	,000	
• L	ist all of the organization's <b>former directo</b>	rs or trustees	that red	ceived	l, in	the						
_	ization, more than \$10,000 of reportable on he instructions for the order in which to lisi	•		orgar	nizat	ion	and ar	ny re	elated organizations	5.		
		·		tion .	m			<b></b> .	aumont officer dire	oto = o = t = 10to o		
	Check this box if neither the organization r		ryaniza	ILIOI1 (			sateu	dily			(E)	
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours	Position (do not check r than one box, unles: person is both an office and a director/truster				ınless		<b>(D)</b> Reportable compensation from the	( <b>E</b> ) Reportable compensation from related	Estima amount o	ted f other
		ally liburs				r/tr			organization	organizations	from	
		for related		=		· ·	ustee)	)	(W-2/1099-	organizations (W-2/1099-	from to organizati	:he on and
		for related organizations below dotted		Institu		· ·	ustee)	)	-	organizations	from	:he on and ed
		for related organizations		Institution		· ·	ustee)		(W-2/1099- MISC/1099-	organizations (W-2/1099- MISC/1099-	from to organization relate	:he on and ed
		for related organizations below dotted		Institutional Ti		· ·	ustee)	)	(W-2/1099- MISC/1099-	organizations (W-2/1099- MISC/1099-	from to organization relate	:he on and ed
		for related organizations below dotted	익호	Institutional Truste		· ·	ustee)	)	(W-2/1099- MISC/1099-	organizations (W-2/1099- MISC/1099-	from to organization relate	:he on and ed
		for related organizations below dotted		Institutional Trustee		· ·		)	(W-2/1099- MISC/1099-	organizations (W-2/1099- MISC/1099-	from to organization relate	:he on and ed
(1) Ca	rlos Martinez	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee		· ·	ustee)	)	(W-2/1099- MISC/1099-	organizations (W-2/1099- MISC/1099-	from to organization relate	:he on and ed
	rlos Martinez ent and CEO	for related organizations below dotted line)	Individual trustee × or director	Institutional Trustee		· ·	ustee)	)	(W-2/1099- MISC/1099-	organizations (W-2/1099- MISC/1099-	from organizati relati organiza	:he on and ed
Presid	lent and CEO	for related organizations below dotted line)	Individual trustae × or director	Institutional Trustee		· ·	ustee Highest compensated employee	)	(W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	from organizati relati organiza	the on and ed itions
Presid (2) Ro	ent and CEO gelio Lopez	for related organizations below dotted line)  40.00  0.00 40.00	Individual trustae × or director	Institutional Trustee		· ·	ustee Highest compensated employee	)	(W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	from organizati organizati organiza	the on and ed itions
Presid (2) Ro	ent and CEO gelio Lopez Operating Officer	for related organizations below dotted line)  40.00	Individual trustee × or director	Institutional Trustee		· ·	ustee Highest compensated x	)	(W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	from organizati organizati organiza	the on and ed trions
Presid (2) Ro Chief	ent and CEO gelio Lopez Operating Officer ana Ferrera	for related organizations below dotted line)  40.00  0.00 40.00 40.00	Individual trustee × or director	Institutional Trustee		· ·	ustee Highest compensated x	)	(W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	from organizati	the on and ed trions
(2) Ro Chief (3) Ile	gelio Lopez Operating Officer ana Ferrera Compliance	for related organizations below dotted line)  40.00  0.00 40.00 40.00 40.00	Individual trustee × or director	Institutional Trustee		· ·	Highest compensated x x	)	(W-2/1099- MISC/1099- NEC) 379,672	organizations (W-2/1099- MISC/1099- NEC)	from organizati	che on and ed titions
(2) Ro Chief (3) Ile	gelio Lopez Operating Officer ana Ferrera Compliance therine Gonzalez	for related organizations below dotted line)  40.00  0.00 40.00 40.00 0.00 40.00	Individual trustee × or director	Institutional Trustee		· ·	Highest compensated x x	)	(W-2/1099- MISC/1099- NEC) 379,672	organizations (W-2/1099- MISC/1099- NEC)	from organizati relati organiza	che on and ed titions
Presid (2) Ro Chief (3) Ile WP of (4) Ka	gelio Lopez Operating Officer ana Ferrera Compliance therine Gonzalez	for related organizations below dotted line)  40.00  0.00 40.00 40.00 0.00 40.00 40.00	Individual trustee ×	Institutional Trustee		· ·	Highest compensated x x	Former	(W-2/1099- MISC/1099- NEC) 379,672 169,112	organizations (W-2/1099- MISC/1099- NEC)	from organizati relati organiza	the on and ed titions
Presid (2) Ro Chief (3) Ile VP of (4) Ka Contro	gelio Lopez Operating Officer ana Ferrera Compliance therine Gonzalez Oller thelyn Molinares-Zimmerer CPA	for related organizations below dotted line)  40.00  0.00  40.00  40.00  0.00  40.00  2.00	Individual trustee × ×	Institutional Trustee		· ·	Highest compensated x x	Former	(W-2/1099- MISC/1099- NEC) 379,672 169,112	organizations (W-2/1099- MISC/1099- NEC)	from organizati relati organiza	the on and ed titions
(2) Ro Chief (3) Ile VP of (4) Ka Contro	gelio Lopez Operating Officer ana Ferrera Compliance therine Gonzalez oller thelyn Molinares-Zimmerer CPA	for related organizations below dotted line)  40.00  0.00  40.00  40.00  0.00  40.00  2.00	Individual trustee × ×	Institutional Trustee		· ·	Highest compensated x x	Former	(W-2/1099- MISC/1099- NEC) 379,672 169,112 112,416	organizations (W-2/1099- MISC/1099- NEC)	from organizati relati organiza	on and ed titions
(2) Ro Chief (3) Ile WP of (4) Ka Contro (5) Ka Direct (6) Dr	gelio Lopez Operating Officer ana Ferrera Compliance therine Gonzalez oller thelyn Molinares-Zimmerer CPA or Rudy Moise	for related organizations below dotted line)  40.00  0.00  40.00  40.00  0.00  40.00  2.00  0.00	Individual trustee × ×	Institutional Trustee		· ·	Highest compensated x x	Former	(W-2/1099- MISC/1099- NEC) 379,672 169,112 112,416	organizations (W-2/1099- MISC/1099- NEC)	from organizati relati organiza	on and ed titions
Presid (2) Ro Chief (3) Ile VP of (4) Ka Contro (5) Ka Direct	gelio Lopez Operating Officer ana Ferrera Compliance therine Gonzalez oller thelyn Molinares-Zimmerer CPA or Rudy Moise	for related organizations below dotted line)  40.00  0.00  40.00  40.00  0.00  40.00  0.00  2.00  0.00  2.00	Individual trustee x	Institutional Trustee		· ·	Highest compensated x x	Former	(W-2/1099- MISC/1099- NEC)  379,672  169,112  112,416  102,486	organizations (W-2/1099- MISC/1099- NEC)	from organizati relati organiza	on and ed trions

Director	0.00	^		1	1		U	U	U
(8) Maria Lamas	2.00			+					
		Х					0	0	0
Director	0.00								
(9) Dr Pascal Goldschmidt-Clermont	2.00								
		Х					0	0	0
Director	0.00								
(10) Joaquin Leon Esq	2.00								
		Х					0	0	0
Director	0.00								
(11) Jose Fuentes	4.00								
		Х	;	(			0	0	0
Immediate Past Chairman	0.00								
(12) Pablo Pino	2.00								
		Х	;	(			0	0	0
Treasurer	0.00								
(13) Michelle Barton King Esq	2.00								
		Х	;	(			0	0	0
Chairperson	0.00								
(14) Michael Salem	2.00								
		Х	;	(			0	0	0
Vice Chairman	0.00								
(15) Maria Gomez	2.00								
		X	;	(			0	0	0
Secretary	0.00								
			+	+	+	+			
	I						I		

Form **990** (2021)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	ne bo	ox, ι in of or/t	t ch unles ficer rust	ss pers	son	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations

1b

Sub-Total		. •			<u> </u>	
c Fotal from continuation sheets to F	Part VII, Section A	. •				
<u>d</u> otal (add lines 1b and 1c)		•	763,686	0		
Total number of individuals (inclusion freportable compensation from the compensati	uding but not limited to those li		reived more than \$	100,000		
					Yes	No
Did the organization list any for 1a? If "Yes," complete Schedule		, key employee, or hi	ighest compensate	d employee on line	3 Yes	
For any individual listed on line is organization and related organization individual					4 Yes	
Did any person listed on line 1a services rendered to the organiz	•	•	-		5 Yes	
Section B. Independent Con	 tractors			<u> </u>		
Complete this table for your five from the organization. Report c	e highest compensated independ				pensation	
N	(A) lame and business address		De	(B) scription of services		(C) ensation
						· <del></del> -
2 Total number of independent cont	ractors (including but not limite	nd to those listed abo	ove) who received	nore than \$100 000	of	
compensation from the organization		ed to those listed abo	ove) who received i	nore than \$100,000		
					Form <b>S</b>	<b>990</b> (2021
		Page 9 ———				
form 990 (2021)						Page 9
Part VIII Statement of Reve	enue					rage
Check if Schedule O co	ntains a response or note to an	ny line in this Part VIII				
		(A) Total revenue	(B) Related or	(C) Unrelated		<b>D)</b> venue
			exempt function	business revenue		led from er sections
=			revenue			- 514
<b>La</b> nt <del>réductiotes</del> , campaigns	<u>1a</u>					
Grants, Indu Membership dues L DtherAmt	1b					
Similar Amono Gumbslraising events	1c					
<b>d</b> Related organizations	1d					
<b>e</b> Government grants (contributions) 10,448,028	1e					
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	1f					
778,444						
<b>g</b> Noncash contributions included in lines 1a - 1f:\$	1g					
h Total. Add lines 1a-1f						
	11,226,472 Business Code	2				
2a Medicare	900099	291,765	291,76	5		
) Long term care mgmt	900099	15,482,922	15,482,92	2		
Long term care mgmt  COVID Relief Support	900001					
PPP Loan Forgiveness		3,250,450	3,250,45	0		

Ø 1			900001				
Litigation Settlement	 :		F41100	850,992	850,992		
D <sub>0</sub>			541100				
f All other program	service revenue.						
<b>9 Total.</b> Add lines 2	2a-2f <b></b>	<b>•</b>	20,125,243				
3 Investment income			est, and other				
similar amounts) .			<b>&gt;</b>	436,323	436,323		
<b>4</b> Income from invest	ment of tax-exer	npt bond	proceeds <b>&gt;</b>				
<b>5</b> Royalties			•				
	(i) Rea	al	(ii) Personal				
6a Gross rents	6a						
<b>b</b> Less: rental expenses	6b						
c Rental income or (loss)	6c						
<b>d</b> Net rental income	or (loss)		•				
	(i) Securi	ties	(ii) Other				
7a Gross amount	72						
from sales of assets other	7a						
than inventory							
<b>b</b> Less: cost or other basis and	7b						
sales expenses							
c Gain or (loss)	7c						
<b>d</b> Net gain or (loss)		<u> </u>					
Gross income from fu							
(not including \$ contributions reported See Part IV, line 18 b Less: direct expen	of ed on line 1c).						
See Part IV, line 18		8a					
<b>b</b> Less: direct expen	ses	8b					
c Net income or (los	s) from fundraisi	ng events	5				
c Net income or (los							
Gross income from							
See Part IV, line 19		9a					
<b>b</b> Less: direct expen		9b			li.		
c Net income or (los	s) from gaming a	ctivities	• • •				
10aGross sales of inve	entory less						
returns and allowa	inces	10a					
<b>b</b> Less: cost of good	ds sold	10b					
c Net income or (los		nventorv					
	ous Revenue		Business Code				
11a <sub>Other</sub>			900099	68,915	68,915		
		<del></del>					
		_					
C							
<b>d</b> All other revenue		_					
		1_					
e Total. Add lines 1	ıa-IIU		. •	68,915			
12 Total revenue. S	ee instructions .			31,856,953	20,630,481	C	0
			L	,555,555			Form <b>990</b> (2021)

——— Page 10 —



1 Grants and other assistance to demestic organizations and domestic governments. See Part N, line 21 2 Grants and other assistance to demestic individuals. See Part N, line 22 3 Grants and other assistance to forsign organizations, foreign governments, and foreign individuals. See Part N, line 21 3 Grants and other assistance to forsign organizations, foreign governments, and foreign individuals. See Part N, lines 15 and 16. 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees (as definite loader section 4998/(11)) and persons described in some section 4998/(11) and persons described in some 1992/(11) and persons described in 1992/(11) and 1992/(11) a	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Part N, fine 22   3 Grants and other assistance to foreign organizations, foreign and 16.   3   4   5   5   5   5   5   5   5   5   5			·		
governments, and foreign individuals. See Part IV, lines 15 and 16.  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation of current officers, directors, trustees, and key employees  7 Other salaries and wages.  8 Benston plan accruals and contributions (include section 4058(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described in section 4958(f) and persons					
5 Componsation of current officers, directors, fusiteses, and key employees - 6 Componsation not included above, to disqualified persons (as defined under section 4958c()(1)) and persons described in section 4958c()(3) (3) 7 Other subries and wages	governments, and foreign individuals. See Part IV, lines 15				
Rey employees	4 Benefits paid to or for members				,
(as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(8)  7 Other saleries and wages . 18,403,737 15,773,762 2,629,975  8 Persion plain accuracy and contributions (include section 401(6) and 403(b) employer contributions) . 9 Other employee benefits . 2,390,820 1,762,035 628,785  10 Payroll taxes . 2,390,820 1,762,035 628,785  11 Fees for services (non-employees):  a Management . 265,030 4,384 260,646 6.626,046 6.6					
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 2,390,820 11,762,035 6 28,785 11 Fees for services (non-employees): a Management bLegal 265,030 4,384 266,646 CAccounting 6 Lobbying 6 Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other (Inite 1) amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 13 Office expenses 7 75,626 14 Information technology 114,813 19764 953,154 234,511 7 Travel 16 Occupancy 5 73,968 8,785 5 753,968 8,785 6 555,182 17 Travel 19 Conferences, conventions, and meetings 10 Interest 10 Interest 11 Reyments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Reyments to affiliates 12 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Contractual Services 14 Fine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 1 Contractual Services 14 Fine 25e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 1 Contractual Services 14 Fine 25e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 1 Contractual Services 1 All other expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 1 All other expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 1 All other expenses 1 21,702 2 22,703 2 5 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational accounts and amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 10 Toto 4 Costs. Complete this line only if the organization reported in column (B) j	(as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
8 Pension plan accruals and contributions (include section 403 (k) and 403 (k) employer contributions).  9 Other employee benefits	1	18.403.737	15.773.762	2,629,975	
9 Other employee benefits	8 Pension plan accruals and contributions (include section	23,132,131			
10 Payroll taxes	```				
11 Fees for services (non-employees): a Management b Legal	· ·	2,390,820	1,762,035	628,785	
a Management	· · · · · · · · · · · · · · · · · · ·				
Description					
c Accounting	-	265.030	4.384	260,646	
d Lobbying	-	,	,		
e Professional fundraising services. See Part IV, line 17 f Investment management fees	-				
File   Investment management fees	· -				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  12 Advertising and promotion  13 Office expenses	- · · · · · · · · · · · · · · · · · · ·				
12 Advertising and promotion	<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column	1,298,092	110,427	953,154	234,511
13 Office expenses					
14 Information technology     114,813     19,764     95,049       15 Royalties     573,968     8,786     565,182       17 Travel     64,642     47,910     16,732       18 Payments of travel or entertainment expenses for any federal, state, or local public officials     64,642     47,910     16,732       19 Conferences, conventions, and meetings     50     50     50     50       20 Interest     50     50     50     50       21 Payments to affiliates     50     50     50     50       22 Depreciation, depletion, and amortization     8,800     212     8,588     50       23 Insurance     210,774     2,824     207,950       24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)     457,923     190,605     267,318       a Contractual Services     457,923     190,605     267,318       b Equipment Rental     68,247     1,311     66,936       c Provider Services     4,814,007     4,814,007       d Uncollectible AR     498,755     172,423     326,332       e All other expenses     21,702     21,702       25 Total functional expenses. Add lines 1 through 24e     29,266,936     22,978,486     6,053,939<	_ ·	75,626	48,334	27,292	
15 Royalties	·	114,813	19,764	95,049	
16 Occupancy   17 Travel   17 Travel   16 A,642   17 Travel   17 Travel 16 A,642		·	•	•	_
17 Travel	· · · · · · · · · · · · · · · · · · ·	573,968	8,786	565,182	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .  19 Conferences, conventions, and meetings  20 Interest	· · ·				
20 Interest	18 Payments of travel or entertainment expenses for any	·	·	`	
21 Payments to affiliates	<b>19</b> Conferences, conventions, and meetings				
22 Depreciation, depletion, and amortization	<b>20</b> Interest				
23 Insurance	21 Payments to affiliates				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a Contractual Services  457,923  190,605  267,318  b Equipment Rental  68,247  1,311  66,936  c Provider Services  4,814,007  4,814,007  d Uncollectible AR  498,755  172,423  326,332  e All other expenses  21,702  21,702  25 Total functional expenses. Add lines 1 through 24e  29,266,936  22,978,486  6,053,939  234,511  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	22 Depreciation, depletion, and amortization	8,800	212	8,588	
miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a Contractual Services  457,923  190,605  267,318  b Equipment Rental  68,247  1,311  66,936  c Provider Services  4,814,007  4,814,007  d Uncollectible AR  498,755  172,423  326,332  e All other expenses  21,702  21,702  21,702  25 Total functional expenses. Add lines 1 through 24e  29,266,936  22,978,486  6,053,939  234,511  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	23 Insurance	210,774	2,824	207,950	
a Contractual Services  457,923  190,605  267,318  b Equipment Rental  68,247  1,311  66,936  c Provider Services  4,814,007  4,814,007  d Uncollectible AR  498,755  172,423  326,332  e All other expenses  21,702  21,702  21,702  25 Total functional expenses. Add lines 1 through 24e  29,266,936  22,978,486  6,053,939  234,511  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
c Provider Services 4,814,007 4,814,007  d Uncollectible AR 498,755 172,423 326,332  e All other expenses 21,702 21,702  25 Total functional expenses. Add lines 1 through 24e 29,266,936 22,978,486 6,053,939 234,511  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	·	457,923	190,605	267,318	
d Uncollectible AR  498,755  172,423  326,332  e All other expenses  21,702  21,702  21,702  25 Total functional expenses. Add lines 1 through 24e  29,266,936  22,978,486  6,053,939  234,511  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	<b>b</b> Equipment Rental	68,247	1,311	66,936	
e All other expenses 21,702 21,702  25 Total functional expenses. Add lines 1 through 24e 29,266,936 22,978,486 6,053,939 234,511  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	c Provider Services	4,814,007	4,814,007		
25 Total functional expenses. Add lines 1 through 24e 29,266,936 22,978,486 6,053,939 234,511 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	d Uncollectible AR	498,755	172,423	326,332	
Total functional expenses. Add lines 1 through 24e 29,266,936 22,978,486 6,053,939 234,511  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	e All other expenses	21,702	21,702		
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		29,266,936	22,978,486	6,053,939	234,511
Check here ► ✓ if following SOP 98-2 (ASC 958-720).	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined				
	Check here ► ✓ if following SOP 98-2 (ASC 958-720).				

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Part X	Rai	lance	She	et

		Check if Schedule O contains a response or not	ic to di	, me in this rank r	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			9,941,850	1	9,589,767
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,494,215	3	1,321,359
	4	Accounts receivable, net		🕇	753,148	4	566,569
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subs controlled entity or family member of any of the Loans and other receivables from other disqualif section 4958(f)(1)), and persons described in so	tantial se pers fied per	ontributor, or 35% ons ons (as defined under		5	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
SS	9	Prepaid expenses and deferred charges			61,726	9	61,127
A	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	18,919,274			·
	b	Less: accumulated depreciation	10b	18,899,618	18,457	10c	19,656
	11	Investments—publicly traded securities •			582,894	11	564,184
	12	Investments—other securities. See Part IV, line 1	11 .		,,,,,	12	
	13	Investments—program-related. See Part IV, line		· · · · ·	700,000	13	700,000
	14	Intangible assets	· <del> </del>		14	590,000	
	15	Other assets. See Part IV, line 11	· · · ·	65,287	15	65,287	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equ	ual line	(3)	13,617,577	16	13,477,949
	17	Accounts payable and accrued expenses	<u> </u>		1,414,218	17	2,072,943
	18	Grants payable			1,414,210	18	2,012,040
	19	Deferred revenue		-		19	
	20	Tax-exempt bond liabilities	•	-		20	
3.5	21	Escrow or custodial account liability. Complete Pa	ort N/o	Schodulo D		21	
ties	22	Loans and other payables to any current or form		-		21	
Liabilities		employee, creator or founder, substantial contril				22	
	23	Secured mortgages and notes payable to unrela	ted thi	d parties		23	
	24	Unsecured notes and loans payable to unrelated	l third	arties		24	
	25	Other liabilities (including federal income tax, pay and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	related third parties,	5,817,000	25	2,102,298	
	26	<b>Total liabilities.</b> Add lines 17 through 25	1		7,231,218	26	4,175,241
Fund Balances	27	Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33. Net assets without donor restrictions	eck ho	re <b>a</b> nd	6,386,359	27	9,302,708
ä	28	Net assets with donor restrictions				28	
9	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	958, c	eck here  and		29	
ets	30	Paid-in or capital surplus, or land, building or eq	uipmer	fund		30	
Net Assets	31	Retained earnings, endowment, accumulated inc	ome, o	other funds		31	
it h	32	Total net assets or fund balances		[	6,386,359	32	9,302,708
Ř	33	Total liabilities and net assets/fund balances .			13,617,577	33	13,477,949

———— Page 12 —

Form 990 (2021) Page **12** 

Part XI Reconcilliation of Net Assets

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



	m 990, Special Condition Description:						
	Software ID: Software Version:						
	dditional Data		Returi	n to Fo	orm		
orm	n 990 (2021)						
			F	orm <b>99</b>	<b>0</b> (2021		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	uired	3b				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the saudit Act and OMB Circular A-133?	•	За		No		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		103			
c	Separate basis Consolidated basis Both consolidated and separate basis  If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,					
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes			
	Separate basis Consolidated basis Both consolidated and separate basis						
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No		
1	Accounting method used to prepare the Form 990:						
				Yes	No		
	Check if Schedule O contains a response or note to any line in this Part XII						
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) art XII Financial Statements and Reporting	10		9	,302,708		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			326,332		
8	Prior period adjustments	8					
7	Investment expenses	7					
6	Donated services and use of facilities	6					
5	Net unrealized gains (losses) on investments	5		0	,386,359		
	·						
2	Total expenses (must equal Part IX, column (A), line 25)	2			,266,936		
1	iotai revenue (must equai Paπ VIII, coiumn (A), iine 12)	1		51	כצ,סכא,		
		-			29 2		

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number United Home Care Services Inc Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a 9 non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its c supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not d functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of (iv) Is the organization listed (vi) Amount of (ii) EIN (v) Amount of organization organization in your governing document? monetary support other support (see (described on lines (see instructions) instructions) 1- 10 above (see instructions)) Yes No Total For Paperwork Reduction Act Notice, see the Instructions for Cat. No. 11285F Schedule A (Form 990) 2021 Form 990 or 990-EZ. Page 2

Schedule A (Form 990) 2021

Page 2

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

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

Section A. Public Support

	ienuar year r fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	7,948,259	8,196,999	8,038,980	9,090,044	10,646,001	43,920,283
2	include any "unusual grant.") Tax revenues levied for the						
-	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge	7.040.250	0.405.000	0.000.000	0.000.044	10.515.001	42,020,202
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by	7,948,259	8,196,999	8,038,980	9,090,044	10,646,001	43,920,283
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4.						43,920,283
	ection B. Total Support	1	I	I	I	I	
	lendar year r fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest,	7,948,259	8,196,999	8,038,980	9,090,044	10,646,001	43,920,283
0	dividends, payments received on securities loans, rents, royalties and income from similar sources	326,234	99,069	2,022	796,211	436,323	1,659,859
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	89,628	41,556	85,518	746,490	4,419,471	5,382,663
11	Total support. Add lines 7 through 10						50,962,805
12		etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for t	the organization's	first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) orga	nization, check
	this box and <b>stop here</b>					▶ 🗆	
	Section C. Computation of Publi	• • •		(6)			
14 15	Public support percentage for 2021 (li Public support percentage for 2020 Se			. ,,		14	86.180 % 93.730 %
	33 1/3% support test—2021. If the						
	and <b>stop here.</b> The organization qual	lifies as a publicly s	supported organiz	ation			🕨 🔽
Ŀ	33 1/3% support test—2020. If th	=					k this
	box and <b>stop here.</b> The organization						<b>.</b> .
178	10%-facts-and-circumstances test and if the organization meets the "fac						
	meets the "facts-and-circumstances"	-			-		_
t	more, and if the organization meets organization meets the "facts-and-ci	the "facts-and-circ	cumstances" test,	check this box and	d <b>stop here.</b> Expl	ain in Part VI how	
18	Private foundation. If the organizati	on did not check a	a box on line 13 1	6a, 16b. 17a. or 1	.7b, check this ho	x and see	
10	instructions		•		•		►□
							Form 990) 2021
			———— Page 3				
Sch	edule A (Form 990) 2021						Page <b>3</b>
	Part III Support Schedule f (Complete only if you	ı checked the bo	ox on line 10 of	Part I or if the o	rganization faile		
_	the organization fails Section A. Public Support	to qualify unde	r the tests listed	l below, please o	complete Part II	.)	
Ca	lendar year	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(o 1	membership fees received. (Do not	(4) 2017	(2) 2010	(6) 2013	(2) 2020	(6) 2321	(1) Total
2	include any "unusual grants.") . Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						

3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid								
	to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.								
С	Add lines 7a and 7b								
8	<b>Public support.</b> (Subtract line 7c from line 6.)								
Se	ection B. Total Support			II.		I			
	endar year fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Tot	tal	
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income						+		
	(less section 511 taxes) from businesses acquired after June 30, 1975.								
c	Add lines 10a and 10b.						<del></del>		
11	Net income from unrelated business activities not included on line 10b, whether or not the business is								
12	regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).								
13	Total support. (Add lines 9, 10c,						+		
14	11, and 12.) <b>First 5 years.</b> If the Form 990 is for t	Lhe organization's	l first, second, thir	」 d, fourth, or fifth	l tax year as a sec	 tion 501(c)(3) org	<u> </u>	n, che	eck
	this box and <b>stop here</b>							. •	· 🔲
	ection C. Computation of Public								
15	Public support percentage for 2021 (lir Public support percentage from 2020 9	,		. ,,		15 16			
16 Se	ection D. Computation of Invest					10			
17	Investment income percentage for 202			line 13, column (	f))	17			
18	Investment income percentage from 2	•	•			18	17 is r		
19a	<b>33</b> 1/3% support tests-2021. If the more than 33 1/3%, check this box and	organización did n	iot check the box	on line 14, and	illie 15 is more ma	II 33 1/3%, aliu III			
_		d ston here. The							
b	<b>33</b> 1/3% support tests—2020. If the	e organization did	organization qua not check a box	lifies as a publicly on line 14 or line	supported organi 19a, and line 16 is	zation s more than 33 1/3	▶ [ 3% and li	ne 18	8 is
_	33 1/3% support tests—2020. If the not more than 33 1/3%, check this box	e organization did and stop here.	organization qua not check a box The organization	lifies as a publicly on line 14 or line qualifies as a pu	supported organi 19a, and line 16 is blicly supported or	zation	▶ [ 3% and li	ne 18	8 is
20	<b>33</b> 1/3% support tests—2020. If the	e organization did and stop here.	organization qua not check a box The organization	lifies as a publicly on line 14 or line qualifies as a pu	supported organi 19a, and line 16 is blicly supported or	zation	▶ [ 3% and li ▶ [	ine 18	
_	33 1/3% support tests—2020. If the not more than 33 1/3%, check this box	e organization did and stop here.	organization qua not check a box The organization	lifies as a publicly on line 14 or line qualifies as a pu	supported organi 19a, and line 16 is blicly supported or	zation	▶ [ 3% and li ▶ [	ine 18	
_	33 1/3% support tests—2020. If the not more than 33 1/3%, check this box	e organization did and stop here.	organization qua not check a box The organization	lifies as a publicly on line 14 or line qualifies as a pu 19a, or 19b, chec	supported organi 19a, and line 16 is blicly supported or	zation	▶ [ 3% and li ▶ [	ine 18	
_	33 1/3% support tests—2020. If the not more than 33 1/3%, check this box	e organization did and stop here.	organization qua not check a box The organization box on line 14,	lifies as a publicly on line 14 or line qualifies as a pu 19a, or 19b, chec	supported organi 19a, and line 16 is blicly supported or	zation	▶ [ 3% and li ▶ [	ine 18	
20	33 1/3% support tests—2020. If the not more than 33 1/3%, check this box	e organization did and stop here.	organization qua not check a box The organization box on line 14,	lifies as a publicly on line 14 or line qualifies as a pu 19a, or 19b, chec	supported organi 19a, and line 16 is blicly supported or	zation	▶ [ 3% and li ▶ [	ine 18	
20 Sche	33 1/3% support tests—2020. If the not more than 33 1/3%, check this box  Private foundation. If the organization dule A (Form 990) 2021  t IV Supporting Organization	e organization did c and <b>stop here.</b> on did not check a	organization qua not check a box The organization box on line 14, :	lifies as a publicly on line 14 or line qualifies as a pu 19a, or 19b, chec	y supported organi 19a, and line 16 is blicly supported or ck this box and see	zation	▶ ( 3% and li ▶ ( ▶ (	Page 18	<b>2021</b> age <b>4</b>
20 Sche	dule A (Form 990) 2021  T IV Supporting Organization  (Complete only if you checked a box 12b, of Part I, complete Section	e organization did  c and stop here.  on did not check a  s  a box on line 12 or  ections A and C. If  as A and D, and co	organization qua not check a box The organization box on line 14, :  Page 4  f Part I. If you ch you checked box	lifies as a publicly on line 14 or line qualifies as a pu 19a, or 19b, chec ecked box 12a, c	supported organi 19a, and line 16 is blicly supported or ck this box and see	zation	▶ [ ▶ [ ▶ [ ▶ [ ▶ ]	Paghecke	<b>2021</b> age <b>4</b> ed
20 Sche	and the support tests—2020. If the not more than 33 1/3%, check this box private foundation. If the organization dule A (Form 990) 2021  To supporting Organization (Complete only if you checked a box 12b, of Part I, complete Section 1.	e organization did  c and stop here.  on did not check a  s  a box on line 12 or  ections A and C. If  as A and D, and co	organization qua not check a box The organization box on line 14, :  Page 4  f Part I. If you ch you checked box	lifies as a publicly on line 14 or line qualifies as a pu 19a, or 19b, chec ecked box 12a, c	supported organi 19a, and line 16 is blicly supported or ck this box and see	zation		Page 18 Page 19 Page 1	2021 age 4
20 Sche	dule A (Form 990) 2021  It IV Supporting Organization (Complete only if you checked a box 12b, of Part I, complete Section A. All Supporting Organization  Are all of the organization's supported If "No," describe in Part VI how the section in the support of the support of the support of the organization's supported in Part VI how the section in the support of the	s a box on line 12 or ections A and D, and contains a different actions.	organization qua not check a box The organization box on line 14, Page 4  f Part I. If you che you checked boy omplete Part V.)  ted by name in the ations are designed	lifies as a publicly on line 14 or line qualifies as a pu 19a, or 19b, checked box 12a, ox 12c, of Part I, ox e organization's ated. If designation	of Part I, complete complete Sections of governing docume	zation	▶ [ ▶ [ ▶ [ ▶ [ ▶ ]	Page 18 Page 19 Page 1	<b>2021</b> age <b>4</b> ed
Sche Par	and the organization's supported for "No," describe the designation. If historic and the organization and the organization of the organization. If the organization (Complete only if you checked a box 12b, of Part I, complete Section A. All Supporting Organization of the organization's supported of the organization. If historic and the organization have any supported of the organization have any supported on the organization have any supported or the organization have any supported	s a box on line 12 o excions A and C. If is A and D, and coations  organizations list upported organization tiled organization	organization qua not check a box The organization box on line 14, 2  Page 4  f Part I. If you che you checked box complete Part V.)  red by name in the ations are designationship, explain nat does not have	lifies as a publicly on line 14 or line qualifies as a pu 19a, or 19b, checked box 12a, ox 12c, of Part I, ox e organization's ated. If designation at 18 determine a line at 18 determine on line at 18 determine on line at 18 determine on line at 18 determine at 18 determine on line at 18 determine at 18 determine on line at 18 determine at 18 deter	y supported organic 19a, and line 16 is blicly supported or ck this box and see of Part I, complete complete Sections of Part I, complete somplete Sections of seed by class or purponation of status united to the section of sect	zation		Page 18 Page 19 Page 1	2021 age 4
Sche Par	and the organization of the organization (Complete only if you checked a box 12b, of Part I, complete Section A. All Supporting Organization of the organization. If historic and of the designation. If historic and organization of the organization of the organization.	s a box on line 12 o extions A and D, and continuing related organization that the continuing related organization that VI how the o	red by name in thations are designations are designations are designations and determined to the control of the	ecked box 12a, cx 12c, of Part I, cx at a IRS determined that the series as a publicly on line 14 or line appears a publicly on line 15 or line an IRS determined that the series are line as a publicly on line as a publicly or line at a publicly	y supported organic 19a, and line 16 is blicly supported or ck this box and see of Part I, complete complete Sections of powering docume and by class or purported organization of status unsupported organization.	sation		Page 18 Page 19 Page 1	2021 age 4

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> 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.	3c		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	4a		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by	5a		
ь	amendment to the organizing document).  Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	Ja		
	organization's organizing document?	5b		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$ ), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .			
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
	organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	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 <b>Part VI</b> .			
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.	9c		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine	10a		
	whether the organization had excess business holdings).	10b		
	Schedule A	(Form	າ 990)	2021
	Page 5 ———————————————————————————————————			
Sche	dule A (Form 990) 2021		F	Page <b>5</b>
Par	t IV Supporting Organizations (continued)			
			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 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
Se	VI. ection B. Type I Supporting Organizations	<u> </u>		
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2		1		
4	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		

S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
_	organization (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	tions)	:	
;	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
ı	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ictions)	١
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
;	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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.	2a		
I	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			
	organization's involvement.	2b		<u> </u>
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>	_		<b></b>
	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 <b>Part VI</b> .	3a		
	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 <b>Part VI.</b> the role played by the organization in this regard.	3b		
	Schedule A		1 990)	2021
	Page 6			
Sche	edule A (Form 990) 2021		F	Page <b>6</b>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in <b>Part V</b> instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through	,	е	
	Section A - Adjusted Net Income  (A) Prior Year	<u>,,, ⊏,</u>		
	(B) Current Year (optional)			
1	Net short-term capital gain 1			
2	Recoveries of prior-year distributions 2			
3	Other gross income (see instructions)  3			
4	Add lines 1 through 3 4			
5	Depreciation and depletion 5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)			

		1 _	I	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
		1	I	
	Section B - Minimum Asset Amount		(A) Prior Year	
(	(B) Current Year (optional)			
L	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
		ĺ	1	
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
			<u> </u>	
3	Subtract line 2 from line 1d	3		
		1	ı	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
	·			
	Note that the form of the state	1 -	1	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
			I	
7	Recoveries of prior-year distributions	7		
		1 -	I	
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			
	Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_	E 1 050/ 51 - 1	1 _	I	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
_			L	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency	6		
	temporary reduction (see instructions)			

Schedule A (Form 990) 2021 Page **7** 

	art V Type III	Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (cor	ntinued)	)
Se	ection D - Distribu	ıtions				Current Year
1	Amounts paid to su	pported organizations to accomplish	n exempt purposes		1	
2	Amounts paid to per excess of income from	rform activity that directly furthers on activity	exempt purposes of supported	d organizations, in	2	
3	Administrative expe	nses paid to accomplish exempt pur	rposes of supported organizat	ions	3	
4	Amounts paid to acc	quire exempt-use assets			4	
5	Qualified set-aside a	mounts (prior IRS approval require	ed - provide details in <b>Part VI</b>	)	5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions					
7	Total annual distrib	outions. Add lines 1 through 6.			7	
8	Distributions to atte details in <b>Part VI</b> ).	entive supported organizations to w See instructions	hich the organization is respor	nsive ( <i>provide</i>	8	
9	Distributable amoun	t for 2021 from Section C, line 6			9	
10	Line 8 amount divide	d by Line 9 amount			10	
		istribution Allocations instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount	for 2021 from Section C, line 6				
		any, for years prior to 2021 quired <i>explain in <b>Part VI</b></i> ).				
		carryover, if any, to 2021:				
	From 2016 From 2017					
	From 2018					
<u> </u>	le Public Visual Ren	•	300411 - Submission: 2022-			TIN: 59-1523943 OMB No. 1545-0047
		0 - 1	hedule of Contribu	tors		OIVID No. 1343-0047
3C	chedule B	SCI				
( <b>For</b> Depa	rm 990) artment of the Treasury nal Revenue Service	<b>▶</b> A	ttach to Form 990, 990-EZ, or 9 w.irs.gov/Form990 for the late			2021
(For Depa Interr	rm 990) artment of the Treasury	► As Figure 1			-	oyer identification number
(For Depa Interr Nam Unit	rm 990) artment of the Treasury nal Revenue Service ne of the organization	Go to www			-	
(For Depa Interr Nam Unit	rm 990) artment of the Treasury nal Revenue Service ne of the organization sed Home Care Service	Go to www			-	oyer identification number
(For Depa Interr Nam Unit Org	rm 990) artment of the Treasury nal Revenue Service ne of the organization ced Home Care Service ganization type (che	Go to www.	w.irs.gov/Form990 for the late		-	oyer identification number
(For Depa Interr Nam Unit Org	rm 990) artment of the Treasury nal Revenue Service ne of the organization ced Home Care Service ganization type (che	Go to www  es Inc  eck one):  Section:  501(c)( ) (enter nur	w.irs.gov/Form990 for the late	st information.	59-15	oyer identification number
(For Depa Interr Nam Unit Org	rm 990) artment of the Treasury nal Revenue Service ne of the organization ced Home Care Service ganization type (che	Go to www  es Inc  eck one):  Section:  501(c)( ) (enter nur	mber) organization  pt charitable trust <b>not</b> treate	st information.	59-15	oyer identification number
(For	rm 990) artment of the Treasury nal Revenue Service ne of the organization ced Home Care Service ganization type (che	Go to www.  Ges Inc  eck one):  Section:  501(c)( ) (enter nur  4947(a)(1) nonexem	mber) organization  pt charitable trust <b>not</b> treate	st information.	59-15	oyer identification number
(For	rm 990) artment of the Treasury nal Revenue Service ne of the organization red Home Care Service ganization type (che ers of: rm 990 or 990-EZ	Go to www.  Go to www.  Section:  501(c)( ) (enter nur  4947(a)(1) nonexem  527 political organiza  501(c)(3) exempt pri	mber) organization  pt charitable trust <b>not</b> treate	ed as a private founda	59-15	oyer identification number

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.

	organization filing Form 990, 990-EZ, or 990-PF that received, door other property) from any one contributor. Complete Parts I and tions.		
Special Rules			
under sec received f	ganization described in section 501(c)(3) filing Form 990 or 990- tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A ( from any one contributor, during the year, total contributions of t VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II	Form 990 or 990-EZ), Part II, I he greater of <b>(1)</b> \$5,000 or <b>(2)</b>	ine 13, 16a, or 16b, and that
during the	ganization described in section 501(c)(7), (8), or (10) filing Form e year, total contributions of more than \$1,000 <i>exclusively</i> for rel or for the prevention of cruelty to children or animals. Complete	ligious, charitable, scientific, lite	
during the If this box purpose. I	ganization described in section 501(c)(7), (8), or (10) filing Form year, contributions exclusively for religious, charitable, etc., pu is checked, enter here the total contributions that were received Don't complete any of the parts unless the <b>General Rule</b> applies charitable, etc., contributions totaling \$5,000 or more during the	rposes, but no such contribution during the year for an excluse to this organization because	ons totaled more than \$1,000. ively religious, charitable, etc., it received nonexclusively
990-EZ, or 990-P	nization that isn't covered by the General Rule and/or the Spec F), but it <b>must</b> answer "No" on Part IV, line 2, of its Form 990; o OPF, Part I, line 2, to certify that it doesn't meet the filing require F).	or check the box on line H of its	Form 990-EZ
For Paperwork Red for Form 990, 990-E	duction Act Notice, see the Instructions EZ, or 990-PF.	Cat. No. 30613X	Schedule B (Form 990) (2021)
	Page 2 ——		
Schedule B (Form Name of organizat United Home Care	ion	Page Employer id 59-1523943	entification number
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	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 person)
(a)	(b)	(c)	(Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
-			Person Payroll
		I	

			Noncash
			(Complete Part II for noncash contributions.)
(a) No		(c) Total contributions	(d) Type of contribution
			Person
-		_	Payroll
		\$_	Noncash
			Noncasii
			(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)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions	Type of contribution
_			Person
			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
	·		Schedule B (Form 990) (2021)
	D 0		
	Page 3		
Schedule F	3 (Form 990) (2021)		Page 3
Name of or	ganization	Employer identification	
United Hom	e Care Services Inc	59-1523943	
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
· uiti		(SSS manuchons)	
-		\$	
(a)	(b)	(c)	(d)
No. from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
-		\$	
(-)		(-)	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
	Description of horicash property given	(See instructions)	2410 10001104
-		(See instructions)	
(a)	Description of noncash property given		

No. from Part I	1	Des	(b) cription of noncash	property giver	1	•	or estimate)	(d) Date received			
-							\$				
(a) No. from Part I		Des	(b) cription of noncash	property giver	1	-	(c) or estimate) nstructions)	(d) Date received			
-							\$				
								Schedule B (Form 990) (2021)			
								( )			
				Pa	age 4						
0-1	D /F	00) (0004)						D			
	rganization	90) (2021)					Employer ide	Page 4			
	me Care Se						59-1523943				
Part III	Exclusiv	elv religious	. charitable, etc., cont	tributions to ord	anizations descri	bed in sec		(8), or (10) that total more			
	organiza	tions compl (Enter this i	ear from any one cont eting Part III, enter the nformation once. See of Part III if additional sp	total of exclus instructions.)	ively religious, ch			ving line entry. For ns of <b>\$1,000 or less</b> for			
(a) No. from Part I		(b) Purpo	se of gift		c) Use of gift		(d) Description of how gift is h				
-											
		Transferee's	name, address, and 2	, ,	Transfer of gift	elationshi	p of transferor t	o transferee			
							p 0				
(a) No. from Part I		(b) Purpo	se of gift	(1	c) Use of gift		(d) Description of how gift is held				
-		Transferee's	name, address, and 2		Transfer of gift	elationshi	p of transferor t	o transferee			
ofile Bul	blic Visua			I							
SCHED		i Kender	ObjectId: 202213				2-15	<b>TIN: 59-1523943</b> OMB No. 1545-0047			
(Form 990)			Suppleme	ntal Finan	cial Stateme	ents		2024			
			Complete if the open comple				2b.	2021			
Department of the Internal Revenue			So to www.irs.gov/Fo	► Attach to Fo	rm 990.			Open to Public Inspection			
Name of	the organ	ization	<u> </u>	TOT INISC.	actions and the last			fication number			
United Hor	me Care Serv	ices Inc					59-1523943				
Part I			intaining Donor Advantage intaining Donor Advantage into an interest in intere			unds or	Accounts.	_			
	Comple	te ii the orgi	anizacion answered i		onor advised funds		(b) Funds ar	nd other accounts			
		•									
	•		ns to (during year)								
	•	•	n (during year)								
	-	•									
orga	nization's p	roperty, subje	I donors and donor advisect to the organization's	exclusive legal co	ntrol?			Yes No			
chari	itable purpo	ses and not f	I grantees, donors, and or the benefit of the don	or or donor advis	sor, or for any other	purpose co	onferring	Yes No			
Part II		vation Ease	ements.	/ac" on Form Of	00 Part IV line 7			<u>—</u>			

1	Purpos	se(s) of conservation easements held by the organization (check all	that a	oply).		
		Preservation of land for public use (e.g., recreation or education)		Preservation	n of an hist	orically important land area
		Protection of natural habitat		Preservation	n of a certif	ied historic structure
		Preservation of open space				
2		lete lines 2a through 2d if the organization held a qualified conserval	tion co	ntribution in t	he form of	a_conservation
		nent on the last day of the tax year.			1 -	Held at the End of the Year
a		umber of conservation easements			. 2a	
b c		er of conservation easements on a certified historic structure include			. 2b	
d		er of conservation easements included in (c) acquired after 7/25/06,	,	•		
	structu	ure listed in the National Register				
3	Numbe tax ye	er of conservation easements modified, transferred, released, exting lar	juished	d, or terminate	ed by the o	rganization during the
4	Numbe	er of states where property subject to conservation easement is loc	ated 🕨			<u></u>
5	Does t	the organization have a written policy regarding the periodic monitor rement of the conservation easements it holds?	ing, in	spection, han	dling of vio	lations, and Yes No
6	Staff a	and volunteer hours devoted to monitoring, inspecting, handling of	violatio	ns, and enfor	cing conser	vation easements during the year
7	Amour ▶ \$	nt of expenses incurred in monitoring, inspecting, handling of violati	ons, a	nd enforcing c	conservatio	n easements during the year
8		each conservation easement reported on line $2(d)$ above satisfy the ection $170(h)(4)(B)(ii)$ ?				)(4)(B)(i) Yes No
9	balanc	t XIII, describe how the organization reports conservation easement te sheet, and include, if applicable, the text of the footnote to the or ganization's accounting for conservation easements.				
Par	t III	Organizations Maintaining Collections of Art, Historic Complete if the organization answered "Yes" on Form 990,	Part	IV, line 8.		
1a	histori	organization elected, as permitted under FASB ASC 958, not to repical treasures, or other similar assets held for public exhibition, educ III, the text of the footnote to its financial statements that describe	ation,	or research in		
b	If the histori	organization elected, as permitted under FASB ASC 958, to report i ical treasures, or other similar assets held for public exhibition, educ ing amounts relating to these items:	n its re	evenue statem		
(	i) Rever	nue included on Form 990, Part VIII, line 1				<b>&gt;</b> \$
(i	i) Asset	s included in Form 990, Part X				. ▶\$
2		organization received or held works of art, historical treasures, or oling amounts required to be reported under FASB ASC 958 relating t			or financial	gain, provide the
а	Reven	ue included on Form 990, Part VIII, line 1				. • \$
b	Assets	s included in Form 990, Part X				. ▶\$
For F	Paperw	ork Reduction Act Notice, see the Instructions for Form 990.		Ca	t. No. 5228	33D <b>Schedule D (Form 990) 2021</b>
		Page 2				
Sche	dule D (	Form 990) 2021				Page <b>2</b>
	: III	Organizations Maintaining Collections of Art, Historic	cal Tr	easures, o	r Other S	
3		the organization's acquisition, accession, and other records, check a (check all that apply):	any of	the following t	that are a s	ignificant use of its collection
а		Public exhibition d		Loan or exch	nange prog	rams
b		e Scholarly research		Other		
c		Preservation for future generations				
4	Provid Part X	e a description of the organization's collections and explain how the $\operatorname{III}$ .	y furth	er the organiz	zation's exe	empt purpose in
5		g the year, did the organization solicit or receive donations of art, his s to be sold to raise funds rather than to be maintained as part of the				
Par	t IV	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, line 21.	Part	IV, line 9, or	reported	an amount on Form 990, Part X,
1a		organization an agent, trustee, custodian or other intermediary for ed on Form 990, Part X?				
	TE ID	Il such in the summer and the Boltzman in the Commercial Commercia	-1-1	1		Amount
b c		s," explain the arrangement in Part XIII and complete the following to ning halance	abie:		1c	Amount
-						

d Aller I				14				_
d Additions during the year  e Distributions during the year .								_
<ul><li>e Distributions during the year .</li><li>f Ending balance</li></ul>				· · ·				_
					ability?			
<ul><li>Did the organization include an a</li><li>b If "Yes," explain the arrangemen</li></ul>						Ye 	s 🔲	No
Part V Endowment Funds.		· ·		•				
Complete if the organ	ization answered "Yes" o	on Form 990, Pa	rt IV, I	ine 10.				
	(a) Current y	/ear (b) Prior	year	(c) Two years back	(d) Three years	back (	<b>e)</b> Four ye	ars back
<b>1a</b> Beginning of year balance								
<b>b</b> Contributions								
c Net investment earnings, gains, a								
<b>d</b> Grants or scholarships								
e Other expenditures for facilities and programs								
<b>f</b> Administrative expenses								
<b>g</b> End of year balance								
<b>2</b> Provide the estimated percentage	•	alance (line 1g, co	lumn (a	)) held as:				
<b>a</b> Board designated or quasi-endo	owment •							
b Permanent endowment ►								
c Term endowment								
The percentages on lines 2a, 2b <b>3a</b> Are there endowment funds not	·		ra hald :	and administered	or the			
organization by:	. III the possession of the of	gamzacion that a	e neid (	and administered	or the		Yes	No
(i) Unrelated organizations .						3a		
(ii) Related organizations .							(ii)	
<ul><li>b If "Yes" on 3a(ii), are the related</li><li>4 Describe in Part XIII the intende</li></ul>						3	b	
Part VI Land, Buildings, and		chaowhiche rane						
	(a) Cost or other basis (investment)	) Cost or other bas	is (other	(c) Accumulated	depreciation	(d	) Book valu	ne
<b>b</b> Buildings	15,912,305		299,036	5	16,211,341			
c Leasehold improvements	134,021				134,021			
<b>d</b> Equipment	2,225,157		10,000	)	2,215,501			19,656
<b>e</b> Other	338,755				338,755			
Total. Add lines 1a through 1e. (Colum	mn (d) must equal Form 99	90, Part X, columi	า (B), lii	ne 10(c).)	•			19,656
					Sche	dule D	(Form 99	90) 202:
		— Page 3 —						
		. age o						
Schedule D (Form 990) 2021								Page 3
Part VII Investments - Othe Complete if the organ	e <b>r Securities.</b> iization answered "Yes" o	on Form 990. Pa	rt IV. I	ine 11b.See For	m 990. Part	X. line	12.	
(a) Description	of security or category	,	(b)		(c) Method of	valuatio	n:	
(including i	name of security)		Book value	Cost	or end-of-yea	ar marke	et value	
(1) Financial derivatives								
(2) Closely-held equity interests		[						
(3)Other								
(A)								
(B)								
(C)								
(D)								
(E)								
/F)								
(F)								
(F) (G)								

Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	▶			
Part VIII					
	ments - Program Related. te if the organization answered 'Yes' on Form 990, Part	t IV, line 11c. S	See Form 990, Pai	t X, line 13.	
	(a) Description of investment		(b) Book value	(c) Meth	od of valuation:
(1)Investm	nent in Private entity		700,000	Cost or end-	of-year market value C
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 13.)	•	700,000		
Part IX	Other Assets.  Complete if the organization answered 'Yes' on Form	990 Part IV	line 11d See For	m 990 Part Y	line 15
	(a) Description	1 330, Tare 1V,	inc 11d. Sec 1011	11 330, Tale X,	(b) Book value
(1)Security	/ Deposits				65,287
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal Form 990, Part X, col.(B) line 15.)			. •	65,287
Part X	Other Liabilities.  Complete if the organization answered 'Yes' on Form	990, Part IV,	line 11e or 11f.Se	e Form 990, P	art X, line 25.
1.	(a) Description of liabil	ity			(b) Book value
	I income taxes				2 000 000
PPP Loans Refundable	Advances				2,000,000 102,298
	nn (b) must equal Form 990, Part X, col.(B) line 25.)			•	2,102,298
-	for uncertain tax positions. In Part XIII, provide the text of the		_		
organizatio	n's liability for uncertain tax positions under FIN 48 (ASC 740)	. Check here if t	ne text of the footn	ote has been pro	ovided in Part XIII 🔲

Schedule D (Form 990) 2021 Page 4

	<u></u>	amplete if the arganization and	wared 'Yes' on Form 000	tements Wit	12a	•		
L		omplete if the organization answ nue, gains, and other support per a		· · · · · · · · · · · · · · · · · · ·			1	31,856,952
2	Amounts	included on line 1 but not on Form 9	990, Part VIII, line 12:					
а		ized gains (losses) on investments		2a				
b		ervices and use of facilities		2b				
		s of prior year grants		2c				
C C		. , ,		<del></del>				
d	•	scribe in Part XIII.)		2d				
е		2a through 2d					2e	
		ne <b>2e</b> from line <b>1</b>					3	31,856,952
	Amounts	ncluded on Form 990, Part VIII, line	12, but not on line 1:					
а	Investmer	it expenses not included on Form 99	90, Part VIII, line 7b .	4a				
file	Public Visu	al Render ObjectId: 20221349934	19300411 - Submission: 202	2-12-15		1523943		
	dule J	Compensa	ation Information		OMB No.	1545-0047		
rm 9	190)		s, Trustees, Key Employees, and	Highest	00			
		► Complete if the organization an		IV, line 23.	20	21		
artme	t of the Treasury	► Atta ► Go to <u>www.irs.gov/Form990</u>	ach to Form 990. for instructions and the latest in	formation.	Open t	o Public		
	venue Service of the organiz	ation		Employer ident		ection		
	Home Care Ser				tirication nu	mber		
art	I Ouesti	ons Regarding Compensation		59-1523943				
						Yes No		
		opiate box(es) if the organization provided any section A, line 1a. Complete Part III to provide a						
-			7					
		ss or charter travel or companions	Housing allowance or residence Payments for business use of p	•				
		nnification and gross-up payments	Health or social club dues or ini					
	Discretion	nary spending account	Personal services (e.g., maid, c	hauffeur, chef)				
		xes on Line 1a are checked, did the organization						
	-	all of the expenses described above? If "No," on ation require substantiation prior to reimbursin			1b			
		ees, officers, including the CEO/Executive Direc			. 2			
I	ndicate which	if any, of the following the filing organization u	sed to establish the compensation o	of the				
C	rganization's (	CEO/Executive Director. Check all that apply. Do	o not check any boxes for methods					
	seu by a relati	ed organization to establish compensation of the	The CLO/Executive Director, but expir	alli III Fait III.				
		sation committee  dent compensation consultant	Written employment contract Compensation survey or study					
		0 of other organizations	Approval by the board or comp					
[	Ouring the year	; did any person listed on Form 990, Part VII,	Section A line 1a with respect to th	ne filing organization	ora			
	elated organiza		Section 71, into 14, then respect to the	ic iming organization	0. 4			
		ance payment or change-of-control payment?			4a			
		r receive payment from, a supplemental nonqu	•		4b			
		r receive payment from, an equity-based comp of lines 4a-c, list the persons and provide the a			4c			
		3), 501(c)(4), and 501(c)(29) organization and on Form 990, Part VII, Section A, line 1a, d		NV				
		contingent on the revenues of:	nd the organization pay or decrae an	• •				
		n?			5a	No		
		anization?			5b	No		
		ted on Form 990, Part VII, Section A, line 1a, d	lid the organization pay or accrue an	ıv				
		contingent on the net earnings of:		•				
		n?			6a	No		
		anization?			6b	No		
		ed on Form 990, Part VII, Section A, line 1a, d	lid the organization provide any non	fixed				
		described in lines 5 and 6? If "Yes," describe in			7	No		
		ints reported on Form 990, Part VII, paid or ac nitial contract exception described in Regulation						
		micial contract exception described in Regulation			8	No		
5								
i I	f "Yes" on line	8, did the organization also follow the rebuttab			ion			
i I	f "Yes" on line 3.4958-6(c)?	8, did the organization also follow the rebuttab	<u> </u>		9			

Page **2** 

		compensation	compensation	reportable compensation	compensation	Benefics	(5)(1) (5)	deferred on prior Form 990
1 Carlos Martinez President and CEO	(i)	379,672					379,672	
	(ii)							
2 Katherine Gonzalez Controller	(i)	102,486					102,486	
	(ii)							
<b>3</b> Rogelio Lopez Chief Operating Officer	(i)	169,112					169,112	
	(ii)							

efile Public Visual Render

ObjectId: 202213499349300411 - Submission: 2022-12-15

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

TIN: 59-1523943 OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization United Home Care Services Inc Employer identification number

59-1523943

	55 1525545
Return Reference	Explanation
Committee meeting documentation Part VI line 8b	There are no committee with authority to act on behalf of the governing body
Form 990 governing body review Part VI line 11	A draft of the tax return is reviewed by the board of directors and approved prior to its issuance.
Conflict of interest policy compliance Part VI line 12c	Formal conflict of interest policies are maintained by the Organization and undergo compliance review annually or with the addition of a new Board member
CEO executive director top management comp Part VI line 15a	The Executive committee of the BOD performs an annual review of the CEO and his/her related compensation
Other officer or key employee compensation Part VI line 15b	Compensation for other officers or key employees is performed by the CEO.
Governing	Governing documents of the Organization are available to the Public upon request

TIN: 59-1523943

### **SCHEDULE R** (Form 990)

#### **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

OMB No. 1545-0047 2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service				w.irs.gov/F	F <u>orm990</u> for	instruc	ctions and	I the late	est info	rmatio	on.					pen to Inspe		ic	
Name of the	e organization											ı	Employer i	identific	ation n	umbei			
United Home	Care Services Inc											!	59-1523943	3					
Part I	Identificatio	n of Disregarded E	<b>ntities.</b> Co	omplete if	the organ	ization answ	vered "	Yes" on F	orm 990	0, Part	IV, lin	ie 33.							
N	lame, address, and E	<b>(a)</b> IN (if applicable) of disrega	irded entity		F	(b) Primary activity	L	(c) egal domici or foreign o	le (state	Tota	(d) I income	e En	<b>(e)</b> d-of-year ass	sets	D	(f Direct co ent	ntrolling		
(1) United I 8400 NW 33 Miami, FL 3 47-2250006	3rd Street 3122					ations of an Ass Facility	isted	FL						Uni	ted Hom	ne Care	Services		_
																			_
																			_
																			_
Part II	related tax-exe	of Related Tax-Exempt organizations du	iring the ta			ete if the org		on answe	ered "Ye	s" on I	Form 9	990, Pa	art IV, line	34 bec	ause it	t had o	one or r		g)
	Name, address, an	(a) Id EIN of related organizati	ion			activity	Legal do	micile (state gn country)	Exemp	t Code :	section	Publ (if se	ic charity star ection 501(c)(	tus (3))		t contro entity	lling	Sec 512(t contr	tion b)(13) rolled tity?
For Paners	work Peduction A	ct Notice, see the Ins	tructions fo	or Form 9	20			Cat. No. 5	50135V						Schad	lule P	(Form 9	190) 2	021
				— Page					,01551				-		5060		(		
Schedule R	(Form 990) 2021			· age	_													Pag	ge <b>2</b>
Part III		of Related Organizations to						the orga	nization	answ	ered "	Yes" or	n Form 99	0, Part	IV, line	e 34, b	ecause		
	Name, add	lated organizations to  (a) ress, and EIN of organization	eateu as a	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predo income unre	(e) ominant e(related, elated, d from tax	(f) Share of total income	Share end- yea asse	of- or-	Dispro	(h) prtionate ations?	(i) Code V amoun box 20 Schedule	t in of	(j Gener mana partr	al or ging	Perce	k) entage ership
					country)		under 512	sections 2-514)				Yes	No	(Form 1		Yes	No		
																	-		
Part IV		of Related Organiz									tion a	nswere	d "Yes" or	n Form 9	990, P	art IV,	line 34		
	because it had	one or more related	organizatio (b				trust du	(d)			(1	f)	(g)	1	(h)	П		(i)	
	Name, address, and E related organization		Primary	activity	do (state	(c) egal micile or foreign untry)		t controlling entity	Type of (C co cor or tr	rp, S rp,	Share	of total	Share of en of-year assets		ercenta wnersh		Section contro Yes	(i) n 512(b) olled ent	tity?

												<i>-</i>	200 200
		Page 3								Sch	edule R	(Form 9	990) 202:
andula D (Faura 000) 2021		rage 3											
nedule R (Form 990) 2021 Part V Transactions With Related Organ	izations Cor	nnlete if	the organizat	ion answ	ered "Yes"	on Form	990 Part	· IV line 34	35h or	36			Page 3
Note. Complete line 1 if any entity is listed in Par				1011 011511	erea res	011 1 01111	330, 1410	11, 1116 51	, 555, 61				Yes No
During the tax year, did the organization engage in				ne or mor	e related or	ganizations	s listed in P	arts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalti			-									1a 1b	
<ul> <li>Gift, grant, or capital contribution to related org</li> <li>Gift, grant, or capital contribution from related or</li> </ul>											•	1c	
Loans or loan guarantees to or for related organ												1d	
Loans or loan guarantees by related organizatio											-	1e	
												1f	
g Sale of assets to related organization(s)												1g 1h	
<ul> <li>Purchase of assets from related organization(s)</li> <li>Exchange of assets with related organization(s)</li> </ul>										•		1i	
Lease of facilities, equipment, or other assets to												1j	
•	-												
Lease of facilities, equipment, or other assets fr	om related orga	nization(s	5)									1k	
Performance of services or membership or fundra	=		-									11	
n Performance of services or membership or fundr	=		=									1m 1n	
<ul> <li>Sharing of facilities, equipment, mailing lists, or of sharing of paid employees with related organization.</li> </ul>												10	
Sharing of paid employees with related organiza													
<b>p</b> Reimbursement paid to related organization(s) f	or expenses .											1p	
<b>q</b> Reimbursement paid by related organization(s)	for expenses .											1q	
r Other transfer of cash or property to related org											•	1r	
s Other transfer of cash or property from related  If the answer to any of the above is "Yes," see the												1s	
If the answer to any of the above is "Yes," see the		or illioilli	IACION ON WHO IN	ust comple	ete triis iirie,	(b)		(c)	iu transac	LIOIT LITTESTION	(d)		
Name of relate	dorganization					Transac type (a	tion	Amount invol	ved	Method of de	etermining	amount i	nvolved
						-71 - 7	,						
					,,		_			Sch	edule R	(Form 9	990) 202
		Page 4	-					<del></del>					
edule R (Form 990) 2021													Page
art VI Unrelated Organizations Taxabl													
vide the following information for each entity taxed not a related organization. See instructions regard					onducted mo	ore than fiv	e percent o	or its activitie	es (measu	red by total a	ssets or	gross re	venue) th
(a)	(b)	(c)	(d)	(	(e) partners	(f)	(g)	(1		(i)		i) _	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant income	se	ction	Share of total	Share of end-of-yea	Dispropi r allocat	ions?	Code V-UBI amount in	mana		Percent
		(state or foreign	(related, unrelated,		(c)(3) izations?	income	assets			box 20 of Schedule	part	ner?	
		country)	excluded from tax under							K-1 (Form 1065)			
			sections 512-514)	Vac	N.	-		V	N.c.	1	Yes	N	-
				Yes	No		-	Yes	No		1 45	No	
			1	I	1	1	1	1	1		I		

Re	turn Reference						E	xplanatio	<u> </u>				Schedu	le R (Fori	m 990) 2021
Rei							E	xplanatio	0						
	Provide additional inform			Explanation											
	D 11 1101 116	ation for respon	ses to quest	tions on Scl	hedule R. See i	nstruction	s.								
Part VII	Supplemental Infor	mation													
Schedule R (F	Form 990) 2021														Page <b>5</b>
				Page 5								Scii	ledule K	(FOIIII 9	90) 2021
												Sch	edule P	(Form 9	90) 2021

Software ID: Software Version: