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TIN: 11-2608983

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

2023

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

Open to Public

	Revenue Service						Inspection		
A F	or the 2023 c	ı alendar year, or tax year beginning 01-01-2023 ,and endi	ng 12-3	1-2023					
	ck if applicable:	C Name of organization BLACK VETERANS FOR SOCIAL JUSTICE			D Employe	r identif	fication number		
_	dress change				11-2608	983			
	me change tial return	Doing business as							
O Fin	al return/terminated				E Telephone	number			
	nended return plication pending	Number and street (or P.O. box if mail is not delivered to street address) 665 WILLOUGHBY AVE	Room/su	ite	,				
— Ар	plication pending	City or town, state or province, country, and ZIP or foreign postal code			(718) 85	2-6004			
		BROOKLYN, NY 112066903			G Gross rec	eipts \$ 6	7,922,446		
		F Name and address of principal officer:		H(a) Is this		•	•		
		WENDY MCCLINTON 665 WILLOUGHBY AVE		suboro	linates?		☐Yes ✓No		
		BROOKLYN, NY 112066903		H(b) Are all include		<u>2</u> S	☐ Yes ☐No		
I Tax	e-exempt status:	✓ 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □	527			st. See	instructions.		
J W	ebsite: BVS	SJ.ORG		H(c) Group	exemption r	number			
K Forr	n of organization:	Corporation Trust Association Other		L Year of forma	tion: 1981	M State	of legal domicile: NY		
Ps	art I Sum i	mary							
- 1 0		scribe the organization's mission or most significant activities:							
		NIZATION WAS FORMED TO PROVIDE PROGRAM SERVICES TO AS ON TO CIVILIAN LIFE FROM ACTIVE DUTY. THE ORGANIZATION IS							
	AND THEI	R FAMILIES IN THE AREAS OF SOCIAL READJUSTMENT, HOUSING,	EMPLOY	MENT, COMPE	NSATION, DI	ISABILI ⁻	TY, SUBSTANCE		
Ce		EDICAL TREATMENT, POST-TRAUMATIC STRESS SYNDROME, FAMI 4UNITY, LEGAL ADVOCACY, DISCHARGE UPGRADE AND REDRESS							
nar.		ATION ALSO PROVIDES COUNSELING, BENEFITS INFORMATION, A							
Ven									
ŝ									
×8	2 Check thi					1	1		
Activities & Governance	3 Number o	3	10						
Ĕ		of independent voting members of the governing body (Part VI, lin	•		•	4	10		
Ψ		nber of individuals employed in calendar year 2023 (Part V, line 2a	•		1	5 6	603		
		nber of volunteers (estimate if necessary)			•	7a	0		
		ated business taxable income from Form 990-T, Part I, line 11 .				7a 7b	0		
	D Net uniter	ateu business taxable income nom rorm 990-1, rait 1, inie 11			r Year	175	Current Year		
_	8 Contribut	ions and grants (Part VIII, line 1h)			59,487,35	59	67,629,403		
욢		service revenue (Part VIII, line 2g)				0	0		
Reven		ent income (Part VIII, column (A), lines 3, 4, and 7d)				0	0		
œ		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			381,73	34	293,043		
	12 Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), lin	e 12)		59,869,09	93	67,922,446		
	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)				0	0		
	14 Benefits p	paid to or for members (Part IX, column (A), line 4)				0	0		
88	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines	5-10)		18,444,70)1	22,100,767		
NS(16a Professio	nal fundraising fees (Part IX, column (A), line 11e)				0	0		
Expenses	b Total fundr	aising expenses (Part IX, column (D), line 25) 67,769							
Ω	17 Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)			42,268,17	77	44,941,335		
	18 Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)			60,712,87	78	67,042,102		
	19 Revenue	less expenses. Subtract line 18 from line 12	•		-843,78	35	880,344		
Ces				Beginning o	of Current Ye	ar	End of Year		
sets	20 Total acco	ets (Part X, line 16)			76,951,46	50	106,929,706		
AB		ets (Part X, line 16)	•		85,092,75	_			
Net Assets or Fund Balances		es or fund balances. Subtract line 21 from line 20			-8,141,28	_	-7,260,941		
					-,,-		. ,=00,011		

Pa	rt II	Signature Blo	ock					
								nts, and to the best of my
	edge an nowledg		, correct, and comple	ete. Declaration	of preparer (other th	an officer) is bas	ed on all infori	mation of which preparer has
arry K	nowieug	С.						
Sian	<u>-</u>	ignature of officer					2024-11-12	
Sign Here			CHIEF EXECUTIVE OFFI	CER		ı	Date	
		ype or print name ar	nd title			-		
		Print/Type pre	eparer's name	Preparer's si	gnature	Date 2024-11-12	Check if	PTIN P00057568
Paid	ı					2024-11-12	self-employed	P00037368
Prei	oarer	Firm's name	LMC ADVISORS LLC				Firm's EIN 46	-4133700
	Only							
-	•y	Firm's address	s 1359 BROADWAY SUIT	ΓE 17			Phone no. (212	:) 967-2300
			NEW YORK, NY 10018	8				
M	L IDC -	!:		h	- Tt		•	. Ves No
					e Instructions.			
FOF P	aperwo	ork Reduction Ad	ct Notice, see the s	separate instru	ctions.	Cat. N	No. 11282Y	Form 990 (2023
					Page 2			
Form	990 (20	23)						Page 2
Par	t III	Statement of	Program Service	e Accomplish	ments			
		Check if Schedule	Ω contains a respon	nse or note to ar	ny line in this Part III			
1			nization's mission:	noc of flote to di	iy iiic iii ciiis i aic iii			
_	•	_		OGRAM SERVIC	FS TO ASSIST MILIT	ARY PERSONNEL	IN MAKING A	SMOOTH TRANSITION TO
								S, AND THEIR FAMILIES IN
								MEDICAL TREATMENT, POST-
					COUNSELING, RELOC			
			"TENDER LOVING C			TARY. THE ORGA	NIZATION ALS	SO PROVIDES COUNSELING,
	110 111	01417411014774110	TEMBER EGVING C	71112 71112 71 2231	2,11110 2,110			
_	D: - +					ula tala uu ana na akulta		
2	Dia the	organization und	ertake any significar	nt program servi	ces during the year v	vnich were not ils	sted on	
	the pric	or Form 990 or 99	0-EZ?					🗆 Yes 🗸 No
	If "Yes,	" describe these r	new services on Sche	edule O.				
3	Did the	organization ceas	se conducting, or ma	ake significant ch	nanges in how it cond	ducts, any progra	m	
	services	s?						. 🗆 Yes 🗸 No
	If "Yes,	" describe these o	changes on Schedule	e O.				
4			-		s for each of its three	largest program	services as r	neasured by expenses.
								ners, the total expenses,
	and rev	enue, if any, for e	each program service	e reported.				
4a	(Code:) (Expenses \$	52,966,712	including grants of \$) (Revenue \$)
								E AND SUPPORT SERVICES FOR MUNITY. THE VETERANS SERVICE
								CIVILIAN LIFE. OUR HOLISTIC
	SUPPOR	T APPARATUS PROVI	DED A ONE-STOP-SHOP	P FOR VETERANS A	ND THEIR FAMILIES AN	D NEW YORKERS FR	OM ALL FIVE BO	ROUGHS. MENTAL HEALTH AND
			RAMS PROVIDED THER ESS, AND OTHER MENT			D THE HIGH SUICID	DE RATE DUE TO	TRAUMATIC EVENTS LEADING TO
	7117/1211	, DEFRESSION, STR	ess, AND STILL TIENT	AL TIEAETH CONCE				
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
								GINALIZED NEW YORKERS, AND PERMANENT SERVICES AT
								SUBSTANCE ABUSE AND/OR
	MENTAL	ILLNESS, FEMALE V	ETERANS WITH CHILDR	REN, PERSONS LÍVI	NG WITH HIV/AIDS, CH	RONICALLY HOMELE	SS ADULT MEN	AND WOMEN AS WELL AS
								ULTS WITH SPECIAL FOCUS ON D PSYCHIATRIC CENTERS WITH
								AID THE REMAINING 30%
								ISING, THERAPIST, MEDICATION,
		ARE PROGRAM, HON NCY NUMBER.	ME HEALTH AIDE, NA/AA	A MEETING (IF NEE	DED), PANTRY BAG, MO	NEY MANAGEMENT	TRAINING, AND	ACCESS TO STAFF ON A 24 HOUR
	LITEROL							
_	(C : 1) /F	F 420 700	inaliadina i i i 6 f) (D=: : : *	`
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
	EMPLOYI	MENT SERVICES INC	LUDING COMPUTER TR	AINING AND VETER	RAN'S REINTEGRATION/	EMPLOYMENT PROG	RAM.	
	(Code:) (Expenses \$	165,447	including grants of \$) (Revenue \$)
	SECURIT	Y SERVICES						
4d	Other p	rogram services	(Describe in Schedul	le O.)				
	(Expen	ses \$	165,447 inclu	iding grants of \$) (Revenue s	\$)
40	Total r	rogram service	eynenses	60 676 288				

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Pai	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 \mathfrak{B}	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2		No
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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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? <i>If "Yes," complete Schedule D,</i> 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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	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? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	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 S	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥵	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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? <i>If "Yes," complete Schedule G, Part I.</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," complete Schedule G, Part III	19		No
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	21		No

Form **990** (2023

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Par	tiv Checklist of Required Schedules (continued)		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	res	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? <i>If "Yes," complete Schedule J</i>	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		
c	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV			No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		
36	Section 501(c)(3) organizations. 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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of note to any fine III this Falt V	- 1	Yes	No
1a _	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 70			

r/ 23	, J.22 I WI	Diack vetera	1113 1 01	ociai jus	tice inc	- I un I	iiiig - 140	пртоп	і шлрік	JICI -	1 for ablica			
U	Litter the number of Forms W-20 included	UII IIIIE 1a. LI	ונפו -ט	- וו ווטג מ	phiican	ie .	TD				U			1
С	Did the organization comply with backup v (gambling) winnings to prize winners? .										gaming	1c	Yes	
												F	orm 99	0 (2023)

______ Page 5 ___

orm	990 (2023)			Page 5
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	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	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		110
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No
	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: 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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a 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.		İ	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
С	Enter the amount of reserves on hand		4	1

/4/25,	3:22 PM Black Veterans For Social Justice Inc - Full Filing - Nonprofit Explorer - ProPublica			
	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	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	F	orm 99	0 (2023)
			01111 33	6 (2023)
	Page 6			
F	000 (2022)			
	990 (2023)	1		Page 6
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			<u> </u>
<u>Se</u>	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 10		103	
	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			
b	1b			
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? \cdot	3		No
4	$ \hbox{ 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 members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
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 Revenu	e Code		
10-	Did the consciention have been been been been been as official 2	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
D	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	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			<u> </u>
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	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	Yes	<u> </u>
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	<u> </u>
b	Other officers or key employees of the organization	15b	Yes	<u> </u>
10-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
тоа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No

h If "Vac " did the organization follow a written policy or procedure requiring the organization to evaluate its participation

in joint venture arrangements under appl status with respect to such arrangements	icable federal ta									
Section C. Disclosure										
17 List the states with which a copy of this F	orm 990 is requ	uired to	o be filed	NY						
Section 6104 requires an organization to 501(c)(3)s only) available for public inspe	ection. Indicate	how y	ou made these	A, if	ailab	le. Ch	eck	all that apply.	section	
Own website Another's website Describe in Schedule O whether (and if so								-	coroct	
policy, and financial statements available				VEI	illig	uocui	Hei	its, conflict of file	erest	
20 State the name, address, and telephone in THE ORGANIZATION 665 WILLOUGHBY A	number of the p		who possesses 112066903 (7					's books and rec	ords:	
THE ORGANIZATION GOS WILLOOGHBY A	AVE BROOKE	114,141	112000303 (7	10)	032	. 0004			F	orm 990 (2023)
			Page 7 —							
Form 990 (2023)										Page 7
Part VII Compensation of Officers, I	Directors,Tri	ustee	s, Key Emp	loy	ees	, Hig	hes	st Compensat	ted Employee	
and Independent Contracto				-				-		
Check if Schedule O contains a res										U
Section A. Officers, Directors, Trusto 1a Complete this table for all persons required to		<u> </u>								nization's tay
year.	·		·				•	-	_	ilization's tax
 List all of the organization's current officer of compensation. Enter -0- in columns (D), (E), 					als c	or orga	niza	ations), regardle	ss of amount	
• List all of the organization's current key en	. ,	•	•		def	inition	of	"key employee."		
 List the organization's five current highest who received reportable compensation (box 5 or 										#100 000 from
the organization and any related organizations.	1 1 OTTH W-2, DO.	X 0 01	101111 1099-1111	JC,	ariu,	OI DO	^ I	01 101111 1099-111	c) of filore that	1 \$100,000 HOH
 List all of the organization's former officers of reportable compensation from the organization 				nsate	ed e	mploy	ees	who received m	ore than \$100,0	00
• List all of the organization's former directo	•		-	e ca	paci	ty as a	a foi	rmer director or	trustee of the	
organization, more than \$10,000 of reportable of	compensation fr	rom th								
See the instructions for the order in which to list	•									
☐ Check this box if neither the organization n		organiz T	•		d an	ıy curr	ent			/- >
(A) Name and title	(B) Average	Pos	(C) ition (do not cl		c mo	re tha	n	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list		box, unless per ficer and a dire				n	compensation from the	compensation from related	amount of other
	any hours				•	,	TI	organization	organizations	compensation
	for related organizations	d d	Institutional Trustee;	ffig	Key emp	Highest o	Former	(W-2/1099- MISC/1099-	(W-2/1099- MISC/1099-	from the organization
	below dotted line)	ecto	Trustee;	#	ğ	est o	Φ,	NEC)	NEC)	and related organizations
	iiiic)	٠ 1			ployee	oom				organizations
		18			Ď	pensat				
		0				Sat				
						ed				
(1) ISAAC SUGGS	2.00	X						0	0	
VICE CHAIRMAN		,								
(2) ANDRE LEGALL	2.00									
BOARD MEMBER		X						0	0	
(3) DARRYL TAYLOR	2.00									
CHAIRMAN		Х						0	0	C
(4) DETREL HOWELL	2.00									
BOARD MEMBER		Х						0	0	C
	2.00				\vdash		_			
(5) MICHAEL FINA	2.00	х						0	0	C
BOARD MEMBER					<u> </u>					
(6) JAY ELLIS	2.00	Х		х				0	0	
SECRETARY										
(7) WENDY MCCLINTON	40.00		I	1	1		Ī	I	I	Ī

Black Veterans For Social Justice Inc - Full Filing - Nonprofit Explorer - ProPublica

CHIEF EXECUTIVE OFFICER

(8) MARTIN KRONGOLD

1/4/25, 3:22 PM

(A) Name and title	(B) Average hours per week (list	box,	(C) on (do not chec unless person i and a directo	s bo	th a	n offic	ne er	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W- 2/1099- MISC/1099-NEC)	organizations (W-2/1099- MISC/1099-NEC)	from the organization and related organizations
_										_
1b Sub-Total							Т			
c Total from continuation sheet d Total (add lines 1b and 1c) .								571,058	0	0

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

		Yes	NO
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
line 1a? If "Yes," complete Schedule J for such individual	3		No

1/4/25,	3:22 PM		Black Veterans For S	Social Justice Inc - Full	Filing - Nonprof	it Explorer - ProPublica	i		
4	For any individual listed on line	e 1a, is the s	um of reportable co	mpensation and other	r compensation	from the			
	organization and related organindividual	nizations grea	iter than \$150,000?	If "Yes," complete S	cneaule J for su	ıcn	4	Yes	
5	Did any person listed on line 1	a receive or	accrue compensatio	n from any unrelated	l organization o	r individual for	-	ies	
	services rendered to the organ						5		No
Se	ction B. Independent Co	ntractors							
1	Complete this table for your fi from the organization. Report						mpens	sation	
	from the organization. Report	(/	A)	ear ending with or w	itiliii tile organi.	(B)		(0	
-		Name and bus	siness address			Description of services	\longrightarrow	Compe	nsation
							\dashv		
							ightharpoonup		
2 T	otal number of independent cor ompensation from the organiza	ntractors (incl tion 0	luding but not limite	d to those listed abo	ve) who receive	ed more than \$100,0	00 of		
								Form 99	0 (2023)
				D 0					
				Page 9 ———					
Form	990 (2023)								Page 9
Pa	Statement of Rev								0
	Check if Schedule 0 o	contains a res	sponse or note to an	y line in this Part VII (A)	(B)	(C)		 (D	<u>, </u>
				Total revenue	Related or	Unrelated		Reve	nue
					exempt function	business revenue	ta	excluded ex under	
	indeparted compaigns	T 4-			revenue			512 -	514
	Federated campaigns	1a							
Sifts,	Grants, 1embership dues	l 16							
	Amt	1b							
Cimil		1c							
AIMOU	Interview i								
d F	Related organizations	1d							
e (Government grants (contributions)	1e							
	67,557,512								
	all other contributions, gifts, grants, and similar amounts not included	1f							
ā	bove								
	71,891								
g	loncash contributions included in nes 1a - 1f:\$	1g							
		<u> </u>							
h_T	otal. Add lines 1a-1f		67,629,403	3					
2	3		Business Code				+		
I	a								
ž							+		
ě	,								
9	:	_							
Program Service Revenue	-						+		
Š	i								
Ta.									
Ž	·						\dashv		
Ï	f All other program service re-	venue.							
	9 Total. Add lines 2a-2f			<u> </u>					
-	3 Investment income (including		nterest, and other				\Box		
	similar amounts)						$\perp\!\!\!\perp$		
	4 Income from investment of ta	x-exempt bo	nd proceeds						

.

3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15

and 16. .

4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	571,058	508,242	62,816	
7	Other salaries and wages	17,470,579	16,151,357	1,319,222	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,707,757	1,452,247	255,510	
10	Payroll taxes	2,351,373	1,761,663	589,710	
11	Fees for services (non-employees):				
a	Management				
b	Legal	293,619		293,619	
•	: Accounting	312,773	48,523	264,250	
c	l Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				_
ç	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	1,170,331	1,148,181	4,100	18,050
14	Information technology				
15	Royalties				
16	Occupancy	19,020,527	16,434,632	2,585,895	
17	Travel	60,944	59,309	294	1,341
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	54,244	23,433	30,537	274
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	89,413		89,413	
23	Insurance	423,401	448,884	-25,483	
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	13,004,247	13,004,247		
	b MEAL AND FOOD COSTS	4,122,104	4,116,936	5,168	
	c REPAIRS AND MAINTENANCE	3,633,208	3,628,751	4,457	
	d CONSULTANTS	1,305,326	73,300	1,224,526	7,500
	e All other expenses	1,451,198	1,816,583	-405,989	40,604
25	Total functional expenses. Add lines 1 through 24e	67,042,102	60,676,288	6,298,045	67,769
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				
		5 44		Fo	rm 990 (2023)

Page 11 -

Form 990 (2	2023)
Part X	Balance Sheet

Page **11**

	Check if Schedule O contains a response or note to any line in this Part IX			🗆
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	3,965,985	1	1,849,290
2	Savings and temporary cash investments		2	
~	Diadeca and enough massively mass	22 218 BU3	~	42 255 224

/4/25	, 3:22		eterans l	For Social Justice Inc - Full Filing - Nonprofit Ex			lica
	د	rieuges and grants receivable, net		٠. ٢٠,	۷ ۱۵,۵۵۵	3	44,200,224
	4	Accounts receivable, net	•		24,322	4	0
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial	contributor, or 35%		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in s				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥S,	9	Prepaid expenses and deferred charges			2,698	9	109,751
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,082,870			
	b	Less: accumulated depreciation	10b	850,903	321,380	10c	231,967
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, line	11 .			12	
	13	Investments—program-related. See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			418,281	15	62,483,474
	16	Total assets. Add lines 1 through 15 (must eq	ual line	: 33)	951,469	16	106,929,706
	17	Accounts payable and accrued expenses		11,	382,368	17	17,723,752
	18	Grants payable				18	
	19	Deferred revenue		23,	337,954	19	31,713,042
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	butor, o	or 35% controlled entity		22	
ï	23	Secured mortgages and notes payable to unrela	ited thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated			352,012	24	1,967,325
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 2- Complete Part X of Schedule D	ayables		020,420	25	62,786,528
	26	Total liabilities. Add lines 17 through 25 .		85,	092,754	26	114,190,647
Balances	27	Organizations that follow FASB ASC 958, cl lines 27, 28, 32, and 33. Net assets without donor restrictions	neck h	•	141,285	27	-7,260,941
Ba	28	Net assets with donor restrictions				28	
Assets or Fund		Organizations that do not follow FASB ASC		check here and			
or F	29	complete lines 29 through 33. Capital stock or trust principal, or current funds				29	
ts	30	Paid-in or capital surplus, or land, building or ed		nt fund		30	<u> </u>
Se	31	Retained earnings, endowment, accumulated in				31	
As	32	Total net assets or fund balances	-5		141,285	32	-7,260,941
Net	33	Total liabilities and net assets/fund balances	•		951,469	33	106,929,706
_	33	iotal habilities and het assets/fulla balafices			551,700	-55	100,020,700

Form **990** (2023)

Form	990 (2023)		Page 12
Pa	rt XI Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	67,922,446
2	Total expenses (must equal Part IX, column (A), line 25)	2	67,042,102
3	Revenue less expenses. Subtract line 2 from line 1	3	880,344
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-8,141,285
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
Q	Other changes in net assets or fund halances (explain in Schedule (1))	q	Λ

/4/25,	3:22 PM	Black Veterans For Social Justice Inc - Full Filing - Nonprofit Explorer -	?roPub	lica			
10	Net asse	ets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			-7	,260,94
Par	t XII	Financial Statements and Reporting					
		Check if Schedule O contains a response or note to any line in this Part XII					✓
				_		Yes	No
	If the or Schedul						
2a	Were th	ne organization's financial statements compiled or reviewed by an independent accountant?		L	2a		No
		check a box below to indicate whether the financial statements for the year were compiled or reviewed e basis, consolidated basis, or both:	on a				
	□ se	Separate basis					
b	Were th	ne organization's financial statements audited by an independent accountant?			2b	Yes	
		check a box below to indicate whether the financial statements for the year were audited on a separate dated basis, or both:	e basis	š,			
	✓ Se	eparate basis Consolidated basis Both consolidated and separate basis					
c		" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	Yes	
	If the or	rganization changed either its oversight process or selection process during the tax year, explain in Sch	edule	0.			
3a		sult of a federal award, was the organization required to undergo an audit or audits as set forth in the lce, 2 C.F.R. Part 200, Subpart F?	Jniforn		3а	Yes	
b		" did the organization undergo the required audit or audits? If the organization did not undergo the req r audits, explain why in Schedule O and describe any steps taken to undergo such audits.	uired		3b	Yes	
							0 (2023
Form	990 (202	23)					
Ad	ditior	nal Data		Re	eturi	ı to Fo	rm
		Software ID:					
Form	s aan e	Software Version: Special Condition Description:					
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ObjectId: 202433199349305428 - Submission: 2024-11-14

TIN: 11-2608983

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2023

Inspection

		ne organization					Employer identific	ation number
BLACK	VEIER	ANS FOR SOCIAL JUSTICE					11-2608983	
	rt I	Reason for Public					See instructions.	
_	rganız	ration is not a private four		-				
1		A church, convention of	,				(A)(i).	
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital or a cooperat	ive hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).	
4		A medical research organisme, city, and state:	inization operat	ed in conjunction with	a hospital desc	ribed in section 1	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	perated by a gov	ernmental unit describ	oed in section
6		A federal, state, or local	government or	governmental unit de	scribed in secti	on 170(b)(1)(A	()(v).	
7	✓	An organization that not section 170(b)(1)(A)			s support from	a governmental u	init or from the genera	al public described in
8		A community trust desc	ribed in sectio	170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural research non-land grant college of						ege or university or a
10		An organization that not from activities related to investment income and 30, 1975. See section 1	o its exempt fur unrelated busin	nctions—subject to cer less taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	pport from gross
11		An organization organiz	ed and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		An organization organizemore publicly supported on lines 12a through 12	l organizations	described in section 5	09(a)(1) or s e	ection 509(a)(2). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a majo				
b		Type II. A supporting of management of the sup must complete Part I	porting organiz	ation vested in the sar				
С		Type III functionally supported organization(ted with, its
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satis	fy a distribution	requirement and		
e		Check this box if the orgintegrated, or Type III r	on-functionally	integrated supporting	organization.	,	pe I, Type II, Type III	functionally
f g		the number of supported					· · · · · · · · <u> </u>	
		de the following informat lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the ord	ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			· I					
Tota	1							
		work Reduction Act No	tice, see the I	nstructions for	Cat. No. 1128	I S5F	Schedule	A (Form 990) 2023
	•	or 990-EZ.	,					
				— —— Ра	ge 2 ———			
		(Form 990) 2023		_				Page 2
Pa	rt II	Support Schedule	e for Organiz	vations Described	in Sections	170(b)(1)(Δ)	(iv) and $170(h)(1$)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.

If the organization failed to qualify under the tests listed below, please complete Part III.)

La	ellual year fiscal year beginning in)				(d) 2022		(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	35,496,072	47,734,539	50,304,646	59,487,359	67,629,403	260,652,019
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						
4	Total. Add lines 1 through 3	35,496,072	47,734,539	50,304,646	59,487,359	67,629,403	260,652,019
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						260,652,019
	ection B. Total Support						l.
	lendar year · fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	35,496,072	47,734,539	50,304,646	59,487,359	67,629,403	260,652,019
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	81,675	1,547	584	2,059	7,055	92,920
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.).	652,544	2,377,504	48,986	3,307	2,571	3,084,912
11	Total support. Add lines 7 through 10						263,829,851
12	Gross receipts from related activities,	etc. (see instructi	ions)			12	
13	First 5 years. If the Form 990 is for	•			•		nization, check
_	this box and stop here			<u> </u>		▶∪	
	ection C. Computation of Publi Public support percentage for 2023 (I		_	column (f))		14	98.800 %
1.4		inc of column (i) c		coluiiii (1)) 1 1 1			
	Public support percentage for 2022 Se	chedule A, Part II,				15	
15			line 14			15	98.570 % box
15 16a	Public support percentage for 2022 So 33 1/3% support test—2023. If the and stop here. The organization qua 33 1/3% support test—2022. If the	e organization did lifies as a publicly le organization did	line 14 not check the box supported organized not check a box of	on line 13, and lin ation on line 13 or 16a, a	e 14 is 33 _{1/3} % or 	more, check this	98.570 % box ▶ ✓ k this
15 16a b	Public support percentage for 2022 So 33 1/3% support test—2023. If the and stop here. The organization qua	e organization did lifies as a publicly le organization did n qualifies as a pu	line 14	on line 13, and lin ation on line 13 or 16a, a ganization check a box on lin	e 14 is 33 1/3% or and line 15 is 33 1, ne 13, 16a, or 16b	more, check this	98.570 % box ▶ ✓ k this ▶ □ 19% or more,
15 16a b	Public support percentage for 2022 Sc. 33 1/3% support test—2023. If the and stop here. The organization qua 33 1/3% support test—2022. If the box and stop here. The organization 10%-facts-and-circumstances test	e organization did in the control of	line 14	on line 13, and lin ation on line 13 or 16a, a ganization check a box on lin his box and stop f publicly supported of check a box on l	e 14 is 33 1/3% or	more, check this	98.570 % box ▶ ✓ k this ▶ □ % or more, anization ▶ □ 5 is 10% or
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	not an unrelated trade or business	I	Ī	I	1	I	I	
	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							
6	the organization without charge Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
<i>,</i> a	3 received from disqualified persons							
b	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of \$5,000 or 1% of the amount on line							
	13 for the year.							
c	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
	from line 6.)							
	ction B. Total Support		T		1	T.		
	ndar year fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources.							
b	Unrelated business taxable income							
	(less section 511 taxes) from							
	businesses acquired after June 30,							
С	1975. Add lines 10a and 10b.							
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							
12	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for t	he organization's	first, second, third	d, fourth, or fifth	tax vear as a secti	on 501(c)(3) orga	nization, c	heck
	this box and stop here	-			-			_
Se	ection C. Computation of Public							
15	Public support percentage for 2023 (lin	ne 8. column (f) d	ivided by line 13.	column (f))		15		
16	Public support percentage from 2022 S					16		
						10		
	ection D. Computation of Invest Investment income percentage for 20			line 13 column (f))	17		
17					* *			
17		•	Dart III line 17					
18	Investment income percentage from 2	2022 Schedule A,				18	- 17 in mak	
18	Investment income percentage from 2 33 1/3% support tests-2023. If the	2022 Schedule A, organization did n	not check the box	on line 14, and li	ne 15 is more than	n 33 1/3%, and line	- 0	
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18 19a b 20 Schee	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Section (Complete only if you checked a 12d, of Part I, complete Section A. All Supporting Organization (Complete only if you checked a 12d, of Part I, complete Section A. All Supporting Organization (If "No," describe in Part VI how the section the designation. If historic and Did the organization have any supported the designation have any supported supported the designation have any supported the designation have any supported the designation have any supported supported the designation have any supported the designation have any supported	co22 Schedule A, organization did not stop here. The de organization did not stop here. To not did not check a stop here.	rot check the box organization quality not check a box of the organization of a box on line 14, if the organization of a box on line 14, if the organization of a box on line 14, if the organization of the o	on line 14, and lifes as a publicly on line 14 or line qualifies as a publicly on 19b, checked box 12a, or 12c, of Part I, core organization's great of the signated an IRS determined.	ne 15 is more than supported organizations, and line 16 is icly supported organizations and see the supported organization of status uncertainty and supported organization of status uncertainty class or purposition of status uncertainty and supported in the support of the supported or supported in the supported organization of status uncertainty and supported organization of status uncertainty and supported organization of status uncertainty and supported organization	n 33 1/3%, and lination	% and line .	2023 Page 4
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18 19a b 20 Scheo Par 1 2	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the state describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Past described in section 509(a)(1) or (2). Did the organization have a supported 3c below.	co22 Schedule A, organization did not stop here. The de organization did not stop here. To did not check a stop here. To did n	rot check the box organization quality not check a box of the organization of a box on line 14, in the organization of a box on line 14, in the organization of the organization determined by the organization determined in section 5.	on line 14, and lifes as a publicly on line 14 or line qualifies as a publicly on line 14 or line qualifies as a publicly, or 19b, check of 19	ne 15 is more than supported organization of status uncurrence of the supported organization of status uncurrence organization (6)? If "Yes," answers."	ation	% and line .	2023 Page 4
18 19a b 20 Scheo Par	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization of the organization of the organization. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Pacscribed in section 509(a)(1) or (2). Did the organization have a supported	so continuing relation description descrip	rot check the box organization quality not check a box of the organization of a box on line 14, in the organization of the org	on line 14, and lifes as a publicly on line 14 or line qualifies as a publicly on line 14 or line qualifies as a publicly, or 19b, check of 19a, or 19a,	ne 15 is more than supported organization of status uncertainty of the content of	ation	% and line . • • • • • • • • • • • • • • • • • • •	2023 Page 4

	determination.	3b	l	l
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	30		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
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.			
	•	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b		
_	supervised by or in connection with its supported organizations.	טד		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	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 Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	94		
	organization had an interest? If "Yes," provide detail in Part VI.	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 Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether			
	the organization had excess business holdings).	10b		
	Schedule A	(Forn	1 990)	2023
	Page 5			
Sche	dule A (Form 990) 2023		F	Page 5
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?			
b	A family member of a person described on 11a above?	11a 11b		
C	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		
	VI.			
	ection B. Type I Supporting Organizations		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? <i>If</i> "No,"			
	describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or			
	remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	1		
_	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
				1

	,pppgg	Ü	1 1			
	Warran and the Characteristics of all the barrants and all the barrants and the barrants an				Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a reach of the organization's supported organization(s)? If "No," describe in Part VI how	ı contr	ol or management of the			
	supporting organization was vested in the same persons that controlled or managed to	he sup	ported organization(s).	1		
Se	ction D. All Type III Supporting Organizations				l .,	
	Did the organization provide to each of its supported organizations, by the last day of	tha fif	th month of the organization's		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the the or	prior tax year, (ii) a copy of the			
	documents in effect on the date of notification, to the extent not previously provided?			1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the supported	No," e	xplain in Part VI how the			
_			. ,	2		
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supported the	tion's i	ncome or assets at all times	3		
Se	ction E. Type III Functionally-Integrated Supporting Organizations				1	
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ons):		
а	The organization satisfied the Activities Test. Complete line 2 below.					
b	The organization is the parent of each of its supported organizations. Complete	line	3 below.			
С	The organization supported a governmental entity. Describe in Part VI how yo	u supp	ported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
а	Did substantially all of the organization's activities during the tax year directly further					
	supported organization(s) to which the organization was responsive? <i>If "Yes," then in organizations and explain</i> how these activities directly furthered their exempt purp					
	responsive to those supported organizations, and how the organization determined the					
.	substantially all of its activities.	onizoti	on's involvement, one or more	2a		
D	Did the activities described on line 2a, above constitute activities that, but for the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in the constitution of the constitutio	' expla	in in Part VI the reasons for			
	organization's involvement.			2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		1:			
а	Did the organization have the power to regularly appoint or elect a majority of the offithe supported organizations? If "Yes" or "No", provide details in Part VI.	icers, (directors, or trustees of each of	3a		
b	Did the organization exercise a substantial degree of direction over the policies, progra					
	supported organizations? If "Yes," describe in Part VI. the role played by the organizations	ation ii		3b		
			Schedule A	(Forn	1 990)	2023
	Page 6 ————					
	Tage 0					
Sched	dule A (Form 990) 2023					Page 6
	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	raan	zations			age U
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru			(I). Se	e	
	instructions. All other Type III non-functionally integrated supporting organiza					
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	r
1	Net short-term capital gain	1			•	
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	r
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		_		
а	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				

-		1	Ī	1
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
_	Minimum Anna America (add in 7 to in 6)			
8	Minimum Asset Amount (add line 7 to line 6)	8		
8	Section C - Distributable Amount	8		Current Year
1		1		Current Year
1 2	Section C - Distributable Amount			Current Year
1 2 3	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A)	1		Current Year
1 2	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	1 2		Current Year
1 2 3	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	1 2 3		Current Year
1 2 3 4	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	1 2 3 4		Current Year

Schedule A (Form 990) 2023

— Page 7 –

Schedule A (Form 990) 2023

Page 7

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	
(ii)		(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			

1/4/25, 3:22 PM Black Vete	erans For Social Justice Inc - Full	Filing - Nonprofit Explorer - Prol	Publica
\$			
Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			
	Page 8	Sci	hedule A (Form 990) (2023
Schedule A (Form 990) 2023			Page \$
Part VI Supplemental Information. Provide the expl Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section instructions).	9b, 9c, 11a, 11b, and 11c; Par on E, lines 1c, 2a, 2b, 3a and 3	rt IV, Section B, lines 1 and 2 Bb; Part V, line 1; Part V, Sect	; Part IV, Section C, line 1; ion B, line 1e; Part V
F	acts And Circumstances Tes	t	
Return Reference	E	xplanation	
		So	chedule A (Form 990) 2023
			•

Additional Data Return to Form

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SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No. 1545-0047

Interna	Il Revenue Service ► Go to <u>www.irs.gov/Form</u>	<u>1990</u> for instruction	ons and the latest info	rmation.	Inspection
	me of the organization CK VETERANS FOR SOCIAL JUSTICE			Employer identif	fication number
Da	rt I Organizations Maintaining Donor Advi	sed Funds or O	ther Similar Funds		
га	Complete if the organization answered "Ye			or Accounts.	
			r advised funds	(b) Funds an	d other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex				☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, o	r for any other purpose		sible
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	s" on Form 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organ	nization (check all t	hat apply).		
	Preservation of land for public use (e.g., recreation	n or education)	Preservation of ar	n historically importa	nt land area
	Protection of natural habitat		Preservation of a	certified historic stru	cture
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservat	ion contribution in the fo		e End of the Year
а	Total number of conservation easements			2a	e End of the real
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic	c structure included	l in (a)	2c	
d	Number of conservation easements included in (c) acqui historic structure listed in the National Register	red after July 25, 2	006, and not on a	2d	
3	Number of conservation easements modified, transferre tax year •	d, released, exting	uished, or terminated by	the organization dur	ing the
4	Number of states where property subject to conservation	n easement is locat	ced ▶		
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds				Yes No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of vi	olations, and enforcing c	onservation easemer	nts during the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violation	ns, and enforcing conse	rvation easements du	uring the year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	above satisfy the r	equirements of section 1		Yes
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the	footnote to the org		ense statement, and	
Par	the organization's accounting for conservation easement III Organizations Maintaining Collections	of Art, Historic	al Treasures, or Oth	ner Similar Asset	s.
	Complete if the organization answered "Ye If the organization elected, as permitted under FASB AS			nt and halance cheet	works of art
1a	historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statem	lic exhibition, educa	ition, or research in furth	nerance of public serv	vice, provide, in
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publical following amounts relating to these items:	lic exhibition, educa	ation, or research in furth	nerance of public serv	vice, provide the
(i) Revenue included on Form 990, Part VIII, line 1			▶\$	
	i) Assets included in Form 990, Part X			·	
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A	cal treasures, or otl	ner similar assets for fina		he
а	Revenue included on Form 990, Part VIII, line 1	-		▶\$	
b	Assets included in Form 990, Part X				

Cat. No. 52283D

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

Schedule D (Form 990) 2022

----- Page 2 -----

Sche	dule D	(Form 990) 2022											Page 2
Part	III	Organizations Ma	aintaining Coll	ections of A	rt, Histor	ical T	reasui	res, o	r Other	Similar As	ssets (conti	nued)	
3		the organization's acquecked (check all that apply):	uisition, accession	, and other red		any of	the foll	owing	that are a	significant ι	use of its coll	ection	
а		Public exhibition			d		Loan o	or exch	ange prog	grams			
b		Scholarly research			е		Other						
С		Preservation for future	generations										
4	Provid Part X	de a description of the o	organization's colle	ections and ex	olain how th	ey furth	her the	organi	zation's e	kempt purpo	se in		
5		g the year, did the orga s to be sold to raise fun									☐ Yes		lo
Par	t IV	Escrow and Custo Complete if the org line 21.			n Form 990), Part	IV, line	e 9, oı	r reporte	d an amou	nt on Form	990,	Part X,
1a		organization an agent led on Form 990, Part)									☐ Yes		lo
b	If "Ye	s," explain the arrange	ment in Part XIII :	and complete t	he following	ı tahle:				A	mount		
c		ning balance			-				1c				_
d	-	ons during the year .							1d				_
е		outions during the year							1e				_
f		g balance							1f				_
2a		ne organization include							account lis	ahility2	□ Voc		 lo
b		s," explain the arrange			•					•			10
	rt V	Endowment Fund		CHECK HEIE II	ile explailat	.1011 1105	s been p	Jiovide	u III Fait /	· · · · · · · · · · · · · · · · · · ·	0		
1 (1		Complete if the org		ered "Yes" or	Form 990), Part	IV, line	e 10.					
				(a) Current ye	ear (b)	Prior yea	ar (c) Two y	ears back	(d) Three year	ars back (e) f	our yea	ırs back
	_	ing of year balance .											
b	Contrib	utions											
		estment earnings, gain	+										
		or scholarships	+										
	and pro	expenditures for facilities ograms											
f	Admini	strative expenses .											
g	End of	year balance											
2 a		le the estimated percer designated or quasi-er	-	nt year end ba	lance (line 1	.g, colu	mn (a))) held a	as:				
b	Perma	anent endowment 🕨		•••••									
С	Term	endowment 🕨											
	The p	ercentages on lines 2a,		d equal 100%.									
3а		nere endowment funds ization by:	not in the possess	sion of the orga	anization tha	at are h	eld and	l admin	istered fo	r the		Yes	No
	(i) Ur	related organizations									3a(i)		
		elated organizations									3a(ii)		
ь 4		s" on 3a(ii), are the relibe in Part XIII the inte	-	•							3b		<u> </u>
	t VI	Land, Buildings,			endownient	Tulius.							
Pai	r vı	Complete if the ord			n Form 990), Part	IV. line	e 11a.	See For	m 990, Par	t X. line 10		
	Descri	ption of property	(a) Cost or othe (investmer	er basis (b) Cost or othe					depreciation		ok valu	е
1a	Land												
b	Building	gs		422,582						418,830			3,752
С	Leaseh	old improvements											
d	Equipm	nent		518,965						325,995			192,970
-	Other			141,323						106,078			35,245
Γota	I. Add I	lines 1a through 1e. (C	olumn (d) must ed	qual Form 990,	Part X, col	umn (B _,), line 1	10(c).)		•			231,967

Schedule D (Form 990) 2022 Page **3**

Complete if the organization answered "Yes" on Form 990 (a) Description of security or category (including name of security)	(b) Book	Cos	(c) Method	of valuation: /ear market value
	value	!		
(1) Financial derivatives	·			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	Þ			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990	0, Part IV,	line 11c. See Fo	rm 990, Pa	art X, line 13.
(a) Description of investment		(b) Book value		Method of valuation: end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	۰			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990	, Part IV, I	ine 11d. See Fo	rm 990, Pa	rt X, line 15.
(a) Description (1) DUE FROM AFFILIATES				(b) Book value 215,075
(2)RIGHT OF USE ASSET				62,268,399
(2)				
(3)				
(4) (E)				
(5)				
(6)				
(7)				
(8)				
(9)				52 102 17
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities.			•	62,483,474
Complete if the organization answered 'Yes' on Form 990 1. (a) Description of liability	, Part IV, I	ine 11e or 11f.S	ee Form 99	90, Part X, line 25. (b) Book value

LI CEUELAL UIL DIDE LAXES

(2) reactal mediae taxes	
OTHER LIABILITIES	38,398
LEASE LIABILITY	62,748,130
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	62,786,528

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

Schedule D (Form 990) 2022

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	. 490		
Cabadula D (Farm 000) 2022		_	

Scrie	dule D (Form 990) 2022		Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	e per Return.	
1	Total revenue, gains, and other support per audited financial statements	1	67,922,446
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d		
e	Add lines 2a through 2d	. 2e	0
3	Subtract line 2e from line 1	3	67,922,446
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	67,922,446
Par	rt XII Reconciliation of Expenses per Audited Financial Statements With Expens Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	es per Return.	
1	Total expenses and losses per audited financial statements	1	67,042,102
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	67,042,102
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		_
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	67,042,102

Part XIII Supplemental Information

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

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

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE; THE ORGANIZATION IS ALSO EXEMPT FROM STATE AND LOCAL INCOME TAXES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION HAS CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS. IF THE ORGANIZATION WERE TO INCUR AN INCOME TAX LIABILITY IN THE FUTURE, INTEREST ON ANY INCOME TAX LIABILITY WOULD BE REPORTED AS INTEREST EXPENSE AND PENALTIES ON ANY INCOME TAX LIABILITY WOULD BE REPORTED AS INCOME TAXES. THE ORGANIZATION'S CONCLUSIONS REGARDING UNCERTAIN TAX

POSITIONS MAY BE SUBJECT TO REVIEW AND ADJUSTMENT AT A LATER DATE BASED UPON ONGOING ANALYSES OF TAX LAWS, REGULATIONS, AND INTERPRETATIONS THEREOF AS WELL AS OTHER FACTORS. GENERALLY, FEDERAL, STATE AND LOCAL AUTHORITIES MAY EXAMINE THE ORGANIZATION'S TAX RETURNS FOR THREE YEARS FROM THE DATE OF FILING.

Schedule D (Form 990) 2022

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visual Render ObjectId: 202433199349305428 - Submission: 2024-11-14 **Compensation Information**

TIN: 11-2608983 OMB No. 1545-0047

Schedule J (Form 990)

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

	me of the organization ACK VETERANS FOR SOCIAL JUSTICE Employer identif	ication nu	ımber	
DLA	11-2608983			
Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			İ
	☐ Travel for companions ☐ Payments for business use of personal residence			İ
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees			İ
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	. 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			İ
	☐ Independent compensation consultant ☐ Compensation survey or study			İ
	Form 990 of other organizations Approval by the board or compensation committee			İ
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or related organization:	· а		
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section			110
9	53.4958-6(c)?	9		

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

— Page 2 —

Schedule J (Form 990) 2023 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for the column of

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, (C) Retirement ((E) Total of	(F)
		(i) Base compensation	and/or 1099-NEC (ii) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	columns (B)(i)-(D)	Compensation ir column (B) reported as deferred on prio Form 990
1 WENDY MCCLINTON CHIEF EXECUTIVE OFFICER	(i)	231,867	0	0	0	11,063	242,930	0
	(ii)	0	0	0	0	0	0	0
2 MARTIN KRONGOLD CHIEF OPERATING OFFICER	(i)	150,502	0	0	0	10,753	161,255	0
	(ii)	0	0	0	0	0	0	0
3 JELANI MASHARIKI VICE PRESIDENT	(i)	149,598	0	0	0	11,074	160,672	0
	(ii)	0	0	0	0	0	0	0

1/4/25, 3:22 PM	Black Ve	eter	ans For Social	Justice Inc - F	ull Filing - Non	profit Explorer	- ProPublica		
-									
								Schedule J (F	orm 990) 2023
				Page 3 ———					
Schedule J (Form 990) 2023									Page 3
Part III Supplemental Information	1								
Provide the information, explanation, or descrip	ptions required for Part I, lines 1	la, 1	lb, 3, 4a, 4b, 4c,			t II. Also complete	this part for any	additional info	ormation.
Return Reference				I	explanation				
								Schedule J (F	orm 990) 2023
Additional Data								Ret	turn to Form

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ObjectId: 202433199349305428 - Submission: 2024-11-14

TIN: 11-2608983

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.

2023
Open to Public

Inspection

11-2608983

Name of the organization
BLACK VETERANS FOR SOCIAL JUSTICE

Employer identification number

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	BVSJ REVIEWS THE 990 INTERNALLY WITH THE BOARD AND THE EXECUTIVE COMMITTE PRIOR TO SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS, OFFICERS AND EMPLOYEES REPORT ANNUALLY IF A CONFLICT OF INTEREST APPEARS TO EXIST. MANAGEMENT AND THE BOARD WILL MEET WITH THE INDIVIDUAL WITH THE CONFLICT TO OBTAIN ALL THE FACTS AND DETERMINE IF THE MATTER IS A CONFLICT OF INTEREST. IF IT IS FOUND TO BE A CONFLICT OF INTEREST, THAT INDIVIDUAL MUST REFRAIN FROM PARTICIPATING IN THE DELIBERATION DECISION MAKING PROCESS CONCERNING THE MATTER AT HAND.
FORM 990, PART VI, SECTION B, LINE 15	THE MAIN DRIVER FOR SALARY ACROSS THE AGENCY IS DRIVEN BY BUDGET ARBITRATION BETWEEN THE AGENCY AND THE FUNDER AND IS DOCUMENTED BY MINUTES. THE RANGE OF SALARIES ARE SET PRIOR TO BUDGET FUNDING AND APPROVED BY BOTH. CONSIDERATION IS GIVEN TO LENGTH OF SERVICE AND SIZE OF ORGANIZATION.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY WHICH WAS REVIEWED BY THEIR ATTORNEYS AND THE ORGANIZATION MAKES THE FINANCIAL STATEMENTS AVAILABLE ON THEIR WEBSITE BVSJ.ORG AND IN ADDITION IT IS AVAILABLE ON GUIDESTAR.ORG.
FORM 990, PART XII, LINE 2C:	THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS NOR ITS SELECTION PROCESS DURING THE TAX YEAR.

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

Cat. No. 51056K

Schedule O (Form 990) 2023

Additional Data Return to Form

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