efile	e Pu	ublic Visu	ual Render ObjectId: 202413219349301601 - Submission:	2024-11	-15	T	IN: 39-1712359
Form	00	20	Return of Organization Exempt From I	ncome	Тах	(OMB No. 1545-0047
Form	3:	0	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (Do not enter social security numbers on this form as it may be	except priva	ate foundatio	ons)	2023
		f the Treasury nue Service	Go to <u>www.irs.gov/Form990</u> for instructions and the late	st informat	tion.		Open to Public Inspection
A Fe	or th	ne 2023 ca	l alendar year, or tax year beginning 01-01-2023 , and ending 12-31-2	2023			
○ Ad	dress	applicable: change	C Name of organization Center for Veterans Issues Inc		D Employer 39-17123		fication number
O Ini	tial re	hange eturn rn/terminated	Doing business as				
□ Am	nende	ed return ion pending	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3400 W Wisconsin Avenue		E Telephone r (414) 345		
			City or town, state or province, country, and ZIP or foreign postal code Milwaukee, WI 53208		G Gross recei	ipts \$ 1	0,164,301
			F Name and address of principal officer:	I(a) Is this	a group retu	rn for	
			3400 W Wisconsin Avenue Milwaukee, WI 53208		linates? subordinates	5	□Yes ☑No
I Tax	k-exei	mpt status:	✓ 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527		" attach a list	t. See	
JW	ebsi	te: cviv	ret.org	H(c) Group	exemption n	umber	
K Forn	n of o	organization:	Corporation Trust Association Other	Year of forma	tion: 1989 🖡	S tate	of legal domicile: WI
Pa	art I	Sum	mary				
es & Governance	2 3 4		is box \Box of voting members of the governing body (Part VI, line 1a) \ldots of independent voting members of the governing body (Part VI, line 1b) \ldots			3 4	11 11
Activities	5	Total num	nber of individuals employed in calendar year 2023 (Part V, line 2a)			5	109
Acti	6		nber of volunteers (estimate if necessary)		•	6	50
			elated business revenue from Part VIII, column (C), line 12	• • •		7a 7h	0
	D	net unrei	ated business taxable income from Form 990-T, Part I, line 11	· · ·	· ·	7b	Current Year
	8	Contribut	ions and grants (Part VIII, line 1h)		5,421,328	3	6,743,135
Revenue	9	Program	service revenue (Part VIII, line 2g)		3,690,213	3	2,520,563
Rev	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)....		9,018	_	18,449
			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		506,785 9,627,344		412,938 9,695,085
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) nd similar amounts paid (Part IX, column (A), lines 1–3)		9,027,344	+	9,093,083
			paid to or for members (Part IX, column (A), line 4)				0
\$2		-	other compensation, employee benefits (Part IX, column (A), lines 5–10)		4,625,542	2	5,100,422
Expenses	16a	a Professio	nal fundraising fees (Part IX, column (A), line 11e)				0
xpe	b	Total fundr	aising expenses (Part IX, column (D), line 25) 34,787				
ш			penses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,424,096	-	4,887,046
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		9,049,638	_	9,987,468
or	19	Revenue	less expenses. Subtract line 18 from line 12	Beginning o	577,706 of Current Yea	_	-292,383 End of Year
Net Assets or Fund Balances	20	Total asse	ets (Part X, line 16)		7,013,938	3	6,439,501
ot As nd B			ilities (Part X, line 26)		2,557,067	-	2,280,413
Pur P			s or fund balances. Subtract line 21 from line 20		4,456,87	1	4,159,088
Pa	rt II	Sign	ature Block				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

<i>a</i> :					2024-11-15	
Sign Here		ture of officer Fritsch Interim President			Date	
		or print name and title				
		Print/Type preparer's name	Preparer's signature	Date	Check if	TIN
Paie	b				self-employed	
Pre	parer	Firm's name Michael M Koscinsk	i CPA		Firm's EIN 39-14	14032
	Only	Firm's address 16145 West Nationa			DI	04 5020
	•	FITTI S address 10145 West Nationa	ii Avenue		Phone no. (262) 7	84-5839
		New Berlin, WI 531	51			
May t	he IRS discu	iss this return with the preparer	shown above? See Instructions.			🗹 Yes 🗌 No
		Reduction Act Notice, see the			. No. 11282Y	Form 990 (2023)
	•		•	Cut		
			Fage 2			
Form	990 (2023)					Page 2
	. ,	tement of Program Servi	ce Accomplishments			ruge 🗕
Гa		-	-			\Box
			oonse or note to any line in this P	art III		U
1		ribe the organization's mission:				
			sing and supportive services to h	elp improve the quali	ty of life for ALL Ve	eterans, their families, and
		n which they live and serve.				
2	-	, ,	ant program services during the	year which were not	listed on	
	the prior Fo	orm 990 or 990-EZ? • • •				🗌 Yes 🛛 No
	If "Yes," de	scribe these new services on Sc	hedule O.			
3	Did the org	anization cease conducting, or r	make significant changes in how i	t conducts, any prog	ram	
	services?					🗌 Yes 🗹 No
	If "Yes," de	scribe these changes on Schedu	ile O.			
4			e accomplishments for each of its	three largest progra	m convicos as mo	asured by expenses
•			ions are required to report the ar			
		e, if any, for each program serv		, , , , , , , , , , , , , , , , , , ,		-, ,
4a	(Code:) (Expenses \$	8,575,666 including grants	of \$) (Revenue \$)
			and technical assistance to agencies a ices. CVI is best known for serving Vet			
			manent housing faciilties. CVI is the la			
	Wisconsin.					
4b	(Code:) (Expenses \$	including grants	of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants	of \$) (Revenue \$)
	C				, , , , , , , , , , , , , , , , , , , ,	,
4d	Other prog	ram services (Describe in Schec	lule ())			
Ψu	(Expenses	-	cluding grants of \$) (Revenue	₋ ≮)
	• •) (itevenue	~ 7	/
4e	i otal prog	ram service expenses	8,575,666			

orm	990 (2023)			Page
Pai	tiv Checklist of Required Schedules		Vee	Na
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A \Im	1	Yes Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🗐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	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? <i>If "Yes," complete Schedule D, Part II</i> 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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? <i>If "Yes," complete Schedule D, Part IV</i>	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
	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? <i>If "Yes," complete Schedule D, Part VII</i> 🕲	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> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported	11c		No
	in Part X, line 16? If "Yes," complete Schedule D, Part IX 🧐	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗐	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X $^{\circ}$	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😼	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🗐	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	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		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic			No

21 Did the organization report more than \$5.000 of grants or other assistance to any domestic organization or domestic https://projects.propublica.org/nonprofits/organizations/391712359/202413219349301601/full

No

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

21

	Page 4			
Form	990 (2023)			Page 4
	t IV Checklist of Required Schedules (continued)			rage 🗖
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L</i> , Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	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
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV			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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 415		Yes	No
				1

1/6/25, 9:05 PM

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b	Enter the number	of Forms	W-2G included	l on line 1a.	. Enter -0-	 if not applicable 	.	1b
---	------------------	----------	---------------	---------------	-------------	---------------------------------------	---	----

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2023)

Yes

0

1c

D	5		0	5
г	а	У	e	5

Pa	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? \ldots .	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No
53	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?			No
		5b		NO
	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
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	70 7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
D	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	124		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
os://1	projects.propublica.org/nonprofits/organizations/391712359/202413219349301601/full			

14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	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? If "Yes," complete Form 6069.	17	
		For	m 990 (2023)
	Page 6		

orm	990 (2023)			Page 6
Pa	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	,		
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$.	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\ .$	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 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? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No

10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
		. —		

17

Section C. Disclosure

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WI

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

List the states with which a copy of this Form 990 is required to be filed

16b

18 Section 6104 requires an organization to 501(c)(3)s only) available for public inspe-	make its Form	1023 (how y	1024 or 1024- ou made these	A, if ava	[:] app ailab	licabl le. Ch	e), 9 eck	990, and 990-T (all that apply.	section	
Own website Another's website		-								
19 Describe in Schedule O whether (and if so policy, and financial statements available				verr	ning	docu	men	ts, conflict of int	erest	
20 State the name, address, and telephone	•	-		s the	e org	janiza	tion	's books and rec	ords:	
Gillian Hauboldt 3400 W Wisconsin Avenu	e Milwaukee	, WI 53	3208 (414) 345	5-42	40				F	orm 990 (2023)
										50 (2023)
			Page 7 —							
orm 990 (2023)										
Part VII Compensation of Officers, I	Directors.Tri	ustee	s. Kev Emp	ove	ees	. Hia	hes	st Compensat	ed Employee	Page 7
and Independent Contracto			o,,p.	-,-		,				
Check if Schedule O contains a res										🗆
Section A. Officers, Directors, Trust										nization's tax
ear.			•					5		
 List all of the organization's current office compensation. Enter -0- in columns (D), (E), 					ais o	r orga	iniza	ations), regardles	ss of amount	
List all of the organization's current key end List all of the organization's current										
 List the organization's five current highest ho received reportable compensation (box 5 on the organization and any related organizations. 										\$100,000 from
• List all of the organization's former officers f reportable compensation from the organization				sate	ed e	mploy	ees	who received me	ore than \$100,00	00
 reportable compensation from the organization List all of the organization's former director 	,	-		e cai	pacit	ty as a	a for	mer director or t	rustee of the	
ganization, more than \$10,000 of reportable of	compensation fr	om th								
ee the instructions for the order in which to lis	•							6 0 11 1		
Check this box if neither the organization n (A)	or any related of (B)	organiz	ation compens (C)		d an	y curr	ent	(D)		(F)
Name and title	Average		ition (do not ch	neck				Reportable	(E) Reportable	Estimated
	hours per week (list	of	box, unless pe ficer and a dire	ector			in	compensation from the	compensation from related	amount of other
	any hours for related	우코	Institutional Trustee;	ç	줎	을 포	F	organization (W-2/1099-	organizations (W-2/1099-	compensation from the
	organizations	Individual or directo	Institutional	fice	iy er	ghes	Former	MISC/1099-	MISC/1099-	organization
	below dotted line)	ğb	Trustee;	1	nplo	st og	ж,	NEC)	NEC)	and related organizations
		trustee r			Key employee	duc				
		de de			*	Highest compensated employee				
						ateo				
) Mike Dwyer	1.00					_				
ember		х						0	0	0
) Ashley Ferus	0.00									
ember		х						0	0	0
) LaMarr Franklin	0.00									
ember		х						0	0	0
	0.00									
) Jason Isaacs		х						0	0	0
cretary	_									
,	0.00									
) John Cornell	1.00	x		х				0	0	0
) John Cornell nairman	1.00	x		x				0	0	0
) John Cornell nairman) Guy Temple	1.00 0.00 1.00	x x		x x				0	0	0
) John Cornell nairman)) Guy Temple ember	1.00 0.00 1.00 0.00									0
) John Cornell hairman 5) Guy Temple ember 7) Craig Hirt	1.00 0.00 1.00									0
hairman 5) Guy Temple ember 7) Craig Hirt	1.00 0.00 1.00 0.00 1.00	x		x				0	0	0

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Center For Veterans Issues Inc - Full Filing - Nonprofit Explorer - ProPublica

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Member	0.00	Х						0	0	0
(9) Charles Allen	1.00									
Member	0.00	х						0	0	C
(10) Eduardo Garza	40.00							0	0	ſ
President/CEO	0.00							0	0	
(11) Michael Beal	40.00							0	0	
VP-Programs/Serv	0.00							0	U	C
(12) Berdie Cowser	40.00							0	0	
VP of Housing	0.00							0	U	0
(13) Jason Johns	40.00									
VP - Community Rel	0.00							U	U	0
(14) Helen King	40.00							0	0	0
Director of Grants	0.00							0	U	U
					\square					
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Form **990** (2023)

— Page 8 –

Form 990 (2023)

Page **8**

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

(A) Name and title	(B) Average hours per week (list		(C) on (do not cheo unless person i and a directo	:k m s bc	oth a	n offic		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	(Ѿ-2/1099- MISC/1099-NEC)	organization and related organizations
1b Sub-Total	s to Part VII, Se		 A							

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000

of reportable compensation from the organization 0	
--	--

			Yes	No	
3	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	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4		No	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
James Beer LLC	Grant Writing	187,083
7516 N Links Way Fox Point, WI 53217		
Legal Action of Wisconsin Inc	Legal Services	139,875
230 W Wells Street Room 800 Milwaukee, WI 53203		
2 Total number of independent contractors (including but not limited to those listed above) who r compensation from the organization 2	eceived more than \$100,000 of	

Form 990 (2023)

art VIII Statement of Revenue	chance or note to any line	a in this Dart VIII			
Check if Schedule O contains a re		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sectio 512 - 514
Federated campaigns 1a tributions,	_				
Related organizations 1d Government grants (contributions) 1e					
6,393,859 All other contributions, gifts, grants, and similar amounts not included above					
349,276 Noncash contributions included in lines 1a - 1f:\$ 1g					
Total. Add lines 1a-1f	6,743,135				
	Business Code				_
2a Program Fees	900099	106,215	106,215		
Veterans Admin Per Diem	900099	2,414,348	2,414,348		

	, 9.05 1 141					ing - Nonpront Exploit	
Droctram							
204	2						
Î	f All other program	serv	ice revenue.				
	9 Total. Add lines 2	2a-21	f	2,520,563			
	3 Investment income			terest, and other	18,449	18,449	
	similar amounts) .					-	
	4 Income from invest	men	t of tax-exempt bo	nd proceeds	0		
	5 Royalties	•			0		
	-	(i) Real		(ii) Personal			
	6a Gross rents	6a	412,347				
	b Less: rental	6b	356,892				
	expenses c Rental income or	6c	55,455				
	(loss) d Net rental income	e or (loss)		55,455	55,455	
			(i) Securities	(ii) Other			
Revenue	7a Gross amount from sales of assets other than inventory	7a	()	(,)			
	b Less: cost or other basis and sales expenses	7b					
		7c					
er	d Net gain or (loss)				0		
Other	 a Gross income from fu (not including \$ contributions reported See Part IV, line 18 b Less: direct expen 	d on l •	of ine 1c). 8a	314,057 112,324			
	c Net income or (los	s) fr	om fundraising eve	nts	201,733		129,706
	 Gross income from See Part IV, line 19 b Less: direct expen c Net income or (los 	ses	9a 9b	es	0		
							
	10aGross sales of inver returns and allowa	inces	; · · 10a				
	b Less: cost of good						
	c Net income or (los	s) fr	om sales of invento		0		
	11a Management Fee	Inco	me	Business Code 531310			
	b Miscellaneous Inco	b Miscellaneous Income			155,750	155,750	
Oth	er f eVenneMefeAmt			722210			
	d All other revenue	•					
	e Total. Add lines 1	1a-1	.1d	• •	155,750		
	12 Total revenue. S	ee in	structions		9,695,085	2,750,217	129,706
					5,055,005	2,750,217	125,700

Form 990 (2023)

— Page 10 —

 Page 10

 Page 10

 Part IX
 Statement of Functional Expenses

 Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

 Check if Schedule O contains a response or note to any line in this Part IX
 Image 10

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	4,147,295	3,376,757	770,538	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	636,450	523,420	113,030	
10	Payroll taxes	316,677	295,242	21,435	
11	Fees for services (non-employees):				
i	a Management	0			
I	DLegal	409		409	
(Accounting	75,000		75,000	
	Lobbying	0			
•	Professional fundraising services. See Part IV, line 17	0			
1	Investment management fees	0			
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	37,565	1,037	36,528	
12	Advertising and promotion	26,855	7,286	19,569	
13	Office expenses	44,078	25,681	18,397	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	329,540	318,684	10,856	
17	Travel	20,518	18,551	1,967	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	105,744	36,695	69,049	
20	Interest	30,443	20,658	9,785	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	128,567	100,754	27,813	
23	Insurance	130,166	116,817	13,349	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	a Rent Assistance/Security Dep	2,009,639	2,008,751	888	
	b Contract Labor	463,030	460,860	2,170	
	c Outside Services	391,560	383,800	7,760	
	d Food	221,055	214,493	6,562	
	e All other expenses	872,877	666,180	171,910	34,787
25	Total functional expenses. Add lines 1 through 24e	9,987,468	8,575,666	1,377,015	34,787
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				
	\Box if following SOP 98-2 (ASC 958-720).				

Form **990** (2023)

Form 990 (2023)

Balance Sheet Part X

	Check if Schedule O contains a response or note to any line in this Part IX	(A)		(B)
		Beginning of year		End of year
1	Cash-non-interest-bearing	2,026,140	1	1,402,932
2	Savings and temporary cash investments		2	0
3	Pledges and grants receivable, net	856,255	3	920,282
4	Accounts receivable, net		4	0
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0
6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$		6	0
ر م	Notes and loans receivable, net	23,930	7	57,290
ssets 8	Inventories for sale or use		8	0
9	Prepaid expenses and deferred charges	66,554	9	35,702
◀ 10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 7,397,534			
ь	Less: accumulated depreciation 10b 3,511,757	3,892,989	10c	3,885,777
11	Investments—publicly traded securities		11	0
12	Investments—other securities. See Part IV, line 11		12	0
13	Investments—program-related. See Part IV, line 11		13	0
14	Intangible assets		14	0
15	Other assets. See Part IV, line 11	148,070	15	137,518
16	Total assets. Add lines 1 through 15 (must equal line 33)	7,013,938	16	6,439,501
17	Accounts payable and accrued expenses	665,316	17	478,701
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
m 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 Liabilities	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
<u>ت</u> 23	Secured mortgages and notes payable to unrelated third parties	1,560,846	23	1,451,372
24	Unsecured notes and loans payable to unrelated third parties	.,	24	.,
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	330,905	25	350,340
26	Total liabilities. Add lines 17 through 25	2,557,067	26	2,280,413
or Fund Balances	Organizations that follow FASB ASC 958, check here Ines 27, 28, 32, and 33. Net assets without donor restrictions	4,351,471	27	4,059,088
28	Net assets with donor restrictions	105,400	28	100,000
20		100,400	20	100,000
In 29	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
	Paid-in or capital surplus, or land, building or equipment fund		30	
Assets 31	Retained earnings, endowment, accumulated income, or other funds		31	
SH 32	Total net assets or fund balances	4,456,871	32	4,159,088
e				
Z 33	Total liabilities and net assets/fund balances	7,013,938	33	6,439,501 Form 990 (2023

Part XI	Reconcilliation of Net Assets
	Check if Schedule O contains a response or note to any line in this Part XI
 Total 	revenue (must equal Part VIII, column (A), line 12)

— Page 12 —

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2	Total expenses (must equal Part IX, column (A), line 25)	2		9	,987,468
3	Revenue less expenses. Subtract line 2 from line 1	3			-292,383
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4		4	,456,871
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-5,400
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		4	,159,088
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Z Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	igsquire Separate basis $igsquire$ Consolidated basis $igsquire$ Both consolidated and separate basis				
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	•		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the U Guidance, 2 C.F.R. Part 200, Subpart F?	niform	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	Зb	Yes	
			F	orm 99	0 (2023)

Additional Data

 Software ID:
 23017517

 Software Version:
 2023v5.1

Form 990, Special Condition Description:

Special Condition Description

Return to Form

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	HED m 990		Cor		Charity Statu				OMB No. 1545-0047
• Depar	ment of t	, he Treasury le Service		-	4947(a)(1) nonexe ▲ Attach to Form 9 5.gov/Form990 for in	empt charitable 990 or Form 99	trust. 0-EZ.		LULJ Open to Public
Nam	e of t	he organiza	tion					Employer identif	Inspection cation number
		terans Issues						39-1712359	
	rt I	Reason	for Public	Charity Stat	us (All organization	s must comple	te this part.) S		
	organiz				e it is: (For lines 1 thro				
1 2					ssociation of churches			(A)(I).	
3					(1)(A)(ii). (Attach Sch vice organization desc	-			
4			•	•	ed in conjunction with			2	Enter the hospital's
	\cup		, and state:						
5				d for the benefi	it of a college or unive)	rsity owned or op	perated by a gov	ernmental unit desc	ribed in section
6		A federal,	state, or loca	l government or	r governmental unit de	scribed in sectio	on 170(b)(1)(A)(v).	
7				rmally receives (vi). (Complete	a substantial part of it Part II.)	s support from a	governmental u	nit or from the gene	ral public described in
8					n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9					escribed in 170(b)(1) ee instructions. Enter				llege or university or a
10		An organiz from activi investmen	ation that no ties related t t income and	rmally receives: o its exempt fur unrelated busir	(1) more than 331/3% actions—subject to cer	6 of its support fr tain exceptions, a	om contribution and (2) no more	s, membership fees, than 33 1/3% of its	and gross receipts
11		An organiz	ation organiz	ed and operated	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more publi	cly supported	l organizations	d exclusively for the be described in section 5 s the type of supportin	609(a)(1) or se	ction 509(a)(2). See section 509	he purposes of one or (a)(3). Check the box
а		Type I. A organizatio	supporting or on(s) the pow	ganization oper	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	ation(s), typically b	
b		Type II. A manageme	supporting on the sup	organization sup	pervised or controlled i ation vested in the sar				
с		Type III f	unctionally	integrated. A	supporting organizatio ions). You must com				ated with, its
d		Type III I functionall	y integrated.	nally integrate The organizatio	d. A supporting organi in generally must satis	ization operated fy a distribution	in connection with requirement and	th its supported orga	anization(s) that is not quirement (see
e		Check this	box if the or	ganization recei	rt IV, Sections A and ved a written determir integrated supporting	nation from the I		ре I, Туре II, Туре I	II functionally
f	Ente					-		<u>.</u>	
g		de the follow Name of sup		ion about the su (ii) EIN	upported organization((iii) Type of		anization listed	(v) Amount of	(vi) Amount of
		organizatio			(described on lines 1- 10 above (see instructions))	in your govern		(see instructions)	
						Yes	No		
									+
Tota		_	-					-	
		work Reduc or 990-EZ.	tion Act No	tice, see the I	nstructions for	Cat. No. 11285	5F	Schedul	e A (Form 990) 2023
					Pa	ge 2			
		(Form 990)		- fau 0		la Continui	70/1.\/4.\/		Page 2
Pa	rt II	(Compl	ete only if y	ou checked t	zations Described he box on line 5, 7, ify under the tests l	or 8 of Part I o	or if the organi	zation failed to qu	(1)(A)(vi) alify under Part III.
S	ection	n A. Public		-1	· · · · · · · · · ·	. , .		, , ,	
			org/nonprofits/o	organizations/391	712359/20241321934930)1601/full	•		I

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	r fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4 5	Total. Add lines 1 through 3 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.						
9	Section B. Total Support						
Ca	lendar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(0 7	r fiscal year beginning in) Amounts from line 4.						()
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						
	loss from the sale of capital assets						
11	(Explain in Part VI.) Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth ta	x year as a sectio	n 501(c)(3) organ	ization, check
	this box and stop here					► 🗆	
5	Section C. Computation of Public	Support Perce	entage				
14	Public support percentage for 2023 (lin	ie 6, column (f) di	vided by line 11, o	column (f))		14	
	Public support percentage for 2022 Sch					15	
16	a 33 1/3% support test—2023. If the o	organization did n	ot check the box c	n line 13, and line	e 14 is 33 1/3% or	more, check this	_
	and stop here. The organization qualit						
ł	33 1/3% support test—2022. If the	-					
	box and stop here. The organization 10%-facts-and-circumstances test						
178	and if the organization meets the "facts	s-and-circumstance	es" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the ora	mization
	meets the "facts-and-circumstances" to				-	-	_
t	10%-facts-and-circumstances tes	t—2022. If the or	ganization did not	check a box on li	ne 13, 16a, 16b, o	or 17a, and line 1	5 is 10% or
	more, and if the organization meets the	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Expla	in in Part VI how	he organization
	meets the "facts-and-circumstances"						🕨 🗆
18	Private foundation. If the organization						
	instructions						► 🗆 Form 990) 2023
						Scheudle A (I	5111 990 2023
			Page 3				
			i age J				
C el-	edule A (Form 990) 2023						
		<u> </u>		<u> </u>			Page 3
	Part III Support Schedule for (Complete only if you					d to qualify und	er Part II If
	the organization fails t						
5	Section A. Public Support	•				•	
	lendar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(0 1	r fiscal year beginning in) F Gifts, grants, contributions, and						
-	membership fees received. (Do not	6,999,803	5,597,710	5,731,361	5,421,328	6,637,735	30,387,937
-	include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						0
	any activity that is related to the organization's tax-exempt purpose						
3							·
		1					
	are not an unrelated trade or business under section 513	685,011	3,008,979	2,610,422	3,690,213	2,520,563	12,515,188

4 Tax revenues levied for the

1/6/25,	9:05 PM	Center F	or Veterans Issues I	nc - Full Filing - No	nprofit Explorer - P	roPublica		
	organization's denetit and either paid to or expended on its behalf							0
5	 number of services or facilities furnished by a governmental unit to the organization without charge							0
6	Total. Add lines 1 through 5	7,684,814	8,606,689	8,341,783	9,111,541	9,158,29	8 4	2,903,125
	Amounts included on lines 1, 2, and							0
	3 received from disqualified persons							U
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of							0
	\$5,000 or 1% of the amount on line 13 for the year.							0
8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)						4	2,903,125
Se	ction B. Total Support							
	ndar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
-	iscal year beginning in) 🕨							2,903,125
9 10a	Amounts from line 6 Gross income from interest,	7,684,814	8,606,689	8,341,783	9,111,541	9,158,29	8 4	2,903,125
10a	dividends, payments received on	2.462	1.226		0.010	10.44		22.000
•	securities loans, rents, royalties and income from similar sources Unrelated business taxable income	3,163	1,226	832	9,018	18,44	9	32,688
b	(less section 511 taxes) from businesses acquired after June 30,							0
с	1975. Add lines 10a and 10b.	3,163	1,226	832	9,018	18,44	9	32,688
11	Net income from unrelated business activities not included on line 10b, whether or not the business is							0
12	regularly carried on. Other income. Do not include gain or loss from the sale of capital	31,148	439,518	189,387	506,785	412,93	8	1,579,776
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c,	7,719,125	9,047,433	8,532,002	9,627,344	9,589,68	5 4	4,515,589
14	11, and 12.) First 5 years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth	L tax year as a sect	ion 501(c)(3) ord	anization,	check
	this box and stop here	-			-			
Se	ction C. Computation of Public				<u></u>			
15	Public support percentage for 2023 (I			column (f)) .		15	c	96.380 %
16	Public support percentage from 2022		-			16		97.050 %
	ction D. Computation of Inves							
17	Investment income percentage for 20			line 13, column (f))	17		0.070 %
18	Investment income percentage from					18		0.040 %
	33 1/3% support tests-2023. If the		•			-	17 is no	
19a								
b	more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	s more than 33 1,	3% and lin	ne 18 is
20	not more than 33 1/3%, check this bo							
20	Private foundation. If the organizat	ion did not check	a box on line 14,	19a, or 19b, checl	k this box and see			
						Schedule A	Form 990	0) 2023
			Page 4					
Schee	lule A (Form 990) 2023							Page 4
Par	t IV Supporting Organization	าร						
1 611	(Complete only if you checked		of Part I. If vou ch	ecked box 12a, of	Part I, complete	Sections A and B	. If vou ch	ecked
	box 12b, of Part I, complete S 12d, of Part I, complete Section	ons A and D, and c		12c, of Part I, co	mplete Sections A	, D, and E. If you	ı checked l	box
Se	ction A. All Supporting Organiz	zations						
1	Are all of the organization's supported If "No," describe in Part VI how the s						Yes	s No
	describe the designation. If historic a	nd continuing relat	tionship, explain.			,	1	
2	Did the organization have any suppor $509(a)(1)$ or (2) ? If "Yes," explain in described in section $509(a)(1)$ or (2) .	Part VI how the c					2	
3a	Did the organization have a supported <i>3c below.</i>	d organization des	cribed in section s	501(c)(4), (5), or	(6)? If "Yes," ans	wer lines 3b and	2 3a	+
b	Did the organization confirm that eac the public support tests under section determination.							
							3b	<u> </u>

1/6/25,	9:05 PM Center For Veterans Issues Inc - Full Filing - Nonprofit Explorer - ProPublica					
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c				
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 supervised by or in connection with its supported organizations.	4b				
-	Did the organization support any foreign supported organization that does not have an IRS determination under sections					
С	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	5.0		<u> </u>		
	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	5b		┣──		
-	organization's organizing document?			┣──		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its					
	supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing					
	organization's supported organizations? If "Yes," provide detail in Part VI.					
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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					
	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		<u> </u>		
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	(Form	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?					

- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a
- **b** A family member of a person described on 11a above?
- 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 VI.

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

Section C. Type II Supporting Organizations

Yes No

11b

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- **c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

			Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the instant activities but for the organization activities and the organization activities activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization activities activities activities but for the organization activities activities but for the organization activities activities activities but for the organization activities activities activities but for the organization activities ac</i>			
	organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	24		

3b Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Page 6

Ра	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization					
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
ā	Average monthly value of securities	1a				
t	Average monthly cash balances	1b				
Ċ	: Fair market value of other non-exempt-use assets	1c				
c	Total (add lines 1a, 1b, and 1c)	1d				

	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
ļ	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		
5	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
L	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
5	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
,	Check here if the current year is the organization's first as a non-functionally-i	ntegrat	d Type III supporting	organization (see

– Page 7 -

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023				Page 7
Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organizations (co	ntinued)	
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	n exempt purposes		1	
2 Amounts paid to perform activity that directly furthers	· · ·	organizations in		
excess of income from activity	2			
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organizati	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)	1	5	
6 Other distributions (<i>describe in Part VI</i>). See instruction	ons		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	nich the organization is respon	sive (<i>provide</i>	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	Underdistributio Pre-2023	ons	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				
 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:				
\$				
a 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		
	Sch	nedule A (Form 990) (2023)

Page 8 -

Schedule A (Form 990) 2023

Page **8**

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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Schedule A (Form 990) 2023

Additional Data

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efile Public Visual Render	Objectld: 202413219349301601 - Submission: 2024-11-15		TIN: 39-1712359
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990) Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Go to www.irs.gov/Form990 Internal Revenue Service Go to www.irs.gov/Form990			2023
Name of the organization Center for Veterans Issues Inc		Employer id	entification number
		39-1712359	
Organization type (check o	ne):		
Filers of:	Section:		
Form 990 or 990-EZ	□ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private found	ation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ı	
	501(c)(3) taxable private foundation		

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

General Rule

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

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Page 2

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

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

Cat. No. 30613X

Schedule B (Form 990) (2023)

Page 2

Name of organization Contex for Veterane Levice Inc https://projects.propublica.org/nonprofits/organizations/391712359/202413219349301601/full Part I

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	· · · · · · · · · · · · · · · · · · ·	\$ RESTRICTED	 Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions.) (d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
·		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

– Page 3 –

Schedule I	B (Form 990) (2023)		Page 3
Name of or	ganization Veterans Issues Inc	Employer identificatio	n number
Center Ior		39-1712359	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

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-			\$		
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$		
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$		
(a) No. from Part I	(b) Description of noncash		(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$		
(a) No. from Part I	(b) Description of noncash	property given	(C) FMV (or estimate) (See instructions)	(d) Date received	
-			\$		
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$		
				Schedule B (Form 990) (2023)	
		Page 4			
Schedule Name of or	B (Form 990) (2023)		Employer iden	Page 4 Itification number	
	Veterans Issues Inc		39-1712359		
Part III	Exclusively religious, charitable, etc., com than \$1,000 for the year from any one com organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional sp	tributor. Complete columns (a) throu e total of e <i>xclusively</i> religious, chari tructions.) ► \$	ugh (e) and the followin	g line entry. For	
(a) No. from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift			
-			— ———		
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Rela	ationship of transferor to	o transferee	

 (a) No. from Part I
 (b) Purpose of gift
 (c) Use of gift
 (d) Description of how gift is held

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Part I	(b) Fulpose of gill		(c) use of gift	
. =				
	Transferee's name, address, an	d ZIP 4	(e) Transfer of gift Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
· =	Transferee's name, address, an	d ZIP 4	(e) Transfer of gift Relatio	nship of transferor to transferee
				Schedule B (Form 990) (2023

Additional Data

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 23017517

 Software Version:
 2023v5.1

efi	le Public Visua	l Render	ObjectId: 2024132	219349301601 - Submission:	2024-11-1	5	TIN: 39-1712359
SCHEDULE D			Supplement	ntal Financial Statemo	onte		OMB No. 1545-0047
(For	m 990)		Supplemen		51113		2022
				ganization answered "Yes," on F L0, 11a, 11b, 11c, 11d, 11e, 11f,	2022		
	tment of the Treasury			Attach to Form 990.	-		Open to Public
	al Revenue Service me of the organ		o to <u>www.irs.gov/Forn</u>	1990 for instructions and the late			Inspection ification number
	ter for Veterans Issu				•		
Da	rt I Organi	Tations Mai	ntaining Donor Advi	sed Funds or Other Similar F		712359	
Fd				sed Funds of Other Similar F s" on Form 990, Part IV, line 6.	unus of Acc	ounts.	
				(a) Donor advised funds		(b) Funds a	nd other accounts
1		-					
2			ns to (during year)				
3	Aggregate value	-					
4		•	•				
5				rs in writing that the assets held in clusive legal control?		unds are the	Yes 🗌 No
6	Did the organiza	ation inform al	l grantees, donors, and do	onor advisors in writing that grant fu	nds can be use	d only for	
	charitable purpo	oses and not fo	or the benefit of the donor	or donor advisor, or for any other p	urpose conferri		sible
	•				• •		🗌 Yes 🗌 No
Ра		vation Ease te if the orga		s" on Form 990, Part IV, line 7.			
1				nization (check all that apply).			
	Preservation	on of land for p	public use (e.g., recreation	n or education) 🛛 🗍 Preservati	on of an histori	cally import	ant land area
	Protection	of natural hab	itat	Preservati	on of a certified	d historic str	ucture
		on of open spa	ce				
2				qualified conservation contribution i	n the form of a	conservatio	n
	easement on the				[Held at t	he End of the Year
а					2a		
b	•	•		· · · · · · · · · · · · · · · · · · ·			
C C				c structure included in (a) ired after July 25, 2006, and not on			
d			National Register		a 2d		
3	Number of cons tax year 🕨	ervation easer	nents modified, transferre	d, released, extinguished, or termin	ated by the org	janization du	iring the
4	Number of state	es where prope	erty subject to conservation	on easement is located 🕨			
5	Does the organi	zation have a	written policy regarding tl	ne periodic monitoring, inspection, h	andling of viola	tions,	
	and enforcemen	nt of the conse	rvation easements it hold	s?		C	Yes 🗌 No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	cting, handling of violations, and enf	orcing conserva	ation easeme	ents during the year
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enforcing	g conservation	easements o	luring the year
•	·			above satisfy the requirements of s	a atiana 170(h)(/		
8				above satisfy the requirements of s		,,,,,,	Yes 🗌 No
9	balance sheet, a	and include, if	applicable, the text of the	ervation easements in its revenue a footnote to the organization's finan-		tement, and	
Par	5	5	for conservation easemen ntaining Collections	of Art, Historical Treasures,	or Other Sir	nilar Asse	ets.
- 611	Comple	te if the orga	anization answered "Ye	s" on Form 990, Part IV, line 8.			
1a	historical treasu	res, or other s	imilar assets held for pub	SC 958, not to report in its revenue s lic exhibition, education, or research ents that describes these items.			
b		res, or other s	imilar assets held for pub	SC 958, to report in its revenue state lic exhibition, education, or research			
(-				▶\$_	
2	If the organizati	ion received or	held works of art, histori	cal treasures, or other similar assets ASC 958 relating to these items:			the
а	Revenue include	ed on Form 99	0, Part VIII, line 1			. ▶\$_	
b	Assets included	in Form 990, I	Part X			▶\$	
For				ns for Form 990.			ule D (Form 990) 2022

. .			– Page 2						
(cho	dula D (Form 000) 2022								_
	t III Organizations Maintaining C	alloctions of A	rt Histor			r Otha	· Similar Ac		Page
3	Using the organization's acquisition, access								
5	items (check all that apply):		orus, eneck	uny or	ine ronowing		a significant a	50 01 115 00	
а	Public exhibition		d		Loan or exch	nange pro	ograms		
b			е		Other				
~	Scholarly research			_					
с	Preservation for future generations								
4	Provide a description of the organization's of Part XIII.	collections and exp	lain how the	ey furth	er the organi	ization's	exempt purpo	se in	
5	During the year, did the organization solicit assets to be sold to raise funds rather than							🗌 Yes	O No
Par	rt IV Escrow and Custodial Arrang Complete if the organization an		Form 990	, Part	IV, line 9, o	r report	ed an amou		
	line 21.								
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?							🗌 Yes	🗆 No
b	If "Yes," explain the arrangement in Part X	III and complete t	he following	table:			Α	mount	
c	Beginning balance	•				1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on	Form 990, Part X,	line 21, for	escrow	or custodial	account	iability?	🗌 Yes	
b	If "Yes," explain the arrangement in Part X								
Ра	rt V Endowment Funds.								
	Complete if the organization an								
1-	Paginning of year balance	(a) Current yea	ar (b) l	Prior yea	r (c) Two	years back	(d) Three yea	ars back (e)	Four years back
	Beginning of year balance								
	Contributions Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	and programs								
f g	and programs	rrent year end bal	ance (line 1	g, colur	nn (a)) held a	as:			
f g 2	and programs Administrative expenses End of year balance Provide the estimated percentage of the cu	rrent year end bal	ance (line 1	g, colur	nn (a)) held a	as:			
f g 2 a	and programs	rrent year end bal	ance (line 1	g, colur	nn (a)) held a	as:			
f g 2 a b c	and programs	ould equal 100%.					or the		
f g 2 a b c	and programs	ould equal 100%. session of the orga	nization tha				or the	2-/3	Yes No
f g 2 a b c	and programs	ould equal 100%. session of the orga	nization tha	t are he	eld and admir		or the	3a(i))
f g 2 a b c	and programs	ould equal 100%. session of the orga	nization tha	t are he	eld and admir		for the	3a(i) 3a(ii) 3a(ii) 3b)
f g 2 a b c 3a b	and programs	ould equal 100%. session of the orga ions listed as requi	nization tha	t are he	eld and admir		for the	3a(ii)
f g 2 b c 3a b 4	and programs	ould equal 100%. session of the orga ions listed as requi he organization's e ient.	nization tha ired on Sche endowment	t are he edule R3 funds.	eld and admir	nistered f		3a(ii 3b)
f g 2 b c 3a b 4	and programs	ould equal 100%. session of the orga ions listed as requi he organization's e ent. swered "Yes" on other basis (b)	nization tha ired on Sche endowment	t are he edule Ra funds.	eld and admir	nistered f		3a(ii 3b t X, line 1)
f g 2 a b c 3a b 4 Pai	and programs Administrative expenses Administrative expenses End of year balance End of year balance Provide the estimated percentage of the curbor board designated or quasi-endowment Permanent endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the possorganization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on 3a(ii), are the related organizations If "Yes" on 3a(ii), are the related organizations If to the percentage of the organization and complete if the organizatio	ould equal 100%. session of the orga ions listed as requi he organization's e ient. iswered "Yes" on other basis ment)	nization tha ired on Sche endowment Form 990	t are he edule Ra funds.	eld and admir	nistered f	••••••••••••••••••••••••••••••••••••••	3a(ii 3b t X, line 1	0. 300k value
f g 2 a b c 3a 4 Pai	and programs	ould equal 100%. session of the organization's equivalent of the organization's equivalent of the organization's equivalent of the basis ment. Swered "Yes" on other basis (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	nization tha ired on Sche endowment Form 990	t are he edule Ra funds.	eld and admir	nistered f	orm 990, Par	3a(ii 3b t X, line 1	0. 300k value 246,423
f g a b c 3a b 4 Pai	and programs	ould equal 100%. session of the organization's equivalent of the organization's ent. swered "Yes" on other basis (b) ment) (b) 246,423 3,161,513	nization tha ired on Sche endowment Form 990	t are he edule Ra funds.	eld and admir	nistered f	orm 990, Par depreciation 1,924,907	3a(ii 3b t X, line 1	0. Book value 246,423 1,236,600
f g 2 a b c 3a 3a 4 Pai	and programs	ould equal 100%. session of the organization's entire terms is the organization's entire terms is wered "Yes" on other basis ment) (b) 246,423 3,161,513 3,347,824	nization tha ired on Sche endowment Form 990	t are he edule Ra funds.	eld and admir	nistered f	orm 990, Par depreciation 1,924,907 1,313,287	3a(ii 3b t X, line 1	0. 300k value 246,423 1,236,606 2,034,537
f g 2 b c 3a b 4 Pai	and programs	ould equal 100%. session of the organization's equivalent of the organization's ent. swered "Yes" on other basis (b) ment) (b) 246,423 3,161,513	nization tha ired on Sche endowment Form 990	t are he edule Ra funds.	eld and admir	nistered f	orm 990, Par depreciation 1,924,907	3a(ii 3b t X, line 1	0. Book value 246,423 1,236,600

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, F		line 11b.See For		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of va or end-of-year n	
L) Financial derivatives				
2) Closely-held equity interests				
)				
3)				
2)				
)				
Ξ)				
=)				
G)				
H)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
art VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F	Part IV,	line 11c. See Fo	rm 990, Part X,	line 13.
(a) Description of investment	,	(b) Book value	(c) Meth	od of valuation: of-year market value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	*			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, l	ine 11d. See For	m 990, Part X,	line 15.
(a) Description				(b) Book value
1)				
2)				
3)				
4)				
5)				
5)				
7)				
8)				
9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities.			🕨	

Other Liabilities. Part X

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1.

(1) Enderal income tayor

https://projects.propublica.org/nonprofits/organizations/391712359/202413219349301601/full

(1) regeral income taxes	I
Accrued Payroll	209,911
Current Portion - Lease Obligation	120,373
Tenant Security Deposits	20,056
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	350,340
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statem	ments 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

	Page 4		
Scheo	dule D (Form 990) 2022		Page 4
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per F Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	leturn.	
1	Total revenue, gains, and other support per audited financial statements	1	9,695,085
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		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	9,695,085
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.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,695,085
Par	TXII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return.	
1	Total expenses and losses per audited financial statements	1	9,987,468
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	9,987,468
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.)		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,987,468
Par	rt XIII Supplemental Information		
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	t V, line 4; Pa	rt X, line 2; Part XI,
	Return Reference Explanation		
	l	Schedule I) (Form 990) 2022

Additional Data

Return to Form

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efile Public Visual R	ender	ObjectId: 202	241321	934930	1601 - Submission:	: 2024-1	1-15	TIN: 39-1712359
SCHEDULE G (Form 990)					Ormation Rega Gaming Activi on Form 990, Part IV, lines	-		OMB No. 1545-0047
	Co						9, or if the	
Department of the Treasury Internal Revenue Service			► Atta	ch to Form	n \$15,000 on Form 990-EZ, 990 or Form 990-EZ.			Open to Public Inspection
Name of the organization		Go to www.	rs.gov/Fo	rm990 for	instructions and the latest in	nformation.	Employer ide	entification number
Center for Veterans Issues	s Inc						39-1712359	
	-	ties. Complete if re not required to	-		answered "Yes" on F part.	orm 990,	Part IV, line 1	.7.
1 Indicate whether the	e organiza	tion raised funds th	rough an	y of the f	ollowing activities. Check	all that a	pply.	
a 🗹 Mail solicitations				e	e 🗹 Solicitation of nor	n-governm	ent grants	
b 🗹 Internet and ema	ail solicitat	tions		1	f 🗹 Solicitation of gov	vernment <u>e</u>	grants	
c 🗹 Phone solicitation	าร			ġ	g 🗹 Special fundraisin	g events		
d 🗹 In-person solicita	ations							
or key employees lis	ted in For	m 990, Part VII) or	entity in	connectio	vidual (including officers on with professional fund	raising ser	vices?	es 🗹 No
b If "Yes," list the 10 h to be compensated a				idraisers)	pursuant to agreements	under wh	ich the fundraise	∙r is
(i) Name and address of i or entity (fundraise		(ii) Activity	fundrai cust con) Did iser have ody or trol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in which licensing.	the organ	ization is registered	l or licen	sed to sol	icit contributions or has	been notifi	ed it is exempt	from registration or
WI								
For Paperwork Reduction A	ct Notice, s	see the Instructions	for Form	990 or 99	0-EZ. Cat. No	. 50083H	S	chedule G (Form 990) 2023
				— Pa	ige 2			
Schedule G (Form 990) 20	23							Page 2
					inswered "Yes" on For gross income on Forr			

gross receipts greater than \$5,000.

Revenue			(a)Event #1 Annual Gala (event type)	(b) Event #2 Annual Golf Marathon (event type)	(c)Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
		Gross receipts	177,714	66,879	69,464	314,057
		Less: Contributions				
		line 2)	177,714	66,879	69,464	314,057
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	5,500	400	14,000	19,900
Spe	7	Food and beverages	28,583	5,000	13,915	47,498
t	8	Entertainment				
Dite	9	Other direct expenses	13,925	14,871	16,130	44,926
	10	Direct expense summary. Add lines 4	through 9 in column (d)		🕨	112,324
	11	1 Net income summary. Subtract line 10	from line 3, column (d)			201,733
Pai	t I	Gaming. Complete if the org on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	,
nue			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add col.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Re	1 Gross revenue				
Expenses	2 Cash prizes				
Expe	3 Noncash prizes				
Direct	4 Rent/facility costs				
ö	5 Other direct expenses				
	6 Volunteer labor	<pre>Yes% No</pre>	□ Yes% □ No	□ Yes% □ No	
	7 Direct expense summary. Add lines 2 t	-			
	8 Net gaming income summary. Subtract	t line 7 from line 1, colum	n (d)	🕨	
9 a b	Enter the state(s) in which the organizati Is the organization licensed to conduct ga If "No," explain:	aming activities in each of	these states?		Yes No
10a b	Were any of the organization's gaming lice	enses revoked, suspende		e tax year?	

Schedule G (Form 990) 2023

Page 3 -

Sche	nedule G (Form 990) 2023		Page
11	Does the organization conduct gaming activities with nonmembers?	· 🗌 Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	· O Yes	_
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	a	Q
b	An outside facility	b	C
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	s:	
	Name 🕨		
15a	Address Addres		
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party:		
	Name 🕨		
	Address 🕨		
16	Gaming manager information:		
	Name 🕨		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а		· 🗌 Yes	□ No
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information		
	Return Reference Explanation		
	Schedule G	(Form 990) 2	023
۵	Additional Data	Return	to Form
~		Return	

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efile Public	Visual	Render ObjectId: 202413219349301601 - Submission: 2024-11-15			TIN: 39-1712359	
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.			OMB No. 1545-0047 2023 Open to Public Inspection	
Name of the organization Center for Veterans Issues Inc					Employer id 39-1712359	entification number
Return Reference	Explanation					
Form 990, Part VI, Section B, Line 11b	An annual financial audit is performed by an independent auditing firm.					
Form 990, Part VI, Section C, Line 19	Documents are public record and are made available upon request.					
Form 990, Part XI, Line 9	Decrease in Net Assets with Restrictions = -\$5400					
For Paperwork Redu	uction Act N	otice, see the I	nstructions for Form 990 or 990-EZ.	Cat. No. 51056K		Schedule O (Form 990) 2023
Additional Data						Return to Form

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