	e Pu	ublic Visu	al Render	ObjectId: 2024	32979349301643	- Submissio	n: 2024-10	-23	T	IN: 36-4337985
	0	$\mathbf{D}$	Re	eturn of Orga	nization Exer	not From	Income	Тах	(	OMB No. 1545-0047
Form	9:	90		on 501(c), 527, or 4947		- I Revenue Code	(except priv	ate foundatio	ons)	2023
		of the Treasury nue Service	C	Go to <u>www.irs.gov/F</u>	orm990 for instructio	ons and the lat	test informa	tion.		Open to Public Inspection
A F	or th	he 2023 ca	alendar year,	or tax year beginnin	g 01-01-2023 ,and	ending 12-31	-2023			
		applicable:	C Name of orga MIDWEST SH	nization ELTER FOR HOMELESS VET	ERANS			D Employer	identif	fication number
_		s change hange	INC					36-43379	985	
	itial re	-	Doing busines	is as						
		urn/terminated						E Telephone	number	
		ed return tion pending	Number and s 433 SOUTH C	street (or P.O. box if mail is ARLTON AVE	not delivered to street add	dress) Room/suit	e	(630) 87:		
-			City or town, WHEATON, IL	state or province, country, 60187	and ZIP or foreign postal of	code		•		427 522
			F Name and	address of principal of	ficer:			<b>G</b> Gross rece		.,427,522
			CHRISTINE L	EWIS CARLTON AVE			H(a) Is this suborc H(b) Are all	linates?		Yes Vo
I Ta	x-exei	empt status:	501(c)(3)		no.) 🗌 4947(a)(1) or	527	includ			
J M	ebsi	ite: WW	W.HELPAVETE		10.) U 4947(a)(1) or	0 527	H(c) Group			
K For	m of o	organization:	Corporation	n 🗌 Trust 🗌 Associatio	on 🗌 Other		L Year of forma	tion: 2000	<b>4</b> State	of legal domicile: IL
Pá	art I	Sumi	mary							
Governance				AND THEIR FAMILIES V AN IS LEFT BEHIND DU						
30VE	2	Check thi	s box 🛛							
	3		5							
es	4		findonondont	5 5	ody (Part VI, line 1a)				3	9
Activities &	5		-	voting members of the	governing body (Part	VI, line 1b) .			4	9
Act	6 7a	Iotal IIuli	ber of individu	voting members of the als employed in calend	governing body (Part ar year 2023 (Part V, I	VI, line 1b) . ine 2a) . .			4	9 19
		Total unre	ber of individu ber of volunte	voting members of the als employed in calend ers (estimate if necessi	e governing body (Part lar year 2023 (Part V, I ary)	VI, line 1b) . ine 2a) . .	· · ·		4 5 6	9 19 247
	-		ber of individu ber of volunte lated business	voting members of the als employed in calend ers (estimate if necessa s revenue from Part VIII	a governing body (Part lar year 2023 (Part V, I ary) , column (C), line 12	VI, line 1b) . ine 2a) 	· · ·		4 5 6 7a	9 19 247 0
			ber of individu ber of volunte lated business	voting members of the als employed in calend ers (estimate if necessi	a governing body (Part lar year 2023 (Part V, I ary) , column (C), line 12	VI, line 1b) . ine 2a) 	· · · ·		4 5 6	9 19 247 0 0
	8	Net unrel	ber of individu ber of volunte elated business ated business	voting members of the als employed in calend ers (estimate if necessa s revenue from Part VIII	a governing body (Part lar year 2023 (Part V, I ary) , column (C), line 12 orm 990-T, Part I, line 1	VI, line 1b) . ine 2a) 	· · · ·	or Year 3,502,71	4 5 6 7a 7b	9 19 247 0 0 <b>Current Year</b>
enue	8 9	Net unrela	ber of individu ber of volunte lated business ated business ons and grant	voting members of the uals employed in calend ers (estimate if necessa s revenue from Part VIII taxable income from Fo	e governing body (Part lar year 2023 (Part V, I ary) , column (C), line 12 orm 990-T, Part I, line 1	VI, line 1b) . ine 2a) 	· · · ·		4 5 6 7a 7b	9 19 247 0 0
enueve		Net unrela Contributi Program s	ber of individu ber of volunte elated business ated business ons and grant service revenu	voting members of the uals employed in calend ers (estimate if necessa s revenue from Part VIII taxable income from For s (Part VIII, line 1h)	e governing body (Part lar year 2023 (Part V, I ary) , column (C), line 12 orm 990-T, Part I, line 1	VI, line 1b) . ine 2a)  	· · · ·	3,502,71	4 5 6 7a 7b 4 8	9 19 247 0 0 <b>Current Year</b> 2,123,856
Revenue	9 10	ONET UNTER Contributi Program s Investme	ber of individu ber of volunte elated business ated business fons and grant service revenu nt income (Par	voting members of the uals employed in calend ers (estimate if necessa s revenue from Part VIII taxable income from For s (Part VIII, line 1h) . e (Part VIII, line 2g) .	a governing body (Part lar year 2023 (Part V, I ary) , column (C), line 12 orm 990-T, Part I, line 1	VI, line 1b) . ine 2a)   	· · · ·	3,502,71 52,81 -2,61	4 5 6 7a 7b 4 8	9 19 247 0 0 <b>Current Year</b> 2,123,856 64,157
Revenue	9 10 11	Net unrela Contribut Program s Investme Other rev	ber of individu ber of volunte elated business ated business ons and grant service revenu nt income (Par enue (Part VIII	voting members of the uals employed in calend ers (estimate if necessa s revenue from Part VIII taxable income from For s (Part VIII, line 1h) . e (Part VIII, line 2g) . rt VIII, column (A), lines	governing body (Part lar year 2023 (Part V, I ary) , column (C), line 12 orm 990-T, Part I, line 1 	VI, line 1b) . ine 2a)      	· · · ·	3,502,71 52,81 -2,61	4 5 6 7a 7b 4 8 7 0	9 19 247 0 0 <b>Current Year</b> 2,123,856 64,157
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Revenue	9 10 11 12 13 14	Net unrela Contribut Program s Investme Other rev Total reve Grants an Benefits p	ber of individu ber of volunte elated business ated business ons and grant service revenu nt income (Par enue (Part VIII enue—add lines d similar amou paid to or for m	voting members of the uals employed in calend ers (estimate if necessa s revenue from Part VIII taxable income from Fo s (Part VIII, line 1h) . e (Part VIII, line 2g) . t VIII, column (A), lines , column (A), lines 5, 6 s 8 through 11 (must en unts paid (Part IX, colum nembers (Part IX, colum	e governing body (Part ) lar year 2023 (Part V, I ary)	VI, line 1b) . ine 2a)      A), line 12)	· · · ·	3,502,71 52,81 -2,61 3,552,91 588,12	4 5 6 7a 7b 4 4 8 7 0 5	9 19 247 0 0 <b>Current Year</b> 2,123,856 64,157 18,312 0 2,206,325 602,806 0
	9 10 11 12 13 14 15	Net unrela Contribut Program s Investme Other rev Total reve Grants an Benefits p Salaries,	ber of individu ber of volunte lated business ated business ons and grant service revenu nt income (Par enue (Part VIII nue—add lines d similar amou baid to or for m other compens	voting members of the uals employed in calend ers (estimate if necessa s revenue from Part VIII taxable income from Fo s (Part VIII, line 1h) . e (Part VIII, line 2g) . rt VIII, column (A), lines , column (A), lines 5, 6 s 8 through 11 (must en unts paid (Part IX, colum nembers (Part IX, colum sation, employee benefit	e governing body (Part ) lar year 2023 (Part V, I ary)	VI, line 1b) . ine 2a)     A), line 12)  , lines 5–10)	· · · ·	3,502,71 52,81 -2,61 3,552,91 588,12 1,477,00	4 5 6 7a 7b 4 4 8 7 0 5 5 6 0 9	9 19 247 0 0 <b>Current Year</b> 2,123,856 64,157 18,312 0 2,206,325
	9 10 11 12 13 14 15 16a	Net unrela Contributi Program s Investme Other rev Total reve Grants an Benefits p Salaries, <b>a</b> Professio	ber of individu ber of volunte lated business ated business cons and grant service revenu nt income (Part enue (Part VIII enue—add lines d similar amou baid to or for m other compens nal fundraising	voting members of the uals employed in calend ers (estimate if necessa s revenue from Part VIII taxable income from For s (Part VIII, line 1h) . e (Part VIII, line 2g) . t VIII, column (A), lines 5, 6 s 8 through 11 (must en unts paid (Part IX, colum nembers (Part IX, colum sation, employee benefit g fees (Part IX, column (	<ul> <li>governing body (Part ' lar year 2023 (Part V, I ary)</li> <li>, column (C), line 12</li> <li>ym 990-T, Part I, line 1</li> <li></li></ul>	VI, line 1b) . ine 2a)     A), line 12)  , lines 5–10)	· · · ·	3,502,71 52,81 -2,61 3,552,91 588,12 1,477,00	4 5 6 7a 7b 4 4 8 7 0 5 6 0	9 19 247 0 0 <b>Current Year</b> 2,123,856 64,157 18,312 0 2,206,325 602,806 0
	9 10 11 12 13 14 15 16a b	Net unrela Contributi Program s Investme Other rev Total reve Grants an Benefits p Salaries, a Professio	ber of individu ber of volunte lated business ated business and grant service revenu nt income (Par enue (Part VIII enue—add lines d similar amou paid to or for m other compens nal fundraising aising expenses (	voting members of the uals employed in calend ers (estimate if necessa s revenue from Part VIII taxable income from For s (Part VIII, line 1h) . e (Part VIII, line 2g) . t VIII, column (A), lines 5, 6 s 8 through 11 (must en unts paid (Part IX, colum sation, employee benefit fees (Part IX, column (c)), line 2	<ul> <li>governing body (Part 'ar year 2023 (Part V, Iary)</li> <li>, column (C), line 12</li> <li>, column (C), line 12</li> <li>, column (C), line 12</li> <li>, and 7d )</li> <li>, and</li></ul>	VI, line 1b) . ine 2a)     A), line 12)  , lines 5–10)	· · · ·	3,502,71 52,81 -2,61 3,552,91 588,12 1,477,00	4 5 6 7a 7b 4 4 8 7 0 5 5 6 0 9 9 0	9 19 247 0 0 <b>Current Year</b> 2,123,856 64,157 18,312 0 2,206,325 602,806 0 1,452,637 0
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	9 10 11 13 14 15 16; b 17 18	Net unrela Contribut Program s Investme Other rev Total reve Grants an Benefits p Salaries, a Professio Other exp Total expe	ber of individu ber of volunte lated business ated business ons and grant service revenu nt income (Part enue (Part VIII nue—add lines d similar amou paid to or for m other compense nal fundraising aising expenses ( penses (Part IX enses. Add lines	voting members of the uals employed in calend ers (estimate if necessa s revenue from Part VIII taxable income from For s (Part VIII, line 1h) . e (Part VIII, line 2g) . rt VIII, column (A), lines 5, 6 s 8 through 11 (must en unts paid (Part IX, colum embers (Part IX, colum sation, employee benefit fees (Part IX, column ( part IX, column (D), line 2 , column (A), lines 11a es 13–17 (must equal P	<ul> <li>governing body (Part Villar year 2023 (Part V, Ilary)</li> <li>column (C), line 12</li> <li>column (C), line 12</li> <li>column (C), line 12</li> <li>arm 990-T, Part I, line 1</li> <li>3, 4, and 7d )</li> <li>d, 8c, 9c, 10c, and 11e</li> <li>qual Part VIII, column (</li> <li>nn (A), lines 1–3 )</li> <li>ts (Part IX, column (A)</li> <li>(A), line 11e)</li> <li>120,941</li> <li>-11d, 11f-24e)</li> <li>Part IX, column (A), line</li> </ul>	VI, line 1b) . ine 2a)     A), line 12)  	· · · ·	3,502,71 52,81 -2,61 3,552,91 588,12 1,477,00 532,62 2,597,76	4 5 7 7 4 4 7 0 5 5 6 0 9 0 0 0 5 5 0 0	9 19 247 0 0 <b>Current Year</b> 2,123,856 64,157 64,157 18,312 0 2,206,325 602,806 0 1,452,637 0 0
Expenses	9 10 11 13 14 15 16; b 17 18	Net unrela Contribut Program s Investme Other rev Total reve Grants an Benefits p Salaries, a Professio Other exp Total expe	ber of individu ber of volunte lated business ated business ons and grant service revenu nt income (Part enue (Part VIII nue—add lines d similar amou paid to or for m other compense nal fundraising aising expenses ( penses (Part IX enses. Add lines	voting members of the uals employed in calend ers (estimate if necessa s revenue from Part VIII taxable income from For s (Part VIII, line 1h) . e (Part VIII, line 2g) . rt VIII, column (A), lines 5, 6 s 8 through 11 (must er unts paid (Part IX, colum sation, employee benefi fees (Part IX, column ( Part IX, column (D), line 2 , column (A), lines 11a	<ul> <li>governing body (Part Villar year 2023 (Part V, Ilary)</li> <li>column (C), line 12</li> <li>column (C), line 12</li> <li>column (C), line 12</li> <li>arm 990-T, Part I, line 1</li> <li>3, 4, and 7d )</li> <li>d, 8c, 9c, 10c, and 11e</li> <li>qual Part VIII, column (</li> <li>nn (A), lines 1–3 )</li> <li>ts (Part IX, column (A)</li> <li>(A), line 11e)</li> <li>120,941</li> <li>-11d, 11f-24e)</li> <li>Part IX, column (A), line</li> </ul>	VI, line 1b) . ine 2a)     A), line 12)  		3,502,71 52,81 -2,61 3,552,91 588,12 1,477,00 532,62	4           5           6           7a           7b           4           8           7           0           5           0           9           0           5           0           5           0           5           0           5           0	9 19 247 0 <b>Current Year</b> 2,123,856 64,157 18,312 0 2,206,325 602,806 0 1,452,637 0 1,452,637 0
Exp enses	9 10 11 12 13 14 15 16 5 17 18 19	Net unrela Contribut Program s Investme Other rev Total reve Grants an Benefits p Salaries, a Professio Total fundra Other exp Total expe Revenue	ber of individu ber of volunte lated business ated business ions and grant service revenu nt income (Part enue (Part VIII enue—add lines d similar amou baid to or for m other compens nal fundraising aising expenses (Part IX enses. Add line ess expenses.	voting members of the uals employed in calend ers (estimate if necessa s revenue from Part VIII taxable income from For s (Part VIII, line 1h) . e (Part VIII, line 2g) . t VIII, column (A), lines 5, 6 s 8 through 11 (must ea unts paid (Part IX, colum hembers (Part IX, colum sation, employee benefit fees (Part IX, column (a) fees (Part IX, column (b), line 2 , column (A), lines 11a- es 13–17 (must equal P Subtract line 18 from 1	<ul> <li>governing body (Part ' lar year 2023 (Part V, I ary)</li></ul>	VI, line 1b) . ine 2a)     A), line 12)  		3,502,71 52,81 -2,61 3,552,91 588,12 1,477,00 532,62 2,597,76 955,15 of Current Yea	4 5 6 7a 7b 4 4 8 7 0 5 6 0 9 0 0 5 0 0 5 1 1 1 1 1 1 1 1 1 1 1 1 1	9 19 247 0 0 Current Year 2,123,856 64,157 18,312 0 2,206,325 602,806 0 2,206,325 602,806 0 1,452,637 0 521,151 2,576,594 -370,269 End of Year
Exp enses	9 10 11 12 13 14 15 16 <i>i</i> 5 17 18 19 20	Net unrela Contributi Program s Investme Other rev Total reve Grants an Benefits p Salaries, a Professio Other exp Total fundra Other exp Total expe Revenue	ber of individu ber of volunte lated business ated business ons and grant service revenu nt income (Par enue (Part VIII nue—add lines d similar amou baid to or for m other compens nal fundraising aising expenses ( penses (Part IX enses. Add line ess expenses.	voting members of the uals employed in calend ers (estimate if necessa is revenue from Part VIII taxable income from For s (Part VIII, line 1h) . e (Part VIII, line 2g) . ft VIII, column (A), lines 5, 6 is 8 through 11 (must en unts paid (Part IX, colum embers (Part IX, column ( Part IX, column (D), line 2 , column (A), lines 11a es 13–17 (must equal P Subtract line 18 from 1	a governing body (Part ) (ar year 2023 (Part V, I ary)	VI, line 1b) . ine 2a)     A), line 12)  		3,502,71 52,81 -2,61 3,552,91 588,12 1,477,00 532,62 2,597,76 955,15 of Current Yea 3,918,04	4         5         6         7a         7b         4         8         7         0         5         6         9         0         5         0         5         0         5         0         5         0         5         0         5         0         5         0         5         6         7         <	9 9 9 247 0 0 0 <b>Current Year</b> 2,123,856 64,157 18,312 0 0 2,206,325 602,806 0 2,206,325 602,806 0 1,452,637 0 0 1,452,637 0 0 2,576,594 -370,269 <b>End of Year</b>
	9 10 11 12 13 14 15 16 b 17 18 19 20 21	Net unrela Contributi Program s Investme Other rev Total reve Grants an Benefits p Salaries, a Professio Other exp Total fundra Other exp Total expe Revenue	ber of individu ber of volunte lated business ated business ated business and grant service revenu nt income (Par enue (Part VIII nue—add lines d similar amou paid to or for m other compens nal fundraising aising expenses ( penses (Part IX enses. Add line ess expenses. Ats (Part X, line lities (Part X, line	voting members of the uals employed in calend ers (estimate if necessa s revenue from Part VIII taxable income from For s (Part VIII, line 1h) . e (Part VIII, line 2g) . t VIII, column (A), lines 5, 6 s 8 through 11 (must ea unts paid (Part IX, colum hembers (Part IX, colum sation, employee benefit fees (Part IX, column (a) fees (Part IX, column (b), line 2 , column (A), lines 11a- es 13–17 (must equal P Subtract line 18 from 1	a governing body (Part V lar year 2023 (Part V, I ary)	VI, line 1b) . ine 2a)     A), line 12)  , lines 5–10)   		3,502,71 52,81 -2,61 3,552,91 588,12 1,477,00 532,62 2,597,76 955,15 of Current Yea	4         5         6         7a         7b         4         8         7         0         5         6         9         0         5         0         5         0         5         0         5         0         5         0         5         0         5         0         5         0         5         6         7         <	9 19 247 0 0 Current Year 2,123,856 64,157 18,312 0 2,206,325 602,806 0 2,206,325 602,806 0 1,452,637 0 521,151 2,576,594 -370,269 End of Year

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

							2024-10-11	
Sign Here		ture of officer	XECUTIVE DIRECTOR			Γ	Date	
	Туре с	or print name a						D.7.11
Paie	d	Print/Type pre	eparer's name	Preparer's signatur	<u>;</u>	Date	Check if self-employed	PTIN P00850733
Pre	parer	Firm's name	PORTE BROWN LLC				Firm's EIN 36-	-2663358
Jse	Only	Firm's addres	s 9014 HERITAGE PARK	WAY SUITE 308			Phone no. (708	3) 429-1040
			WOODRIDGE, IL 605	517				
,			1 1	shown above? See Inst				
OFF	арегwогк н	ceduction A	ct Notice, see the	separate instruction	5.	Cat. N	No. 11282Y	Form <b>990</b> (202
				Pa	age 2			
orm	990 (2023)							Page
	. ,	tement of	Program Servic	e Accomplishmen	ts			Page
			-	nse or note to any line				0
1	Briefly desc	ribe the orga	nization's mission:					
				H HOUSING AND SUPP LESSNESS, JOBLESSN				ICIENCY AND TO ENSURE JES.
					, ,			
								_
2			, 5	nt program services du	<b>u</b> ,	h were not lis	sted on	🗌 Yes 🗹 No
			10-EZ? • • • • new services on Sch	edule O				🗆 Yes 💟 No
3				ake significant change	in how it conducts	s, any progra	m	
	services?							. 🗌 Yes 🗹 No
	If "Yes," des	scribe these o	changes on Schedule	e O.				
4	Section 501	.(c)(3) and 50		ns are required to repo				neasured by expenses. lers, the total expenses,
4a	(Code:		) (Expenses \$	1,260,483 includi	ng grants of \$		) (Revenue \$	64,157)
	ACHIEVE SEL VETERANS, M IN THEIR AFF	F-SUFFICIENCY IEANING THE II ORDABLE HOU	Y. FROM ITS TRANSITIC NDIVIDUALS WERE MO SING PROGRAM AND II	NAL HOUSING FACILITY I	N WHEATON, ILLINOIS OUSING UPON DISCH PORTIVE HOUSING PRO	5, THE ORGANI ARGE. THE ORG OGRAMS. THE (	ZATION SUCCES GANIZATION ALS	K VETERANS AND THEIR FAMILIES SFULLY TRANSITIONED MANY O HOUSED NUMEROUS VETERANS HAS ALSO ASSISTED
4b	(Code:		) (Expenses \$	602,806 includi	ng grants of \$	602,806	) (Revenue \$	)
	FOR VETERAN TRANSITIONI SERVICES SU VETERANS FO THEIR FAMILI	N FAMILIES PRO ING TO PERMAN ICH AS MENTAL DR RENT, UTILI	OGRAM. THIS PROGRAN NENT HOUSING IN DEK . HEALTH CARE AND OT TY, AND SECURITY DEP .INING AND MAINTAINI	1 PROVIDES SERVICES TO ALB, DUPAGE, GRUNDY, K THER BENEFITS. UNDER TH	LOW-INCOME HOMEL ANE, KENDALL, LASAL IE PROGRAM, THE OR GANIZATION ALSO AS	ESS AND AT-RI LE, AND WILL ( GANIZATION AI SISTS UNEMPL(	SK VETERAN FAI COUNTIES. PROV LSO OFFERS FIN DYED AND UNDE	/IDED SERVICES INCLUDE CASE ANCIAL ASSISTANCE TO REMPLOYED VETERANS AND
4c	(Code:		) (Expenses \$	includi	ng grants of \$		) (Revenue \$	)
	Other progr	am services	(Describe in Schedu	le O.)				
4d	other progr							
4d	(Expenses s	\$	inclu	uding grants of \$		) (Revenue s	\$	)

### 1/7/25, 3:13 PM

Form 990 (2023)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A $\mathfrak{B}$	1	Yes	
2	Is the organization required to complete 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? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			No
	Schedule D,Part I 🗐	6		NO
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> 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
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🗐	11a	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> 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕲	11d	Yes	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 😒	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	4.0		
b	Schedule D, Parts XI and XII 😼	12a 12b	Yes	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			<b> </b>
15		13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	200		No

Form **990** (2023)

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	990 (2023)			Page
Pa	rt IV Checklist of Required Schedules (continued)		Vee	Na
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	Yes Yes	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? $\ldots$ .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <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? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	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	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔒 🕺	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			$\square$
	Check if Schedule O contains a response or note to any line in this Part V		Yes	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 58			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . <b>1b</b> 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		
	(gambling) winnings to prize winners?	1c	orm <b>99</b>	<u> </u>

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Pa	t V 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?	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:	4a		No
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\$ .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
Ь	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year? $\ldots$ $\ldots$	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule $O$	14b		<u> </u>
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	15		No
	projects.propublica.org/nonprofits/organizations/364337985/202432979349301643/full			

1/7/25,	3:13 PM Midwest Shelter For Homeless Veterans Inc - Full Filing - Nonprofit Explorer - ProPubl	ica		
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16		No
17	<b>Section 501(c)(21) organizations.</b> Did the trust, 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		
		F	orm <b>99</b>	<b>0</b> (2023)
	Page 6			
Form	990 (2023)			Page <b>6</b>
	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	lo" rest	onse to	-
	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		Vee	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b>		Yes	No
14	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 9			
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 supervisior 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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
10-	Did the eventiantian have lead charters by a filipter?	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		No
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	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	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
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?	16b		

## Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed
	<u>IL</u>
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	🗌 Own website 🔲 Another's website 🛛 🗹 Upon request 🗍 Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records: CHRISTINE LEWIS 433 SOUTH CARLTON AVE WHEATON, IL 60187 (630) 871-8387
	Form <b>990</b> (2023)
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Form	
	n 990 (2023)
	Page 7 Pa
	Page 7         In 990 (2023)         Int VII       Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Trustees, Key Employees, Highest Compensated Employees,
Pa	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Pa Se	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors         Check if Schedule O contains a response or note to any line in this Part VII
Pa Se 1a C year.	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII
Pa Se 1a C year.	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII
Pa Se 1a C year. of co	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII
Pa Se 1a C year. • of co • I	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

(A) Name and title	(B) Average hours per week (list	one of	<b>(C)</b> ition (do not cl box, unless pe ficer and a dire	neck ersoi ectoi	n is	both a	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations	
(1) SCOTT ZIEMBA PRESIDENT	5.00	х		x				0	0	0	
(2) TERRY BENSHOOF VICE PRESIDENT	4.00	x		x				0	0	0	
(3) JOHN HUGHES TREASURER	4.00	х		x				0	0	0	
(4) JUSTIN SMIT SECRETARY	4.00	x		x				0	0	0	
(5) MARVIN DONELSON DIRECTOR	2.00	х						0	0	0	
(6) JACK ERWIN DIRECTOR	2.00	х						0	0	0	
(7) DONNA LEVIGNE DIRECTOR	2.00	x						0	0	0	
(8) DR MICHAEL PICA DIRECTOR	2.00	x						0	0	0	
(9) JOHN WILT	2.00	х						0	0	0	

DIRECTOR			l						l
(10) CHRISTINE LEWIS	40.00			x			118,456	0	2 260
EXECUTIVE DIRECTOR				^			110,450	U	2,369
(11) RIZIK MOHAMMAD	40.00					V	120.002	0	2,420
DEPUTY EXECUTIVE DIRECTOR						х	120,862	U	2,430
(12) DANIELLE FIGUEROA	40.00					х	107,735	0	2 170
VICE PRESIDENT OF OPERATIONS						~	107,755		2,170
			•					F	orm <b>990</b> (2023)

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

	(A) Name and title	(B) Average hours per week (list	Positi box,	(C) on (do not cheo unless person i and a directo	s bo	oth a	n offic	one er	<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
		any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W- 2/1099- MISC/1099-NEC)	organizations (W-2/1099- MISC/1099-NEC)	from the organization and related organizations
							_				
	Sub-Total					L	I				
	Fotal from continuation sheet Fotal (add lines 1b and 1c) .	-							347,053	0	6,969
2	Total number of individuals (ind				aho	ve) v	who re			-	0,909
2	of reportable compensation fro			to those listed	000	ve) (		CEIV		,000	

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 .

	Yes	No
3		No

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4

**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* 

4	No
5	No

from the organization. Report compensation for the calendar	year ending with or wit	thin the organization		
(A) Name and business address		Descr	(B) iption of services	(C) Compensation
2 Total number of independent contractors (including but not limit	ited to those listed abov	(e) who received mo	re than \$100 000	) of
compensation from the organization 0		ve) who received mo		
				Form <b>990</b> (202
	— Page 9 ———			
rm 990 (2023)				Page
Part VIII Statement of Revenue				
Check if Schedule O contains a response or note to			<u></u>	🗆
	<b>(A)</b> Total revenue	<b>(B)</b> Related or	<b>(C)</b> Unrelated	(D) Revenue
	lotarrevenue	exempt	business	excluded from
		function revenue	revenue	tax under section 512 - 514
Federated campaigns 1a				
ontributions,				
Membership dues <b>1b</b>				
herAmt milar				
Roling events 1c				
d Related organizations 1d				
e Government grants (contributions)				
1,057,278 <b>f</b> All other contributions, gifts, grants,				
and similar amounts not included <b>1f</b>				
1,066,578				
g Noncash contributions included in lines 1a - 1f:\$       1g				
80,000				
<b>h Total.</b> Add lines 1a-1f	356			
Business Cod				
2a AFFORDABLE HOUSING REN 5311	10 64,157	64,157		
Leo,				
&				
i ce				
E				
Program Service Revenue				
Å				
<b>f</b> All other program service revenue.				
<b>9 Total.</b> Add lines 2a–2f 64,1	157			-
3 Investment income (including dividends, interest, and other				
similar amounts)	15,808			15,8

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1112.	5, 3:13 PM			M	idwest Shelter For Ho	omeless veterans Inc -	Full Filing - Nonprofit	Explorer - ProPublica	
			(i) Real		(ii) Personal				
	6a Gross rents	6a							
	<b>b</b> Less: rental	6b							
	expenses c Rental income or	6c							
	(loss) <b>d</b> Net rental income	or (	loss)	_					
			(i) Securities		(ii) Other				
Revenue	7a Gross amount from sales of assets other than inventory	7a	223,7	Î					
	<b>b</b> Less: cost or other basis and sales expenses	7b	221,1	197					
		7c	2,5	504					
Other	<b>d</b> Net gain or (loss)	•		•		2,504			2,504
	<ul> <li>a Gross income from fur (not including \$</li></ul>	d on I ses gami ses ss) fr entor entor ss sol	of ine 1c). Som fundraising of mg activities. 9 9 9 9 9 9 9 9 9 9 9 9 9	a b vitie	s				
	11a				Business Code				
	b								
Oth	er <b>f</b> evenueMiscAmt								
	d All other revenue	•		7					
	<b>e Total.</b> Add lines 1	1a-1	1d						
	12 Total revenue. S	ee in	structions .	•		2,206,325	64,157	0	18,312

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Part IX Statement of	Functional Expenses				
Section 501(c)(3)	and 501(c)(4) organizations must	complete all columns	. All other organization	ons must complete c	olumn (A).
Check if Schedule	ny line in this Part IX			🗆	
Do not include amounts rep 7b, 8b, 9b, and 10b of Part V		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	e to domestic organizations and e Part IV, line 21				
	e to domestic individuals. See	602,806	602,806		
governments, and foreign	e to foreign organizations, foreign individuals. See Part IV, lines 15				
<b>4</b> Benefits paid to or for mer	nbers				

### 1/7/25, 3:13 PM

### Midwest Shelter For Homeless Veterans Inc - Full Filing - Nonprofit Explorer - ProPublica

1/1/25, 3:13 PM Midwest Shelter For Hom	ieless Veterans Inc - Ful	I Filing - Nonprofit Exp	lorer - ProPublica	
5 Compensation of current officers, directors, trustees, and key employees	118,456	76,996	34,352	7,108
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,114,542	720,014	327,656	66,872
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	115,079	74,801	33,373	6,905
<b>10</b> Payroll taxes	104,560	67,964	30,322	6,274
11 Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	2,500	2,500		
<b>c</b> Accounting	123,286	23,137	100,149	
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	33,181	23,643		9,538
12 Advertising and promotion	2,463	222	123	2,118
<b>13</b> Office expenses	14,343	3,442	10,901	
14 Information technology	1,699	1,189	510	
15 Royalties				
<b>16</b> Occupancy				
17 Travel	4,164	3,748	416	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
<b>19</b> Conferences, conventions, and meetings	3,993	3,993		
20 Interest	12,208	7,447	2,930	1,831
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,145	40,573	16,572	
23 Insurance	23,031	8,752	13,358	921
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 IN KIND EXPENSE	80,000	80,000		
<b>b</b> REPAIRS AND MAINTENANCE	68,464	62,302	6,162	
c UTILITIES	26,811	24,130	1,609	1,072
d AUTOMOTIVE	23,562	18,850	4,712	
e All other expenses	44,301	16,780	9,219	18,302
25 Total functional expenses. Add lines 1 through 24e	2,576,594	1,863,289	592,364	120,941
<ul> <li>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</li> <li>if following SOP 98-2 (ASC 958-720).</li> </ul>				
			I	rm <b>990</b> (2023)

Form **990** (2023)

------ Page 11 ------

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part IX $\ldots$			🗆
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash-non-interest-bearing	1,337,733	1	445,62
2	Savings and temporary cash investments	5,572	2	512,42
3	Pledges and grants receivable, net		3	
Ι.		04.004	-	04.70

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	4	Accounts receivable, net		····	י סג, ו סג ו סג, ו סג	4	01,/01
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, subs controlled entity or family member of any of the	ontributor, or 35%		5		
Assets	6	Loans and other receivables from other disquali section 4958(f)(1)), and persons described in section			6		
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
A S!	9	Prepaid expenses and deferred charges			545	9	4,032
đ	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,858,990			
	b	Less: accumulated depreciation	10b	677,785	2,212,832	10c	2,181,205
	11	Investments—publicly traded securities .				11	
	12	Investments-other securities. See Part IV, line	11 .			12	69,982
	13	Investments—program-related. See Part IV, line	e 11 .			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			330,005	15	364,916
	16	Total assets. Add lines 1 through 15 (must equ	ual line 3	3)	3,918,048	16	3,659,907
	17	Accounts payable and accrued expenses			98,195	17	117,827
	18	Grants payable			18		
	19	Deferred revenue			19	62,649	
	20	Tax-exempt bond liabilities			20		
s	21	Escrow or custodial account liability. Complete F	Schedule D		21		
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	35% controlled entity		22		
Ť	23	Secured mortgages and notes payable to unrela	parties	288,387	23	277,243	
	24	Unsecured notes and loans payable to unrelated	nties		24		
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	o related third parties,	1,366	25	166,100	
	26	Total liabilities. Add lines 17 through 25 .	•		387,948	26	623,819
Balances		Organizations that follow FASB ASC 958, cl lines 27, 28, 32, and 33.	heck her	re 🗹 and complete			
alaı	27	Net assets without donor restrictions			1,891,865	27	1,508,262
B	28	Net assets with donor restrictions			1,638,235	28	1,527,826
Fund		Organizations that do not follow FASB ASC complete lines 29 through 33.	958, ch	eck here 🕨 🗌 and			
or	29	Capital stock or trust principal, or current funds				29	
Assets	30	Paid-in or capital surplus, or land, building or ec	quipment	fund		30	
SS	31	Retained earnings, endowment, accumulated in	come, or	other funds		31	
t P	32	Total net assets or fund balances			3,530,100	32	3,036,088
Net	33	Total liabilities and net assets/fund balances .			3,918,048	33	3,659,907
				1			Form <b>990</b> (2023)

Page 12 -

Form 990 (2023) Page 12 **Reconcilliation of Net Assets** Part XI  $\Box$ 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) . . . . . . . . . . . . 2,206,325 1 1 2 Total expenses (must equal Part IX, column (A), line 25) . . 2 2,576,594 . . . . . . . . . . -370,269 3 3 . . . . Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  $\$  . 4 3,530,100 4 5 31,947 Net unrealized gains (losses) on investments . . . . . . 5 6 6 Donated services and use of facilities . . . . . . . . 7 Investment expenses . . . . . . . . 7 . . . . . . 8 -155,690 8 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . 9 9 0 3 U36 U88 10 Not assats or fund halances at and of year Combine lines 3 through Q (must equal Dart Y line 32 column (R)) 10 https://projects.propublica.org/nonprofits/organizations/364337985/202432979349301643/full

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5,050	,000

un	XII Financial Statements and Reporting			-
	Check if Schedule O contains a response or note to any line in this Part XII	•		
			Yes	N
	Accounting method used to prepare the Form 990: 🛛 🖸 Cash 🗹 Accrual 🗌 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
а	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		N
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
	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 Schedule O.			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	Yes	
	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.	3b	Yes	
		F	orm <b>99</b>	0 (2

Form <u>990 (2023)</u>

**Additional Data** 

**Return to Form** 

Software ID: Software Version:

Form 990, Special Condition Description:

**Special Condition Description** 

efil	e Put	blic Visual	Render	ObjectId: 2	20243297934930	1643 - Subn	nission: 2024-	10-23	<b>TIN: 36-4337985</b> OMB No. 1545-0047	
Department of the Treasury				Public Charity Status and Public Support properties of the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Combined to the section of the sect						
am	o of ti	he organiza			<u> </u>			Employer identifi	Inspection	
DWI C	EST SH	IELTER FOR HO	MELESS VETER	RANS				36-4337985		
	rt I	Reason	for Public	Charity Stat	us (All organization	s must comp	lete this part.) S			
e o	organiz				e it is: (For lines 1 thro					
		A church, c	convention of	churches, or as	ssociation of churches	described in <b>se</b>	ction 170(b)(1)	(A)(i).		
		A school de	escribed in <b>se</b>	ection 170(b)(	(1)(A)(ii). (Attach Sch	nedule E (Form	990).)			
;		·	•	•	vice organization desc			2		
ŀ			esearch orga and state:	anization operat	ed in conjunction with	a hospital desc	ribed in <b>section</b> 1	L70(b)(1)(A)(iii).	inter the hospital's	
				d for the benefi	it of a college or univer )	sity owned or o	operated by a gov	ernmental unit descr	ibed in <b>section</b>	
				• •	, r governmental unit de	scribed in <b>sect</b>	ion 170(b)(1)(A	)(v).		
				rmally receives (vi). (Complete	a substantial part of it	s support from	a governmental u	nit or from the gene	al public described in	
	$\square$				n 170(b)(1)(A)(vi).	(Complete Part	II.)			
					escribed in <b>170(b)(1)</b>				lege or university or a	
1					See instructions. Enter : : (1) more than 331/3%				and gross receipts	
		from activition investment	ties related to income and	o its exempt fur unrelated busir	nctions—subject to cert ness taxable income (le omplete Part III.)	tain exceptions	, and (2) no more	than 33 1/3% of its s	upport from gross	
		An organiz	ation organiz	ed and operated	d exclusively to test for	r public safety.	See section 509	(a)(4).		
		more publi	cly supported	l organizations	d exclusively for the be described in <b>section 5</b> s the type of supportin	09(a)(1) or s	ection 509(a)(2)	). See section 509(		
		<b>Type I.</b> A sorganization	supporting or n(s) the pow	ganization oper	rated, supervised, or co appoint or elect a majo	ontrolled by its	supported organiz	ation(s), typically by	giving the supported anization. <b>You must</b>	
		Type II. A manageme	supporting on supporting of the sup	organization sup	pervised or controlled in the sar					
					supporting organizatio ions). <b>You must com</b>				ated with, its	
		Type III r functionally	on-function	nally integrate The organizatio	d. A supporting organi on generally must satis rt IV, Sections A and	zation operated fy a distribution	d in connection will	th its supported orga	nization(s) that is not juirement (see	
		Check this	box if the org	ganization recei	ved a written determir	, nation from the		pe I, Type II, Type II	I functionally	
	Enter	5,	<i>/</i> ·	,	integrated supporting	5				
					upported organization(			· · · · · · · - <u>–</u>		
	(i) №	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No			
					<del></del>					
ta		_								
		work Reduc or 990-EZ.	tion Act No	tice, see the I	nstructions for	Cat. No. 1128	35F	Schedule	e A (Form 990) 2023	
					Pa	ge 2				
nec	dule A	(Form 990)	2023						Page 2	
	rt II	Suppor	t Schedul		zations Described				1)(A)(vi)	
		If the o	rganization		he box on line 5, 7, lify under the tests l				alify under Part III.	
_		n A. Public								

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	r fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
ì	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	1,595,528	2,507,675	2,706,171	3,502,714	2,123,856	12,435,944
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge.						
4	Total. Add lines 1 through 3	1,595,528	2,507,675	2,706,171	3,502,714	2,123,856	12,435,944
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,321,196
	Public support. Subtract line 5 from line 4.						11,114,748
	Section B. Total Support						
	lendar year r fiscal year beginning in) 🕨	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4.	1,595,528	2,507,675	2,706,171	3,502,714	2,123,856	12,435,944
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,976	876	5,118	-2,618	15,808	21,160
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	210	12				222
11	Total support. Add lines 7 through						12,457,326
12	10 Gross receipts from related activities,	etc. (see instruction	L ons)			12	64,157
	First 5 years. If the Form 990 is for t	he organization's	first second third	fourth or fifth ta	ay year as a sectio		· · · ·
	-				•		ization, check
_	this box and <b>stop here</b>				<u></u>	🗖 🗆	
_	Section C. Computation of Public						
14	Public support percentage for 2023 (lin					14	89.220 %
15	Public support percentage for 2022 Sc					15	99.930 %
16a	<b>33 1/3% support test—2023.</b> If the	organization did n	ot check the box of	on line 13, and line	e 14 is 33 1/3% or	more, check this	
t	and <b>stop here.</b> The organization quali <b>33</b> 1/3% <b>support test—2022.</b> If the box and <b>stop here.</b> The organization	e organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 $_{ m 1}$	3% or more, chec	k this
17a	and if the organization meets the "fact	t-2023. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
b	meets the "facts-and-circumstances" t <b>10%-facts-and-circumstances tes</b> more, and if the organization meets t	<b>st—2022.</b> If the o	rganization did no	t check a box on li	ine 13, 16a, 16b,	or 17a, and line 1	
18	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		
	instructions					<u></u>	<u> ► 🗆</u>
						Schedule A (	Form 990) 2023
_			Page 2				
			Page 3				
Sch	edule A (Form 990) 2023						D <b>7</b>
	. ,	ou Oussuisstia	na Dagarihad i	n Contian E00	(-)(2)		Page <b>3</b>
1	Part III Support Schedule for (Complete only if you the organization fails	checked the bo	x on line 10 of F	Part I or if the o	rganization faile		er Part II. If
_	Section A. Public Support			below, please C		.)	
	lendar year	(-) 2010	<b>(h)</b> 2020	(-) 2021	(4) 2022	(-) 2022	(6) Tabal
(o 1	r fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
_	include any "unusual grants.") .	ļ		<b>_</b>		ļ	<b> </b>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in						
		1	1		1	1	1
	any activity that is related to the organization's tax-exempt purpose						
3	organization's tax-exempt purpose	e					

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4	lax revenues levied for the	1	1	1	1		1		
	organization's benefit and either paid to or expended on its behalf.								
5	The value of services or facilities								
	furnished by a governmental unit to								
~	the organization without charge								
6 75	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and			-	+ +				
7 a	3 received from disgualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line								
	13 for the year.								
	Add lines 7a and 7b.								
8	<b>Public support.</b> (Subtract line 7c from line 6.)								
Se	ction B. Total Support								
-	ndar year	( ) 22/2	(1) 2022	( ) 0001	(1) 2022	( )	(0)		
	iscal year beginning in) 🕨	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(†)	Total	
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
	income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								
	1975.								
с	Add lines 10a and 10b.	ļ			╡─────┤				
11	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is								
	regularly carried on.				-				
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.) .								
13	Total support. (Add lines 9, 10c, 11, and 12.).								
14	<b>First 5 years.</b> If the Form 990 is for t	he organization's	first, second, thir	d, fourth, or fifth	tax year as a sectio	on 501(c)(3) o	rganiza	tion, cl	neck
	this box and <b>stop here</b>	-			-		-		
- 60	ction C. Computation of Public								
<u> </u>			sillaye						
<u> </u>	Public support percentage for 2023 (lin	ne 8, column (f) d	livided by line 13,	column (f))		15			
	Public support percentage for 2023 (lin Public support percentage from 2022 S	ne 8, column (f) d	livided by line 13,			15 16			
15 16	Public support percentage for 2023 (lin Public support percentage from 2022 S ction D. Computation of Invest	ne 8, column (f) d Schedule A, Part I <b>ment Income</b>	livided by line 13, II, line 15 Percentage						
15 16	Public support percentage for 2023 (lin Public support percentage from 2022 S	ne 8, column (f) d Schedule A, Part I <b>ment Income</b>	livided by line 13, II, line 15 Percentage						
15 16 Se	Public support percentage for 2023 (lin Public support percentage from 2022 S ction D. Computation of Invest	ne 8, column (f) d Schedule A, Part I <b>ment Income</b> 23 (line 10c, colu	livided by line 13, II, line 15 Percentage mn (f) divided by	line 13, column	(f))	16			
15 16 <u>Se</u> 17 18	Public support percentage for 2023 (lin Public support percentage from 2022 S ction D. Computation of Invest Investment income percentage for 20	ne 8, column (f) d Schedule A, Part I <b>ment Income</b> 23 (line 10c, colu 222 Schedule A,	livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 .	line 13, column	(f))	16 17 18	line 17	is not	
15 16 <u>Se</u> 17 18	Public support percentage for 2023 (lin Public support percentage from 2022 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2023. If the	ne 8, column (f) d Schedule A, Part I <b>ment Income</b> 23 (line 10c, colu 2022 Schedule A, organization did r	livided by line 13, II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 . not check the box	line 13, column	(f))	<b>16</b> <b>17</b> <b>18</b> 33 1/3%, and			
15 16 <b>Se</b> 17 18 19a	Public support percentage for 2023 (lin Public support percentage from 2022 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests-2022. If the	ne 8, column (f) d Schedule A, Part I <b>ment Income</b> 23 (line 10c, colu 022 Schedule A, organization did r d <b>stop here.</b> The e organization did	livided by line 13, II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 . not check the box organization qual not check a box	line 13, column on line 14, and l ifies as a publicly on line 14 or line	(f))	16           17           18           33 1/3%, and           tion           more than 33	 1/3 <b>% a</b>	► □ nd line	18 is
15 16 <b>Se</b> 17 18 19a	Public support percentage for 2023 (lin Public support percentage from 2022 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and	ne 8, column (f) d Schedule A, Part I <b>ment Income</b> 23 (line 10c, colu 022 Schedule A, organization did r d <b>stop here.</b> The e organization did	livided by line 13, II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 . not check the box organization qual not check a box	line 13, column on line 14, and l ifies as a publicly on line 14 or line	(f))	16           17           18           33 1/3%, and           tion           more than 33	 1/3 <b>% a</b>	► □ nd line	18 is
15 16 <b>Se</b> 17 18 19a	Public support percentage for 2023 (lin Public support percentage from 2022 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	ne 8, column (f) d Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did and stop here.	livided by line 13, II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization	line 13, column on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	(f))	16 17 18 33 1/3%, and tion more than 33 inization	 1/3 <b>% a</b>	nd line	18 is
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1/7/25,	3:13 PM Midwest Shelter For Homeless Veterans 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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		ļ
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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4a 4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$ ), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	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 <b>Part VI</b> .	9b		
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).			
	Schedule A		990)	2023
		-	-	
	Page 5			
	dule A (Form 990) 2023		P	age <b>5</b>
Par	t IV Supporting Organizations (continued)		N	NI -
	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11 a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			<u> </u>
a	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Se	ction 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
		1	I
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 <b>Part VI</b> how providing such benefit		
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2	Ī

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

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

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

#### 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):

- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** \_\_\_\_ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- 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
	<b>a</b> 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 arguments and explain the provided organization of the organization determined that these activities constituted arguments and the organization of the organization determined that these activities constituted and the organization determined that these activities constituted arguments and the organization determined that these activities constituted arguments are provided and the organization determined that these activities constituted arguments are provided and the organization arguments argument argu			
	substantially all of its activities.	2a		
	<b>b</b> Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			
	organization's involvement.	2b		
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 <b>Part VI</b> .	3a		
	<b>b</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.

# 3b Schedule A (Form 990) 2023

P	ลด	ıe	6

Schedule A (Form 990) 2023

Page **6** 

Pa	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 truinstructions. 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				
a	Average monthly value of securities	1a				
t	Average monthly cash balances	1b				
c	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		
ł	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		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
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		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	ntegrat	ed Type III supp	porting organization (see

– Page 7 -

### Schedule A (Form 990) 2023

Schedule A (Form 990) 2023				Page
Part V Type III Non-Functionally Integrate Section D - Distributions	d 509(a)(3) Supporting	Organizations (co	ontinued)	Current Year
1 Amounts paid to supported organizations to accomplish	n exempt purposes		1	
<ol> <li>Amounts paid to perform activity that directly furthers excess of income from activity</li> </ol>		organizations, in	2	
<ol> <li>Administrative expenses paid to accomplish exempt put</li> </ol>	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 <b>Part VI</b>	)	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 w details in <b>Part VI</b> ). See instructions	hich the organization is respon	sive ( <i>provide</i>	8	
9 Distributable amount for 2023 from Section C, line 6			9	
LO Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributic Pre-2023	ons	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in <b>Part VI</b> ). See instructions.				
<b>3</b> Excess distributions carryover, if any, to 2023:				
a From 2018 b From 2019				
<b>c</b> From 2020				
<b>d</b> From 2021				
<b>e</b> From 2022				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
<ul> <li>Applied to 2023 distributable amount</li> </ul>				
i Carryover from 2018 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
Distributions for 2023 from Section D, line 7: \$				
a Applied to underdistributions of prior years				

<b>b</b> Applied to 2023 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
<ul> <li>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.</li> </ul>		
<b>6</b> 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.		
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2019		
<b>b</b> Excess from 2020		
<b>c</b> Excess from 2021		
<b>d</b> Excess from 2022		
e Excess from 2023		
	Sc	hedule A (Form 990) (2023)

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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

Return Reference

Schedule A (Form 990) 2023

**Additional Data** 

**Return to Form** 

Software ID: Software Version:

efile Public Visual Rend	er Objectld: 202432979349301643 - Submission: 2024-10-23		TIN: 36-4337985
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990, 990-EZ, or 990-PF.</li> <li>Go to <u>www.irs.gov/Form990</u> for the latest information.</li> </ul>		2023
Name of the organization MIDWEST SHELTER FOR HO INC	OMELESS VETERANS	<b>Employer</b> id 36-4337985	dentification number
Organization type (chec	k one):		
Filers of:	Section:		
Form 990 or 990-EZ	□ 501(c)( ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private for the second sec	oundation	
	527 political organization		
Form 990-PF	$\Box$ 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private found	lation	
	$\Box$ 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 33<sup>1</sup>/<sub>3</sub>% 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)

Schedule B (Form 990) (2023)

Page 2

Name of organization MIDWEST CHEITER FOR HOMELESS VETERANS https://projects.propublica.org/nonprofits/organizations/364337985/202432979349301643/full

	Midwest Shelter For Homeless Veterans	s Inc - Full Filing - Nonprofit Explorer - F دەلاردىيەتدا	ProPublica
IC Part I ontributors	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
RESTRICTED		\$ RESTRICTED	Person  Payroll  Noncash  (Complete Part II for noncase)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions.) (d) Type of contributio
-		\$	Person  Payroll  Noncash  (Complete Part II for noncas contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
		\$_	Person Payroll Noncash (Complete Part II for noncas contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
-		\$	Person  Payroll  Noncash  (Complete Part II for noncas contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
-		\$_	Person  Payroll  Noncash  (Complete Part II for noncas contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
-			<ul><li>Person</li><li>Payroll</li></ul>

(Complete Part II for noncash contributions.)

Noncash

\$

 $\Box$ 

Schedule B (Form 990) (2023)

– Page 3 ·

Schedule I	B (Form 990) (2023)	_	Page 3
Name of or MIDWEST S INC	ganization SHELTER FOR HOMELESS VETERANS	Employer identification	n number
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

		Turring Honpront Explorer Troit	ionea
		-	
-		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
		_	Schedule B (Form 990) (2023)
	Page 4		
Schedule B	(Form 990) (2023)		Page 4
Name of orga		Employer ident	ification number
MIDWEST SF	IELTER FOR HOMELESS VETERANS	36-4337985	
t	Exclusively religious, charitable, etc., contributions to organizations d han \$1,000 for the year from any one contributor. Complete columns ( organizations completing Part III, enter the total of <i>exclusively</i> religiou rear. (Enter this information once. See instructions.) <b>\$</b>	(a) through (e) and the following	line entry. For

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Relationshi	p 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, and	(e) Transfer of gift ZIP 4 Relationshi	p of transferor to transferee
(a)	(h) Durnaan of sift	(a) 1100 of nift	(d) Description of how rift is held

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Part I	(ո) բուրօշե օլ ձու	(c) use of girt	
.  =			_
	Transferee's name, address, and ZI	(e) Transfer of gift P 4 Relatio	onship 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, and ZI	(e) Transfer of gift P 4 Relation	onship of transferor to transferee
			Schedule B (Form 990) (202

## **Additional Data**

**Return to Form** 

Software ID: Software Version:

efi	e Public Visua	l Render	ObjectId: 2024329	79349301643 - Submission:	2024-10-	·23	TIN: 36-4337985
SC	HEDULE D		Supplemen	tal Financial Stateme	onte		OMB No. 1545-0047
(For	n 990)						2022
				ganization answered "Yes," on F l0, 11a, 11b, 11c, 11d, 11e, 11f,		).	2022
	ment of the Treasury			Attach to Form 990.	-		Open to Public
	al Revenue Service me of the organ		io to <u>www.irs.gov/Form</u>	1990 for instructions and the late			Inspection ification number
MIC	WEST SHELTER FOR		ERANS				
INC			intoining Donou Advi	and Funda on Other Cimilar F		-4337985	
Pa				sed Funds or Other Similar F s" on Form 990, Part IV, line 6.	unas or A	ccounts.	
				(a) Donor advised funds		(b) Funds a	nd other accounts
1	Total number at	end of year .					
2			ns to (during year)				
3	Aggregate value						
4			r				
5				rs in writing that the assets held in a clusive legal control?		d funds are the	e 🗌 Yes 🗌 No
6	Did the organiza	ation inform a	Il grantees donors and do	onor advisors in writing that grant fu	nds can he u	ised only for	
•	charitable purpo	oses and not f	or the benefit of the donor	or donor advisor, or for any other p	urpose confe		ssible
	-				• •		🗌 Yes 🗌 No
Pa		<b>vation Eas</b> te if the ora		s" on Form 990, Part IV, line 7.			
1				nization (check all that apply).			
		on of land for	public use (e.g., recreation	n or education) 🛛 🗍 Preservati	on of an hist	orically import	ant land area
	Protection	of natural hat	pitat	Preservati	on of a certif	ied historic str	ucture
	Preservation	on of open spa	ace				
2				qualified conservation contribution i	n the form of	f a conservatio	n
	easement on the						he End of the Year
а	Total number of	conservation	easements		2a		
b	2						
C				c structure included in (a)			
d			National Register	ired after July 25, 2006, and not on	a <b>2d</b>		
3	Number of cons	ervation ease	ments modified, transferre	d, released, extinguished, or termin	ated by the o	organization du	uring the
	tax year 🕨						
4	Number of state	es where prop	erty subject to conservatio	n easement is located <b>&gt;</b>			
5			written policy regarding the variation easements it holds	ne periodic monitoring, inspection, h	andling of vi	olations,	
							Yes No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	ting, handling of violations, and enf	orcing consei	rvation easeme	ents during the year
-	Amount of expe	nses incurred	in monitorina, inspecting	handling of violations, and enforcing	o conservatio	n easements d	luring the year
7	▶\$				g concertatio		annig the year
8				above satisfy the requirements of s		)(4)(B)(i)	
							Yes 🗌 No
9				ervation easements in its revenue a footnote to the organization's finance			
			for conservation easemen				
Par				of Art, Historical Treasures, s" on Form 990, Part IV, line 8.	or Other S	Similar Asse	ets.
1a				SC 958, not to report in its revenue s	statement an	d balance shee	et works of art,
14	historical treasu Part XIII, the te	res, or other s xt of the footr	similar assets held for pub note to its financial statem	lic exhibition, education, or research ents that describes these items.	in furtheran	ce of public se	rvice, provide, in
b	historical treasu following amour	res, or other s	similar assets held for pub these items:	C 958, to report in its revenue state lic exhibition, education, or research	in furtheran	ce of public se	rvice, provide the
(	(i) Revenue includ	led on Form 9	90, Part VIII, line 1			. ▶\$	
(i	i)Assets included	in Form 990,	Part X			►\$	
2	If the organizati following amour	ion received onts required to	r held works of art, histori be reported under FASB /	cal treasures, or other similar assets ASC 958 relating to these items:	for financial	gain, provide	the
а	Revenue include	ed on Form 99	0, Part VIII, line 1			►\$	
b	Assets included	in Form 990,	Part X			. ▶\$	
For				ns for Form 990.			ule D (Form 990) 2022

		F	Page 2						
Sche	dule D (Form 990) 2022								Page 2
Par	III Organizations Maintaining Co	llections of Art, H	listorical T	reasur	es, or	Other Similar A	<b>ssets</b> (cont	inued)	
3	Using the organization's acquisition, accession items (check all that apply):	on, and other records,		<sup>:</sup> the follo	wing tl	hat are a significant i	use of its col	lection	
а	Public exhibition		d 🗌	Loan or	r excha	ange programs			
b	Scholarly research		e 🗌	Other _					
С	Preservation for future generations								
4	Provide a description of the organization's co Part XIII.	ollections and explain	how they fur	her the c	organiz	ation's exempt purpo	ose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than t	or receive donations o to be maintained as pa	f art, historic art of the org	al treasur anization	res or o 's colle	other similar ction?...	🗌 Yes		0
Pai	t IV Escrow and Custodial Arrange Complete if the organization ans line 21.		m 990, Par	: IV, line	: 9, or	reported an amou	int on Form	n 990, F	Part X,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						🗌 Yes		0
h	If "Yes," explain the arrangement in Part XII	II and complete the fe	llowing table		Г		mount		_
b c	Beginning balance	•	5		F	1c	anount		_
d	Additions during the year				-	1d			_
е	Distributions during the year				F	1e			_
f	Ending balance				F	1f			_
•	-				L			<b>—</b>	_
2a	Did the organization include an amount on F								0
b	If "Yes," explain the arrangement in Part XII	I. Check here if the ex	planation ha	s been pr	rovided	l in Part XIII	$\cup$		
Ра	rt V Endowment Funds. Complete if the organization ans	wered "Yes" on For	m 990 Par	IV line	10				
		(a) Current year	(b) Prior ye			ears back (d) Three ye	ars back (e)	Four year	rs back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2 a	Provide the estimated percentage of the cur Board designated or quasi-endowment	rent year end balance	(line 1g, colu	ımn (a))	held as	5:	•		
b	Permanent endowment								
c	Term endowment <b>&gt;</b>								
C	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse organization by:	ession of the organizat	ion that are l	eld and	admini	stered for the		Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on 3a(ii), are the related organization	•			•		3b		
4	Describe in Part XIII the intended uses of th	-	vment funds.						
Pai	t VI Land, Buildings, and Equipme Complete if the organization ans		m 990 Par	TV line	11a	See Form 990 Pa	rt X line 1	า	
	Description of property (a) Cost or o (investro	ther basis (b) Cost	or other basis			umulated depreciation		ook value	2
1a	Land		ç	950,000					950,000
b	Buildings		{	318,944		266,495			552,449
	Leasehold improvements		Ģ	959,594		302,597			656,997
	Equipment			58,326		43,007			15,319
	Other			72,126		65,686			6,440
е				72,120		05,000			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990,	, Part IV,			
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	Cost		d of valuation: -year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	, Part IV,	line 11c. See Fo	rm 990, F	Part X, line 13.
(a) Description of investment		(b) Book value		) Method of valuation: r end-of-year market value
(1)				· · · · · · · · · · · · · · · · · · ·
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	►			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990,	Part IV, l	ine 11d. See For	m 990, P	art X, line 15.
(a) Description (1)ASSETS HELD BY COMMUNITY FOUNDATION				(b) Book value
(1)				364,91
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)				364,91

Part X	Other Liabilities.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, lin	ne 25.

1.

(b) Book value

(1) Federal income taxes		
CAPITAL LEASE LIABILITY		10,410
FORGIVEABLE NOTE		155,690
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	166,100
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organize	ation's financial statements that	reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of	of the footnote has been provided	d in Part XIII 🛛 🔽

— Page 4 —

## Schedule D (Form 990) 2022

Scheo	dule D (Form 990) 2022		Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	turn.	
1	Total revenue, gains, and other support per audited financial statements	1	2,238,272
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments <b>2a</b> 31,947		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	31,947
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,206,325
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 <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	2,206,325
Par	<b>t XII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses per R Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	leturn.	
1	Total expenses and losses per audited financial statements	1	2,576,594
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 <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,576,594
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 <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	5	2,576,594
Par	t 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; Part V s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	/, line 4; Pa	rt X, line 2; Part XI,
	Return Reference Explanation		
PART	X, LINE 2: THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF AS	SC TOPIC 7	40, INCOME TAXES.
	RELATING TO THE ACCOUNTING FOR UNCERTAINTY IN INC INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTIO MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POS	OME TAXES	. THE ORGANIZATIO

Schedule D (Form 990) 2022

FILES

## **Additional Data**

**Return to Form** 

Software ID: Software Version:

ote: To canturo +		-			43 - Submiss lect landsca			who	n printing			TIN: 36-433798	
partment of the asury	ie ruli content	C	nis document, please select landscape mode (11" x 8.5") when printing. Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.							C	OMB No. 1545-0047		
ernal Revenue Service me of the organization					<u>w.ns.gov/ron</u>	101	the latest infor	matio	<b>.</b>		mployer identific	ation number	
WEST SHELTER FOR	HOMELESS VETE	RANS									86-4337985		
	Information of												
Does the organization the selection crite									for the grants or assistance	e, and		🗌 Yes 🛛	
Describe in Part I art II Grants an								the or	ganization answered "Yes"	on Form 9	990. Part IV. line	21. for any recipient	
	ed more than \$5,			ted if add		needed.	(e) Amount of		(f) Method of valuation		Description of	(h) Purpose of grant	
or government	-	<b>5)</b> EIN	(if applica		grant		cash assistance		(book, FMV, appraisal, other)		ish assistance	or assistance	
))													
.)													
!)													
Enter total numbe	er of section 501(	c)(3) and go	vernment orga	anizations	listed in the lin	e 1 table .					. ►		
Enter total numbe							 Cat. No.				►	edule I (Form 990) 2023	
	,				_								
				Page	2								
	d Other Assista				plete if the org	anization	answered "Yes" o	n Forn	n 990, Part IV, line 22.			Page <b>2</b>	
Part III car (a) Type of grant	be duplicated if or assistance		(b) Number o		(c) Amour		(d) Amount		(e) Method of valuation (I		(f) Description	of noncash assistance	
.) RENT, UTILITY, AN	D SECURITY DEP	OSITS	recipients 150		cash gra 602,806		noncash assista	ance	FMV, appraisal, other	)			
, , ,													
						Part I, liı	ne 2; Part III, c	olum	n (b); and any other ad	lditional i	nformation.		
art IVSuppl	emental Info	<b>mation.</b> P	rovide the in	formatio	n required in								
Part IV Suppl	Ex	planation											
Part IV Suppl eturn Reference RT 1, LINE 2	Exp	planation ORGANIZAT	TON MONITOR	RS ASSIST	FANCE THROUG				RANT REQUIREMENTS, WH ROUGH THE CASE WORKER				
Part IV Suppl	Exp	planation ORGANIZAT	TON MONITOR	RS ASSIST	FANCE THROUG							NG IS COMING FROM FC le I (Form 990) 2023	

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efil	e Public Visua	al Render	ObjectId: 20	)2432979349301643 -	- Submission: 2024-1	0-23	TIN: 36	-4337	985			
SCHEDULE M (Form 990)			Ν	Noncash Contributions								
			INDITED IN CONTRIBUTIONS omplete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ttach to Form 990.									
				990 for the latest informa			)pen to Public Inspection					
Name	e of the organizat	tion				Employer identification number						
INC	EST SHELTER FOR H	10MELESS VETER	ANS			36-4337985						
Ра	rt I Types	of Property										
			<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed			(d) of determining ntribution amounts					
	Art—Works of ar Art—Historical tr											
-	Art—Fractional in											
4	Books and public				80.00							
5	Clothing and hou goods		. ×		80,00	0 RESALE VALUE	5					
6	Cars and other v											
7	Boats and planes											
	Intellectual prop	-				-						
9 10	Securities—Publi Securities—Close											
	Securities—Partr or trust interest	nership, LLC,										
12	Securities-Misco											
13	Qualified conser- contribution—H structures	istoric										
14	Qualified conservice contribution—O	vation										
15	Real estate—Res	idential .										
16	Real estate—Cor											
17	Real estate—Oth					-						
18 19	Collectibles . Food inventory											
20	Drugs and medic											
	Taxidermy											
	, Historical artifac											
	Scientific specim											
	Archeological art											
25	Other ► (	-				-						
26 27	Other ► ( Other ► (					+						
27	Other ► (	)										
			d by the organiza	tion during the tax year for	contributions							
	for which the org	ganization com	pleted Form 8283	3, Part IV, Donee Acknowledg	gement	29						
								Yes	No			
30a	hold for at least	three years fro	om the date of th	contribution any property r e initial contribution, and wl	hich isn't required to be use	rough 28, that i ed for exempt	t must					
Ь	If "Yes," describ	2					30a		No			
31		5		olicy that requires the reviev	w of any nonstandard are the	ibutions?	31		No			
	Does the organi contributions?		32a									
F	If "Yes," describ						524	$\vdash$	No			
33		ion didn't repor	t an amount in c	olumn (c) for a type of prop	erty for which column (a) is	s checked,						
For P	aperwork Reducti	on Act Notice, s	ee the Instruction	s for Form 990.	Cat. No. 51227J	Sche	edule M (Form	1 990) (	2023)			
				Page 2 -								

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also

c	complete	this part for	r any additio	onal informat	tion.					-					
Return Reference							I	Explanat	tion						
											Sched	lule M	(Form 9	90) (202	!3)
Additiona	al Dat	a										R	eturn to	Form	
					Softwar	re ID:									
				Sof	tware Vei	-									
efile Public	Visual	Render	Object	Id: 20243	2979349	30164	3 - Sub	missio	n: 202	24-10	-23		TIN: 3	86-4337	985
SCHEDUL (Form 990) Department of the Tre Internal Revenue Sen	<b>.EO</b>	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 www.irs.gov/Form990 for the latest information.							OMB No. 1545-0047						
Name of the org MIDWEST SHELTER INC			RANS								<b>mployer</b> 6-433798		ification	number	
Return Reference						E	xplanatio	on							
FORM 990, PART VI, SECTION B, LINE 11B	FORM	990 PRIOF	R TO ITS FII	THE BOARD OF DIRECTORS, AND OTHER BOARD MEMBERS, UPON REQUEST, RECEIVE A COPY OF TO ITS FILING WITH THE IRS. QUESTIONS AND COMMENTS THAT ARISE ARE DISCUSSED WITH THE ARE RESOLVED BEFORE THE RETURN IS SIGNED AND FILED.											
FORM 990, PART VI, SECTION B, LINE 12C	ART VI, DIRECTORS SIGNED UPON ADOPTION. IN ADDITION, THE BOARD MEMBERS AND THE EXECUTIVE DIRECTION B, REQUIRED TO ANNUALLY REVIEW THE POLICY AND SIGN A CONFLICT OF INTEREST CERTIFICATION							DIRECTOR ARE ON TO TUAL OR POSSIBLE IE BOARD, S AND WHETHER IT IS							
FORM 990, PART VI, SECTION B, LINE 15	EXECUTIVE DIRECTOR AND OTHER OFFICERS IS BASED ON PERFORMANCE REVIEWS AND MARKET DATA														
FORM 990, PART VI, SECTION C, LINE 19	GOVE FEDE	RNING DO RAL DISCL	CUMENTS A	ARE CHANI QUIREMEN	VANCIAL STATEMENTS, TAX RETURNS, CONFLICT OF INTEREST STATEMENTS, AND RE CHANNELED THROUGH THE PRESIDENT OR TREASURER. IN ACCORDANCE WITH JIREMENTS, THE DOCUMENTS ARE MADE AVAILABLE ON THE SAME DAY IF THE REQUEST S. CARLTON, WHEATON ILLINOIS OR WITHIN 30 DAYS IF WRITTEN REQUEST IS RECEIVED.										
FORM 990, PART XII, LINE 2C:	NO CH	IANGES FF	ROM THE P	RIOR YEAR	₹.										
For Paperwork Redu	ction Act N	lotice, see the I	nstructions for	Form 990 or 99	0-EZ.		Cat. No	. 51056	K				Schedul	le O (Form 99	<del>3</del> 0) 2023
Additiona	al Dat	a											Return	to Form	n

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