efile	e Pu	ıblic Visı	ual Render	ObjectId:	2024427693	349300439 - Su	bmissior	n: 2024-10)-02	Т	IN: 16-1137379	
	00	20	R	eturn of C	Organizati	on Exempt	From	Income	Tax		OMB No. 1545-0047	
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.						ions)	2023		
		f the Treasury	c			for instructions a					Open to Public Inspection	
		nue Service	<u> </u>	<u> </u>								
			C Name of orga		eginning 01-01	-2023 , and endi	ng 12-31-	2023	D Employe	ar idanti	fication number	
		applicable: change		each Center Inc							incation number	
_		hange							16-1137	/379		
O Ini			Doing busines	ss as								
_		rn/terminated	Number and a	treet (or RO boy	if mail is not delive	red to street address)	Room/suite		E Telephone	e numbei	r	
		ion pending	459 South Av		ii iiidii is not denve		KOOIII/Suite	:	(585) 29	95-7803	3	
-			City or town, Rochester, NY	state or province, 146201020	country, and ZIP of	r foreign postal code	I		G Gross red	ceipts \$ 7	7,874,311	
				address of prin	cipal officer:			H(a) Is this	a group ret	urn for		
			Laura Heltz 459 South Av	/enue				subor	dinates?		🗆 Yes 🔽 No	
				146201020				H(b) Are al includ		es	□ Yes □No	
I Tax	(-exe	mpt status:	S 01(c)(3)	501(c) ()) (insert no.)	4947(a)(1) or	527			ist. See	instructions.	
JW	ebsi	te: www	w.vocroc.org					H(c) Group	exemption	number	-	
			_						tiana 1070	M Chata		
K Forn	n of o	organization:	Corporatio	n 🗌 Trust 🗌 /	Association 🗌 Ot	her	'	Year of forma	ition: 1979	M State	of legal domicile: NY	
Pa	art I	Sum	mary									
					on or most signif							
Ce		Provide su	pportive servic	ces to U.S. veter	rans and their fa	milles.						
nan												
Governance	_	Check thi	a hav									
69				pers of the gove	erning body (Part	VI, line 1a)				3	13	
×8	4					4	13					
Activities &	5	Total num	nber of individu	als employed ir	n calendar year 2	2023 (Part V, line 2a)			5	64	
μ	6	Total num	ber of volunte	ers (estimate if	necessary) .					6	394	
Ac	7a	Total unre	elated business	s revenue from I	Part VIII, column	(C), line 12				7a	0	
	b	Net unrel	ated business	taxable income	from Form 990-	Г, Part I, line 11 .				7b	0	
								Pric	or Year		Current Year	
9	8	Contribut	ions and grant	s (Part VIII, line	1h)		•		5,273,5	24	4,669,915	
Revenue	9	Program :	service revenu	e (Part VIII, line	2g)		•			0	0	
Rev			-			d7d)	•		28,3	38	199,650	
					nes 5, 6d, 8c, 9c				-18,9		-2,060	
	12			5		VIII, column (A), lir	,		5,282,9		4,867,505	
						nes 1-3)			183,9		89,071	
						ne 4) X, column (A), lines			2,358,6	0	0	
Exp enses		,		, , ,	ι.	, column (A), intes	,		2,350,0	0/	2,621,666	
G			-		D), line 25) 684,51	-	•			0	0	
ă						f-24e)			1,198,7	28	1,470,443	
		-	-			lumn (A), line 25)	•		3,741,3		4,181,180	
									1,541,5		686,325	
es								Beginning	of Current Ye		End of Year	
Net Assets or Fund Balances												
Ass Ba							•		17,316,3		14,580,688	
und.				-					7,171,4		3,654,734	
					ne 21 from line	20	•		10,144,9	01	10,925,954	
Pa	rt II	Signa	ature Block									

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

. -	2024-08-21									
	ignature of officer aura Heltz Executive Director			I	Date					
	ype or print name and title			-	-	-				
aid	Print/Type preparer's name	Preparer's signatu	re	Date 2024-08-21	Check if if self-employed	PTIN P00195472				
eparer	Firm's name Heveron & Company	CPAs PLLC		•	Firm's EIN 27	-1895149				
se Only	Firm's address 260 Plymouth Avenue	e South			Phone no. (585	5) 232-2956				
	Rochester, NY 14608	3								
	iscuss this return with the preparer					. 🗹 Yes 🗌 No				
Paperwo	rk Reduction Act Notice, see the	separate instruction	15 .	Cat. I	No. 11282Y	Form 990 (2				
		F	Page 2							
m 990 (20	23)					Pa				
	Statement of Program Servic	-								
	Check if Schedule O contains a respo describe the organization's mission:	onse or note to any lin	e in this Part III .							
	nission is to serve veterans with com	passion and advocate	for all who have wo	orn our nation	's uniform so	they can RISE and live life				
fullest. Co	ntinued on Schedule O									
Did the	organization undertake any significa	int program services d	uring the year whic	h were not lis	sted on					
	r Form 990 or 990-EZ? • • •					🗌 Yes 🛛 🗹 Na				
	describe these new services on Sch									
service	organization cease conducting, or m	lake significant change	es in now it conducts	s, any progra	im	. 🗌 Yes 🗹 N				
	describe these changes on Schedul	e O.								
	e the organization's program service		each of its three lar	gest program	n services, as r	neasured by expenses.				
	501(c)(3) and $501(c)(4)$ organization enue, if any, for each program service		ort the amount of g	rants and all	ocations to oth	ners, the total expenses,				
(Code:) (Expenses \$	1,192,306 includ	ling grants of \$	50,913	3) (Revenue \$)				
apartme goals, th opened formerly developr then tra with vet apartme	ial Complex. Richards House has 46 beds in the for transitional and/or supportive living ese veterans are then transitioned into pe n 2020. It is the first affordable, permaner homeless veterans with disabilities. Libert nent partner, Conifer. Each facility offers ca sitioned into permanent housing. We also eran preference in Monroe County, and it in the with onsite program management by V tent grants. Grants received for this progra	J. Each facility offers case rmanent housing. Continue th housing facility with vet y Landing has 33 apartme ase management to help v continue to operate Liber includes 10 units set aside 'OC and property manage	management to help v d on Schedule OHousir eran preference in Mor ents with onsite prograr veterans achieve their ty Landing which opene specifically for formerly ment via our developm	eterans achieveng: (Continued) nroe County, an m management goals. Following ed in 2020. It is y homeless veto	e their goals. Foll) We also continu d it includes 10 of t by VOC and pro- completion of p s the first afforda erans with disabi	owing completion of program le to operate Liberty Landing v units set aside specifically for perty management via our rogram goals, these veterans ble, permanent housing facilit lities. Liberty Landing has 33				
tempora 2023. V(avoid ind (Continu service. unlimite 316 outr) (Expenses \$ ve and Wellness Services: VOC offered a p ry financial assistance, housing search, pe OC supported 49 veterans with their journe carceration, develop healthy networks, esta ed) A dedicated female veterans program VOC conducts remote services using web- d bus passes to veterans (free of charge) t each activities to raise awareness of the so ram in 2023 totaled \$154,747.	ortfolio of no-cost service er mentoring, financial co y through Veterans Treate ablish economic sufficienc helped nearly 202 individu ased technology and help hrough our partnership wi	unseling, budget works ment Court, a program y, and lead successful li ual veterans with servic oed support nearly 395 th RTS in Monroe and f	ins and immedi hops, and legal designed to su ives. Continued ces focused on veterans acros the surrounding	counseling are s pport justice-inv on Schedule OS the unique challe s the country. W g counties. Lastly	some of the services provided olved veterans so that they m upportive and Wellness Servic inges they faced during militar e continue to provide hundred by VOC staff safely conducted to				
(Code:) (Expenses \$	534,231 includ	ling grants of \$	11,663	3) (Revenue \$)				
Employn job sear \$17.73/I Commur	hent & Training: VOC's Employment Resou ch assistance. In 2023, VOC's professional hour based on a 40 hour work week. 61 pa hity Technology Center (VCTC) had 1,514 v hent grants. Grants received for this progra	rce Center provides vocati team of Employment Spe rt time at an average hou isits. VOC conducted 238	onal counseling, skills a cialists assisted in placi rly wage of \$15.45 bas classes, offering profes	assessment, oc ing 227 veterar sed on an avera	cupational skills ns in jobs with 15 nge of 19.hours p	training, resume preparation a 7 full time at an average wag er week. VOC's Veterans				
(Code:) (Expenses \$	432,448 includ	ling grants of \$	9,301) (Revenue \$	27,922)				
	al Health: This program is dedicated to the									
manage	d approach to all the work the VOC conduc ; they serve as crisis intervention and outr	each specialists and are for	ocused on suicide preve	ention and awa	reness. A compo	nent of VOC's Behavioral Heal				
	is the Morale Center. In 2022, the followir Fitness Center Recreation, Massage Thera									
	Outdoor / Eco-Therapy, and behavioral heavioral heavioral heavioral heavioration of veterance over									
holistic v In all, ar	vellness of veterans. VOC leverages overw Id despite the challenges of COVID-19, VO of flags, accessories, military and patrioti	helming community suppo C's volunteers logged ove	ort in the form of skilled r 400 hours of service t	d volunteers to to clients in 202	help provide the 22. Flag Store: T	se free services to local vet he e-commerce store offers				

12/11/24, 10:42 PM

Veterans Outreach Center Inc - Full Filing - Nonprofit Explorer - ProPublica

During 2022 the Flag Store moved from a physical location to online.

4d	Other program services (Describe in Schedule O.) (Expenses \$ 432,448 including grants of \$ 9,301) (Revenue \$ 27,	922)		
4e	Total program service expenses2,716,871	F	orm 99	0 (2023)
	Dage 2			、
Form	Page 3			
	990 (2023) t IV Checklist of Required Schedules			Page 3
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete		Yes Yes	No
-	Schedule A 🗐	1		
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. Solution Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates	2	Yes	No
	for public office? If "Yes," complete Schedule C, Part I	3		
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? <i>If "Yes," complete Schedule D</i> , Part I 3 .	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🚳	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 🗐	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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? If "Yes," complete Schedule D, Part VII 😼	11b		No
с	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> 3	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? <i>If "Yes," complete Schedule D, Part IX</i> 😵	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🗐	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	

19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	

— Page 4 —

Form 990 (2023)

No No

No

Form	990	(2023)

Form	990 (2023)			Page 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> " <i>Yes,"</i> 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? <i>If "Yes," complete Schedule L,</i> Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? 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			No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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? Note.	20	Yes	

https://projects.propublica.org/nonprofits/organizations/161137379/202442769349300439/full

2/11/2	An rom 21 M Vectails Ourcach Center ne - Fun Finng - Nonprone Explorer - Fior ubica	50		1
Pa	tt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
		ł	orm 99	U (2023
	Page 5			
orm	990 (2023)			Page
Pa	Tt 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	
	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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		NO
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			Nie
4d	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country:			
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
~	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		1

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?	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	

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?	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots	7b
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c
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?
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	
	sponsoring organization have excess business holdings at any time during the year?	•

9	Sponsoring	organizations	maintaining	donor	advised	funds.

а	Did the sponsoring organization make any taxable distributions under section 4966?	•	•	•	•	•	•	•
---	--	---	---	---	---	---	---	---

b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	•	•	•	
~					

10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions inc	uded on Part VIII, line 12
---	----------------------------

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter:

а	Gross income from members or shareholders
b	Gross income from other sources. (Do not net amounts due or paid to other sources
	against amounts due or received from them.)

- 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?
 - ${\bf b}~$ If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

13 Section 501(c)(29) qualified nonprofit health insurance issuers

https://projects.propublica.org/nonprofits/organizations/161137379/202442769349300439/full

No

No

No

No

6a

6b

7a

7e

7f

7g

7h

8

9a 9b

12a

10a

10b

11a

11b

12b

Yes

Yes

		I 1	1	1					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
b	 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 								
с	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No					
b	b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No					
17	17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?. If "Yes," complete Form 6069.								

Form **990** (2023)

6/36

Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No 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	Na
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13		Yes	No
10	If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		N
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
.0a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	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			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
5	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?			

	4, 10:42 PM								ofit Explorer - ProPub			
	The organization's CEO, Executive Directo	, , ,	•		•	• •	•	•		158	res	
Б	Other officers or key employees of the org	-			•	•	• •	•		15b	Yes	
	If "Yes" to line 15a or 15b, describe the p											
	Did the organization invest in, contribute taxable entity during the year?		•••		•	•	•	•		. 16a		No
ь	If "Yes," did the organization follow a writ in joint venture arrangements under appli status with respect to such arrangements	icable federal ta	ax law,	, and take step	s to	safe	eguard			mpt		
										16b		
<u>Se</u>	ction C. Disclosure List the states with which a copy of this Fi	orm 990 is requ	uirod t	o bo filod								
17					NY							
18	Section 6104 requires an organization to 501(c)(3)s only) available for public inspe	ction. Indicate	how y	ou made these	ava	ilab	le. Ch	eck	all that apply.	tion		
19	Own website I Another's website Describe in Schedule O whether (and if so									ct		
15	policy, and financial statements available	to the public du	iring t	he tax year.	ven	iiiig	uocui	nen	is, connector interes	50		
20	State the name, address, and telephone r The Organization 459 South Avenue R	number of the p ochester, NY 14					ganiza	tion	's books and records	s:		
		,				-				Fo	orm 99	0 (2023)
				Page 7 —								
_												
	990 (2023) t VII Compensation of Officers, I			- K F				b a i		E		Page 7
Par	Compensation of Officers, I and Independent Contracto		istee	s, key emp	oy	ees	, пig	nes	st Compensated	стрюуее	5,	
	Check if Schedule O contains a res											
	ction A. Officers, Directors, Truste omplete this table for all persons required t			· · ·							ization	's tay
year.				•				·		2	iizatioii	Stax
	List all of the organization's current officen npensation. Enter -0- in columns (D), (E),					als c	or orga	niza	ations), regardless o	of amount		
• L	ist all of the organization's current key en	nployees, if any	. See t	the instructions	s for	def	inition	of	"key employee."			
who r	ist the organization's five current highest eceived reportable compensation (box 5 or rganization and any related organizations.										\$100,0	00 from
• L	ist all of the organization's former officers				isate	ed e	mploy	ees	who received more	than \$100,00	00	
	portable compensation from the organization is all of the organization's former director			-	- ca	naci	tv ac a	a foi	mer director or trus	tee of the		
	ization, more than \$10,000 of reportable of									stee of the		
See t	he instructions for the order in which to list	t the persons a	oove.									
	Check this box if neither the organization n	or any related o	organiz	zation compens	sate	d an	y curr	ent	officer, director, or t	trustee.		
	(A) Name and title	(B) Average	Doc	(C) ition (do not ch		mo	ro tha	n	(D) Reportable	(E) Reportable		F) nated
		hours per	one	box, unless pe	erso	n is	both a		compensation co	mpensation		unt of
		week (list any hours		ficer and a dire				1		rom related rganizations		her Insation
		for related	or d		Officer	Key	Hig	For	(W-2/1099- (\	Ŵ-2/1099-	fron	n the
		organizations below dotted	ivid	Institutional Trustee:	Cel	en	hes	Former	MISC/1099- M NEC)	1ISC/1099- NEC)		ization elated
		line)	Individual t or director	,		Key employee	e o	7	- /	- /		zations
			2			уөө	mp					
			stee			-	ens					
							Highest compensated employee					
(1) lo	seph Catone	6.90					_					
	·		х		х				0	0		0
Secret	·	9.00										
	ssie Gregorio rate Counsel		х		х				0	0		0
(3) Ma	arvin Patterson Jr	6.90										
	Member		Х						0	0		0
. ,	on Reeve	10.70										
	hairman		х		х				0	0		0
(5) Be	rnie Schroeder	10.70										
Treasu	ırer		х		х				0	0		0
(6) Ma	atthew Legere	10.70			-			-				
-		I	v	I	1	I.	I		0	0		0

2/11/24, 10:42 PM			- I'ull	1.111	ng - N	•	ofit Explorer - Pro	1 uunca	
Board Member	•	χ					0	0	,
(7) Ellen Adams	10.70								
Board Chair		Х	х				0	0	(
(8) Dylan Potter	9.00						_	_	
Board Member		Х					0	0	(
(9) Dr Peter Ziarnowski	6.90								
Board Member (Started 5/2023)		Х					0	0	(
(10) Sean McNamara	5.50								
Board Member (Started 5/2023)		Х					0	0	(
(11) Joe Robach	7.30								
Board Member		Х					0	0	(
(12) Jim Magee	8.80						_		
Board Member		Х					0	0	(
(13) Yashira Rodriguez	10.70								
Board Member		Х					0	0	(
(14) Fabian Rivera	7.10						_		
Board Member (Ended 10/2023)		Х					0	0	(
(15) Kristie Robertson-Coyne	1.90								
Board Member (Ended 5/2023)		Х					0	0	(
(16) Laura Heltz	40.00								
Executive Director			х				162,953	0	467
			1						

Form 990 (2023)

------ Page 8 -

Form 990 (2023)

Page **8**

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

	-									
(A) Name and title	(B) Average hours per week (list any hours	box,	(C) on (do not chec unless person i and a directo	ck m s bc r/trι	oth a ustee	n offic e)	er	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)		Institutional Trustee;		Key employee	Former Highest compensated employee		2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organization and related organizations

			_		-				-	
1b Sub-Total							-			
d Total (add lines 1b and 1c)							162,953	0	467	

Total number of individuals (including but not limited to those listed above) who received more than 100,000 of reportable compensation from the organization 1 2

			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No		
Section B. Independent Contractors						

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

	(A) Name and business address	(B) Description of services	(C) Compensation				
2	2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0						
			Form 000 (2022)				

Form **990** (2023)

Dago O

------- Page 9 --

Form 990 (2023)

						Fage 3
Part VIII Statement of Re	venue					
Check if Schedule O	contains a res	ponse or note to any	y line in this Part VII			🗆
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Federated campaigns Contributions,780 Sifts, Grants, and Membership dues	1a					
DtherAmt Similar	1b					
Anno Ling draising events	1c					
d Related organizations	1d					
e Government grants (contributions) 3,252,170	1e					
 f All other contributions, gifts, grants, and similar amounts not included above 	1f					
1,054,286 g Noncash contributions included in lines 1a - 1f:\$	1g					
h Total. Add lines 1a-1f		• 4,669,915				
 2a		Business Code				

0								I
Droaram Cardina	5							
2								
C LO	2 · ·							
à	-							
	f All other program							
	9 Total. Add lines 2			when we are a set of the set				
	3 Investment income similar amounts) .			nterest, and other	117,353			117,353
	4 Income from invest							
	5 Royalties	•		· · · · · · · · · · · · · · · · · · ·				
	6a Gross rents	6a	(i) Real	(ii) Personal				
	b Less: rental	6b						
	expenses							
	 Rental income or (loss) 	6c						
	d Net rental income	e or (
	7a Gross amount	7a	(i) Securities	(ii) Other				
	from sales of	74	2,861,224					
	assets other than inventory							
Revenue	b Less: cost or other basis and	7b	2,778,927					
e Ve	sales expenses							
		7c	82,297					
Other	d Net gain or (loss)		· · · · ·		82,297			82,297
ō	Gross income from fu (not including \$		sing events 299,679 of					
	contributions reported See Part IV, line 18	d on l	-	120.052				
	b Less: direct expen		04	139,852 179,834				
	c Net income or (los				-39,982			-39,982
	9a Gross income from See Part IV, line 19	gami •	-					
	b Less: direct expen		54					
	c Net income or (los			es				
	10aGross sales of inve returns and allowa	entor inces	y, less 10a	75,967				
	b Less: cost of good	s sol		48,045				
	c Net income or (los			ory	27,922	27,922		
				Business Code				
	11a							
	Ь							
								ļ
Oth	er f evenueMiscAmt							
								10.000
	d All other revenue e Total. Add lines 1				10,000			10,000
					10,000			ļ
	12 Total revenue. S	ee in	structions		4,867,505	27,922	0	169,668

Form 990 (2023)

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organizatio	ons must complete col	umn (A).
Check if Schedule O contains a response or note to an	ny line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	89,071	89,071		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	163,420	81,710	40,855	40,855
6 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	2,096,837	1,360,761	367,562	368,514
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	194,471	108,139	64,937	21,395
10 Payroll taxes	166,938	107,118	29,572	30,248
11 Fees for services (non-employees):				
a Management				
b Legal	18,346		18,346	
c Accounting	125,265		125,265	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,714		8,714	
g Other (If line 11g amount exceeds 10% of line 25, column	150,855	117,473	22,622	10,760
(A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	127,879	10,424	889	116,566
13 Office expenses	302,008	221,168	18,556	62,284
14 Information technology	7,921	7,397	314	210
15 Royalties				
16 Occupancy	69,342	67,948	836	558
17 Travel	17,165	14,846	1,424	895
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	53,722	53,508	214	
20 Interest	57,852		57,852	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	289,744	269,358	12,232	8,154
23 Insurance	81,134	72,897	6,030	2,207
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 Maintenance and Repairs	65,643	63,873	1,073	697
b Food/Supplies	58,936	58,714	1	221
c				
d				
e All other expenses	35,917	12,466	2,502	20,949
25 Total functional expenses. Add lines 1 through 24e	4,181,180	2,716,871	779,796	684,513
 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720). 				

Form 990 (2023)

– Page 11 –

Form	۵۵۸	(2023)
FORM	990	(2023)

Page **11**

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Par	t IX		🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		14,378	3 1	16,103
	2	Savings and temporary cash investments $\ .$		1,093,318	8 2	619,869
	3	Pledges and grants receivable, net		1,290,386	3	495,341
	4	Accounts receivable, net	. 97,783	4	69,156	
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the		5		
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in s	l under	6		
10	7	Notes and loans receivable, net	. 746,366	5 7	746,366	
ssets	8	Inventories for sale or use	. 41,218	8	46,776	
SS	9	Prepaid expenses and deferred charges .		41,45	9	28,015
A	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12	2,385,206		
	b	Less: accumulated depreciation	10b	2,426,440 8,377,264	10c	9,958,766
	11	Investments—publicly traded securities		5,614,228	3 11	2,600,296
	12	Investments-other securities. See Part IV, line		12		
	13	Investments-program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must eq	17,316,392	16	14,580,688	
	17	Accounts payable and accrued expenses	1,293,93	5 17	336,354	
	18	Grants payable		18		
	19	Deferred revenue		149,500	19	572,014
	20	Tax-exempt bond liabilities			20	
s	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	butor, or 35% controlled		22	
Ë	23	Secured mortgages and notes payable to unrela	ited third parties	2,746,36	-	2,746,366
	24	Unsecured notes and loans payable to unrelated	·	2,981,69	_	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 2- Complete Part X of Schedule D	ayables to related third		25	
	26	Total liabilities. Add lines 17 through 25 .		7,171,49	26	3,654,734
nces		Organizations that follow FASB ASC 958, c lines 27, 28, 32, and 33.	heck here 🗹 and co	omplete		
alaı	27	Net assets without donor restrictions		. 6,052,743	27	10,047,086
B	28	Net assets with donor restrictions		4,092,158	28	878,868
Net Assets or Fund Balances		Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds		and	29	
SO	Лч	capital stock of trast principal, of current fullus				
set	29 30	Paid-in or capital surplus, or land, building or or	winment fund			
1 M M	30	Paid-in or capital surplus, or land, building or ed			30	
As	30 31	Retained earnings, endowment, accumulated in	come, or other funds	10 144 90	31	10 025 054
let As:	30		come, or other funds	•	31 32	10,925,954 14,580,688

— Page 12 —

Form 990 (2023) **Reconcilliation of Net Assets** Part XI

Page **12**

 \Box

Check if Schedule O contains a response or note to any line in this Part XI https://projects.propublica.org/nonprofits/organizations/161137379/202442769349300439/full

_

Т

			Yes	No
	Check if Schedule O contains a response or note to any line in this Part XII		 	
Pa	TEXIE Financial Statements and Reporting			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,	,925,954
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0
8	Prior period adjustments	8		
7	Investment expenses	7		
6	Donated services and use of facilities	6		
5	Net unrealized gains (losses) on investments	5		94,728
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) $\ .$	4	10,	,144,901
3	Revenue less expenses. Subtract line 2 from line 1	3		686,325
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,	,181,180
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,	,867,505

			Tes	NU
1	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.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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			
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	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	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Зb	Yes	
		F	orm 99	0 (2023)

Form 990 (2023)

Additional Data

Return to Form

Software ID: Software Version:

Form 990, Special Condition Description:

Special Condition Description

efi	e Pul	olic Visual	Render	ObjectId: 202442769349300439 - Submission: 2024-10-02 TIN: 16						
		ULE A		Public	Charity Statu	s and Pu	blic Supp	ort	OMB No. 1545-0047	
(For	m 990)	Con		rganization is a sect	ion 501(c)(3)	organization or		2023	
		he Treasury		.	4947(a)(1) nonexe Attach to Form	990 or Form 9	90-EZ.		Open to Public	
Interna	Revenu	e Service		Go to <u>www.irs</u>	<u>.gov/Form990</u> for ii	nstructions an	d the latest info	ormation.	Inspection	
		he organiza reach Center I						Employer identifi	cation number	
				a l li ai i	(4)			16-1137379		
	rt I organiz				us (All organization e it is: (For lines 1 thro			see instructions.		
1		A church, o	convention of	churches, or as	sociation of churches	described in se	ction 170(b)(1)	(A)(i).		
2	\square	A school de	escribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990).)			
3		A hospital	or a cooperat	ive hospital serv	vice organization desci	ribed in sectior	n 170(b)(1)(A)(iii).		
4			research orga , and state:	nization operate	ed in conjunction with	a hospital desc	ribed in section :	170(b)(1)(A)(iii). E	Enter the hospital's	
5										
6				mplete Part II.)	governmental unit de	scribed in sect i	170(h)(1)(4)	()(y)		
7				-	a substantial part of it				al nublic described in	
	\cup	section 17	70(b)(1)(A)	(vi). (Complete	Part II.)		-	and of from the gene		
8					n 170(b)(1)(A)(vi).					
9					escribed in 170(b)(1)				lege or university or a	
10		from activi	ties related to t income and	its exempt fun unrelated busin	(1) more than 331/3% actions—subject to cert ess taxable income (le omplete Part III.)	tain exceptions,	, and (2) no more	than 33 1/3% of its s		
11		An organiz	ation organize	ed and operated	d exclusively to test for	r public safety.	See section 509	(a)(4).		
12		more publi	cly supported	organizations of	d exclusively for the be described in section 5 s the type of supportin	09(a)(1) or se	ection 509(a)(2). See section 509(
а		organizatio	on(s) the pow		ated, supervised, or co appoint or elect a majo					
b		manageme	ent of the sup		ervised or controlled in ation vested in the sar and C.					
с					supporting organizatio ions). You must com				ated with, its	
d		functionally	y integrated.	The organizatio	d. A supporting organi n generally must satis t IV, Sections A and	fy a distribution	requirement and		nization(s) that is not juirement (see	
e		Check this	box if the org	anization receiv	ved a written determin integrated supporting	ation from the		pe I, Type II, Type II	I functionally	
f	Enter							<u>.</u>		
g		de the follow Name of supp	-	on about the su (ii) EIN	pported organization(· /	ganization listed	(v) Amount of	(vi) Amount of	
	(1)	organizatio		(11) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ning document?	(v) Anount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No			
				-						
Tota	1									
	For Paperwork Reduction Act Notice, see the Instructions forCat. No. 11285FSchedule A (Form 990) 2023Form 990 or 990-EZ.									
					Pa	ge 2				
C-1	م - ارزام	(5	2022		14					
	aule A	(Form 990)		for Organia	ations Described	in Sections	170(6)(1)(4)	(iv) and 170(b)(Page 2	
Pa		(Compl	ete only if y	ou checked th	ne box on line 5, 7, ify under the tests l	or 8 of Part I	or if the organi	zation failed to qu		
		A. Public		1			1	, I		
Cali /	ndar	VOR		1	I 127270/2024/276024020	1	I	I		

12/11	/24, 10:42 PM	Vetera	ans Outreach Center	Inc - Full Filing - N	onprofit Explorer -	ProPublica	
	r fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.").						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
4	the organization without charge Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
_	line 4.						
	ection B. Total Support						
	r fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4.						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
9	income from similar sources Net income from unrelated business		<u> </u>				
9	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						
10	loss from the sale of capital assets						
11	(Explain in Part VI.) Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e					12	
13	First 5 years. If the Form 990 is for the				•		ization, check
	this box and stop here				<u></u>	▶∪	
	Section C. Computation of Public		-				
	Public support percentage for 2023 (lin					14	
15	Public support percentage for 2022 Sch					15	201/
16a	33 1/3% support test—2023. If the						- 0
b	and stop here. The organization qualit 33 1/3% support test—2022. If the						
	box and stop here. The organization						_
17a	10%-facts-and-circumstances test	-2023. If the ord	anization did not	check a box on lir	e 13, 16a, or 16b	, and line 14 is 10	% or more,
	and if the organization meets the "fact						\sim
	meets the "facts-and-circumstances" te 10%-facts-and-circumstances tes						
b	more, and if the organization meets the						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		► 🗆
18	Private foundation. If the organization	on did not check a	box on line 13, 10	6a, 16b, 17a, or 1	7b, check this box	and see	
	instructions						
						Schedule A (I	Form 990) 2023
			Doco 2				
			Page 3				
Cal	adula A (Form 000) 2022						
	edule A (Form 990) 2023	<u> </u>		<u> </u>			Page 3
	Part III Support Schedule for (Complete only if you					d to qualify und	or Dart II If
	the organization fails t						
S	Section A. Public Support						
	lendar year r fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1							
	membership fees received. (Do not	3,271,746	3,584,255	5,833,444	5,273,524	4,669,915	22,632,884
2	include any "unusual grants.") . Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the	292,977	186,547	231,604	98,168	75,967	885,263
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513	56,651	19,628	34,188	92,508	139,852	342,827

4 Tax revenues levied for the

	24, 10:42 PM	Vetera	ns Outreach Center	Inc - Full Filing - N	onprofit Explorer -	ProPublica							
	organization's benefit and either paid to or expended on its behalf												
5	The value of services or facilities furnished by a governmental unit to												
6	the organization without charge Total. Add lines 1 through 5	3,621,374	3,790,430	6,099,236	5,464,200	4,885,73	4	23.8	60,974				
	Amounts included on lines 1, 2, and	5,021,571	5,750,150	0,000,200	5,101,200	1,003,73		23,0	0				
	3 received from disqualified persons								0				
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								0				
c	13 for the year. Add lines 7a and 7b.								0				
8	Public support. (Subtract line 7c							22.8	60,974				
	from line 6.)							23,0	100,974				
	ection B. Total Support endar year				r	1	1						
	fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f)⊺	Total					
` 9	Amounts from line 6	3,621,374	3,790,430	6,099,236	5,464,200	4,885,73	34	23,8	60,974				
10a	Gross income from interest,												
	dividends, payments received on securities loans, rents, royalties and income from similar sources.	22,844	2,832	13,704	109,567	117,35	53	2	66,300				
b	Unrelated business taxable income												
	(less section 511 taxes) from businesses acquired after June 30,												
	1975.												
C	Add lines 10a and 10b. Net income from unrelated business	22,844	2,832	13,704	109,567	117,35	i3	2	66,300				
11	activities not included on line 10b,												
	whether or not the business is												
12	regularly carried on. Other income. Do not include gain												
	or loss from the sale of capital		59,338	53,107	1,251	10,00	00	1	23,696				
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c,	3,644,218	3,852,600	6,166,047	5,575,018	5,013,08	37	24,2	50,970				
14	11, and 12.) First 5 years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth l	tax vear as a sect	ion 501(c)(3) or	anizati	ion, ch	eck				
- ·	this box and stop here	-			-		-						
Se	ction C. Computation of Public												
15	Public support percentage for 2023 (I					15		98.	390 %				
16	Public support percentage from 2022	Schedule A, Part I	III, line 15			16		98.	790 %				
	ction D. Computation of Inves												
17	Investment income percentage for 20		mn (f) divided hv			17			100 %				
-		-							700 %				
18	Investment income percentage from	2022 Schedule A,	Part III, line 17.			18	na 17 i	18 Investment income percentage from 2022 Schedule A, Part III, line 17					
	Investment income percentage from 33 1/3% support tests-2023. If the	2022 Schedule A, organization did	Part III, line 17 . not check the box	on line 14, and lin	ne 15 is more tha	n 33 1/3%, and li		s not					
19a	Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an	2022 Schedule A, organization did d stop here. The	Part III, line 17 . not check the box organization qual	on line 14, and lin	ne 15 is more tha supported organiz	n 33 1/3%, and li zation	🕨	s not V	18 is				
19a	Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests-2022. If th	2022 Schedule A, organization did d stop here. The e organization did	Part III, line 17 . not check the box organization qual not check a box	on line 14, and lin ifies as a publicly on line 14 or line 1	ne 15 is more tha supported organiz 19a, and line 16 is	n 33 1/3%, and li zation s more than 33 1	▶ /3% and	s not ✓ d line :	18 is				
19a	Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests-2022. If th not more than 33 1/3%, check this bo	2022 Schedule A, organization did d stop here. The le organization did x and stop here.	Part III, line 17 . not check the box organization qual not check a box The organization	on line 14, and lin ifies as a publicly on line 14 or line : qualifies as a publ	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org	n 33 1/3%, and li zation s more than 33 1 ganization	▶ /3% and ►	s not ✓ d line :	18 is				
19a b	Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests-2022. If th	2022 Schedule A, organization did d stop here. The le organization did x and stop here.	Part III, line 17 . not check the box organization qual not check a box The organization	on line 14, and lin ifies as a publicly on line 14 or line : qualifies as a publ	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org	n 33 1/3%, and li zation s more than 33 1 ganization	► /3% and ►	s not V d line : O					
19a b	Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests-2022. If th not more than 33 1/3%, check this bo	2022 Schedule A, organization did d stop here. The le organization did x and stop here.	Part III, line 17 . not check the box organization qual not check a box The organization	on line 14, and lin ifies as a publicly on line 14 or line : qualifies as a publ	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org	n 33 1/3%, and li zation s more than 33 1 ganization e instructions	► /3% and ►	s not V d line : O					
19a b	Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests-2022. If th not more than 33 1/3%, check this bo	2022 Schedule A, organization did d stop here. The le organization did x and stop here.	Part III, line 17 . not check the box organization qual not check a box The organization	on line 14, and lin ifies as a publicly on line 14 or line : qualifies as a publ	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org	n 33 1/3%, and li zation s more than 33 1 ganization e instructions	► /3% and ►	s not V d line : O					
19a b	Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests-2022. If th not more than 33 1/3%, check this bo	2022 Schedule A, organization did d stop here. The le organization did x and stop here.	Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	on line 14, and lin ifies as a publicly on line 14 or line : qualifies as a publ	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org	n 33 1/3%, and li zation s more than 33 1 ganization e instructions	► /3% and ►	s not V d line : O					
19a b 20	Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests-2022. If th not more than 33 1/3%, check this bo	2022 Schedule A, organization did d stop here. The le organization did x and stop here.	Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	on line 14, and lin ifies as a publicly on line 14 or line : qualifies as a publ	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org	n 33 1/3%, and li zation s more than 33 1 ganization e instructions	► /3% and ►	s not d line : 990)	2023				
19a b 20 Schee	Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If th not more than 33 1/3%, check this bo Private foundation. If the organizat	2022 Schedule A, organization did d stop here. The e organization did x and stop here. ion did not check	Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	on line 14, and lin ifies as a publicly on line 14 or line : qualifies as a publ	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org	n 33 1/3%, and li zation s more than 33 1 ganization e instructions	► /3% and ►	s not d line : 990)					
19a b 20 Schee	Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2023 t IV Supporting Organization (Complete only if you checked	2022 Schedule A, organization did i d stop here. The e organization did x and stop here. ion did not check	Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 page 4	on line 14, and lin ifies as a publicly on line 14 or line 1 qualifies as a publ 19a, or 19b, check	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org < this box and see this box and see	n 33 1/3%, and li zation s more than 33 1 ganization : instructions Schedule A Sections A and E	► /3% and ► ► (Form	s not d line : 990) Page 2	2023 age 4				
19a b 20 Schee	Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If th not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S	2022 Schedule A, organization did i d stop here. The e organization did x and stop here. ion did not check ion did not check	Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 of Part I. If you ch f you checked box	on line 14, and lin ifies as a publicly on line 14 or line 1 qualifies as a publ 19a, or 19b, check	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org < this box and see this box and see	n 33 1/3%, and li zation s more than 33 1 ganization : instructions Schedule A Sections A and E	► /3% and ► ► (Form	s not d line : 990) Page 2	2023 age 4				
19a b 20 Scher Par	Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If th not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section 12d, of Part I, complete Section	2022 Schedule A, organization did i d stop here. The e organization did x and stop here. ion did not check ion did not check so did not check ns A and C. In ins A and D, and c	Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 of Part I. If you ch f you checked box	on line 14, and lin ifies as a publicly on line 14 or line 1 qualifies as a publ 19a, or 19b, check	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org < this box and see this box and see	n 33 1/3%, and li zation s more than 33 1 ganization : instructions Schedule A Sections A and E	► /3% and ► ► (Form	s not d line : 990) Page 2	2023 age 4				
19a b 20 Scher Par	Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If th not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S	2022 Schedule A, organization did i d stop here. The e organization did x and stop here. ion did not check ion did not check 15 a box on line 12 d ections A and C. In ns A and D, and c	Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 of Part I. If you ch f you checked box	on line 14, and lin ifies as a publicly on line 14 or line 1 qualifies as a publ 19a, or 19b, check	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org < this box and see this box and see	n 33 1/3%, and li zation s more than 33 1 ganization : instructions Schedule A Sections A and E	 /3% and (Form 3. If you u check	s not d line : 990) Page 2	2023 age 4				
19a b 20 Scher Par	Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If th not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section 12d, of Part I, complete Section	2022 Schedule A, organization did i d stop here. The le organization did x and stop here. ion did not check ion did not check so did not check ion dion did not check ion did not check ion	Part III, line 17 . not check the box organization qual not check a box of The organization a box on line 14, Page 4 of Part I. If you ch f you checked box omplete Part V.)	on line 14, and lin ifies as a publicly on line 14 or line 1 qualifies as a publ 19a, or 19b, check 19a, or 19b, check checked box 12a, of 12c, of Part I, co	ne 15 is more tha supported organiz 19a, and line 16 is icly supported or <u>c</u> < this box and see this box and see Part I, complete mplete Sections A	n 33 1/3%, and li zation s more than 33 1 ganization <u>instructions</u> Schedule A Sections A and E , D, and E. If yo	 /3% and (Form 3. If you u check	s not d line : 990) Pau check	2023 age 4				
19a b 20 Schee Par	Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If th not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete Section ection A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the section 33 1/3% support to the section of the organization's supported 34 1/3% support of the organization's supported 35 1/3% support of the organization's supported 36 1/3% support of the organization's supported 37 1/3% support of the organization's support of the org	2022 Schedule A, organization did i d stop here. The e organization did x and stop here. ion did not check ion did not check a box on line 12 c ections A and C. If ons A and D, and c zations	Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 of Part I. If you che f you checked box omplete Part V.)	on line 14, and lin ifies as a publicly on line 14 or line 1 qualifies as a publ 19a, or 19b, check ecked box 12a, of 12c, of Part I, con e organization's go	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org this box and see Part I, complete mplete Sections A	n 33 1/3%, and li zation s more than 33 1 ganization : instructions Schedule A Sections A and E b, D, and E. If yo	 /3% and (Form 3. If you u check	s not d line : 990) Pau check	2023 age 4				
19a b 20 Schee Par	Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If th not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete Section ction A. All Supporting Organization Are all of the organization's supported	2022 Schedule A, organization did i d stop here. The e organization did x and stop here. ion did not check ion did not check a box on line 12 c ections A and C. If ons A and D, and c zations	Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 of Part I. If you che f you checked box omplete Part V.)	on line 14, and lin ifies as a publicly on line 14 or line 1 qualifies as a publ 19a, or 19b, check ecked box 12a, of 12c, of Part I, con e organization's go	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org this box and see Part I, complete mplete Sections A	n 33 1/3%, and li zation s more than 33 1 ganization : instructions Schedule A Sections A and E b, D, and E. If yo	 /3% and (Form 3. If you u check	s not d line : 990) Pau check	2023 age 4				
19a b 20 Schee Par	Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section State Section A. All Supporting Organis Are all of the organization's supported If "No," describe in Part VI how the section of the designation. If historic all Did the organization have any support	2022 Schedule A, organization did i d stop here. The le organization did x and stop here. ion did not check ion did not check a box on line 12 of ections A and C. If ms A and D, and of zations d organizations list supported organiza- ind continuing relations ted organization til	Part III, line 17 . not check the box organization qual not check a box The organization of a box on line 14, Page 4 of Part I. If you ch f you checked box omplete Part V.) eed by name in the ations are designationship, explain. hat does not have	on line 14, and lin ifies as a publicly on line 14 or line 1 qualifies as a publ 19a, or 19b, check ecked box 12a, of 12c, of Part I, con e organization's go ted. If designated an IRS determina	ne 15 is more tha supported organiz 19a, and line 16 is icly supported orgonates this box and see Part I, complete mplete Sections A overning documer by class or purport ation of status und	n 33 1/3%, and li zation s more than 33 1 ganization : instructions Schedule A Sections A and E , D, and E. If yo hts? sse, der section		s not d line : 990) Pau check	2023 age 4				
19a b 20 Schee Par Se 1	Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete S 2d, of Part I, complete S 3d, of Part I, complete S 2d, of Part I, complete S 3d, of Part I, complete	2022 Schedule A, organization did i d stop here. The le organization did x and stop here. ion did not check ion did not check a box on line 12 of ections A and C. If ms A and D, and of zations d organizations list supported organiza- ind continuing relations ted organization til	Part III, line 17 . not check the box organization qual not check a box The organization of a box on line 14, Page 4 of Part I. If you ch f you checked box omplete Part V.) eed by name in the ations are designationship, explain. hat does not have	on line 14, and lin ifies as a publicly on line 14 or line 1 qualifies as a publ 19a, or 19b, check ecked box 12a, of 12c, of Part I, con e organization's go ted. If designated an IRS determina	ne 15 is more tha supported organiz 19a, and line 16 is icly supported orgonates this box and see Part I, complete mplete Sections A overning documer by class or purport ation of status und	n 33 1/3%, and li zation s more than 33 1 ganization : instructions Schedule A Sections A and E , D, and E. If yo hts? sse, der section		s not d line : 990) Pau check	2023 age 4				
19a b 20 Sche Par 1 2	Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section Extension A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in described in section 509(a)(1) or (2).	2022 Schedule A, organization did i d stop here. The e organization did x and stop here. ion did not check d not check supported not check d organizations list supported organizations the continuing relation ted organization the Part VI how the continuing the c	Part III, line 17 . not check the box organization qual not check a box The organization of a box on line 14, Page 4 of Part I. If you ch f you checked box omplete Part V.) red by name in the ations are designal tionship, explain. hat does not have	on line 14, and lin ifies as a publicly qualifies as a publ 19a, or 19b, check ecked box 12a, of 12c, of Part I, con e organization's go ted. If designated an IRS determina mined that the su	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org this box and see Part I, complete mplete Sections A overning documer by class or purported ation of status und ported organizat	n 33 1/3%, and li zation s more than 33 1 ganization instructions Schedule A Sections A and E , D, and E. If yo hts? sse, der section ion was		s not d line : 990) Pau check	2023 age 4				
19a b 20 Schee Par Se 1	Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this boy Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section ection A. All Supporting Organization If "No," describe in Part VI how the sides describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in described in section 509(a)(1) or (2). Did the organization have a supported Did the organization have a supported Did the organization have a supported Supported in section 509(a)(1) or (2).	2022 Schedule A, organization did i d stop here. The e organization did x and stop here. ion did not check d not check supported not check d organizations list supported organizations the continuing relation ted organization the Part VI how the continuing the c	Part III, line 17 . not check the box organization qual not check a box The organization of a box on line 14, Page 4 of Part I. If you ch f you checked box omplete Part V.) red by name in the ations are designal tionship, explain. hat does not have	on line 14, and lin ifies as a publicly qualifies as a publ 19a, or 19b, check ecked box 12a, of 12c, of Part I, con e organization's go ted. If designated an IRS determina mined that the su	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org this box and see Part I, complete mplete Sections A overning documer by class or purported ation of status und ported organizat	n 33 1/3%, and li zation s more than 33 1 ganization instructions Schedule A Sections A and E , D, and E. If yo hts? sse, der section ion was) /3% and) (Form 3. If you u check	s not d line : 990) Pau check	2023 age 4				
19a b 20 Schee Par 1 2 3a	Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked (Complete only if you checked (2022 Schedule A, organization did i d stop here. The e organization did x and stop here. ion did not check ion did not check a box on line 12 c ections A and C. If ns A and D, and c zations d organizations list supported organization ted organization to Part VI how the c d organization des	Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 Page 4 of Part I. If you ch f you checked box omplete Part V.) red by name in the ations are designations tionship, explain. hat does not have organization detert	on line 14, and lin ifies as a publicly qualifies as a publ 19a, or 19b, check ecked box 12a, of 12c, of Part I, con e organization's go ted. If designated an IRS determina mined that the su	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org this box and see Part I, complete mplete Sections A overning documer by class or purported ation of status und ported organizat (6)? If "Yes," ansi	n 33 1/3%, and li zation s more than 33 1 ganization : instructions Schedule A Sections A and E Sections A and E , D, and E. If yo ots? ose, der section ion was wer lines 3b and		s not d line : 990) Pau check	2023 age 4				
19a b 20 Sche Par 1 2	Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this boy Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section ection A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the section 509(a)(1) or (2)? If "Yes," explain in described in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that eac	2022 Schedule A, organization did i d stop here. The e organization did x and stop here. ion did not check ion did not check a box on line 12 of ections A and C. If ons A and D, and of zations d organizations list supported organization the Part VI how the of d organization des h supported organ	Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 of Part I. If you ch f you checked box omplete Part V.) eed by name in the ations are designation tionship, explain. hat does not have organization determ cribed in section 5	on line 14, and lin ifies as a publicly qualifies as a publ 19a, or 19b, check ecked box 12a, of 12c, of Part I, con e organization's go ted. If designated an IRS determina mined that the su, 501(c)(4), (5), or	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org this box and see at this box and see a this box and	n 33 1/3%, and li zation s more than 33 1 ganization instructions Schedule A Sections A and E Sections A and E D, D, and E. If yo ats? Dse, der section ion was wer lines 3b and and satisfied) /3% and) (Form 3. If you u check	s not d line : 990) Pau check	2023 age 4				
19a b 20 Schee Par 1 2 3a	Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked (Complete only if you checked (2022 Schedule A, organization did i d stop here. The e organization did x and stop here. ion did not check ion did not check a box on line 12 of ections A and C. If ons A and D, and of zations d organizations list supported organization the Part VI how the of d organization des h supported organ	Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 of Part I. If you ch f you checked box omplete Part V.) eed by name in the ations are designation tionship, explain. hat does not have organization determ cribed in section 5	on line 14, and lin ifies as a publicly qualifies as a publ 19a, or 19b, check ecked box 12a, of 12c, of Part I, con e organization's go ted. If designated an IRS determina mined that the su, 501(c)(4), (5), or	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org this box and see at this box and see a this box and	n 33 1/3%, and li zation s more than 33 1 ganization instructions Schedule A Sections A and E Sections A and E D, D, and E. If yo ats? Dse, der section ion was wer lines 3b and and satisfied) /3% and) (Form 3. If you u check	s not d line : 990) Pau check	2023 age 4				

12/11/2	24, 10:42 PM Veterans Outreach Center Inc - Full Filing - Nonprofit Explorer - ProPublica			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		<u> </u>
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		
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .			
		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	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.	10-		
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).	10a 10b		
	Schedule A		990)	2023
		(,	2020
	Page 5			
C - h -				_
	dule A (Form 990) 2023		F	Page 5
Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		

- A family member of a person described on 11a above? b
- A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part 11c С VI.

Section B. Type I Supporting Organizations

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

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 Part VI how control or management of the		
		1	

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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	ac	le	6

Schedule A (Form 990) 2023

Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1						
ā	Average monthly value of securities	1a						
t	Average monthly cash balances	1b						
Ċ	: Fair market value of other non-exempt-use assets	1c						
	I Total (add lines 1a, 1b, and 1c)	1d						

https://projects.propublica.org/nonprofits/organizations/161137379/202442769349300439/full

Ĩ	Discount claimed for blockage or other factors (explain in detail in Part VI):			
	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		
3	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
L	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
1	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. 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 suppo	orting organization (see

– Page 7

Schedule A (Form 990) 2023

chedule A (Form 990) 2023 Part V Type III Non-Functionally Integrate	d 500(a)(3) Supporting	Organizations (CO	ntinued)	Pag
Section D - Distributions		Organizations (con	icinaca)	Current Year
1 Amounts paid to supported organizations to accomplis	h exempt purposes		1	
 Amounts paid to perform activity that directly furthers excess of income from activity 		l organizations, in	2	
3 Administrative expenses paid to accomplish exempt put	rposes of supported organizati	ions	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructi	ons		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to w details in Part VI). 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) Underdistribution Pre-2023	ns	(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 <i>explain in Part VI</i>). See instructions.				
3 Excess distributions carryover, if any, to 2023:				
a From 2018				
b From 2019				
c From 2020				
d From 2021				
e From 2022.				
f Total of lines 3a through eg Applied to underdistributions of prior years	-			
 b Applied to 2023 distributions of prior years 				
Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2023 from Section D, line 7: \$				

https://projects.propublica.org/nonprofits/organizations/161137379/202442769349300439/full

b Applied to 2023 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 		
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
7 Excess distributions carryover to 2024. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2019		
b Excess from 2020		
c Excess from 2021		
d Excess from 2022		
e Excess from 2023.		
	Sch	nedule A (Form 990) (2023)

Page 8 -

Schedule A (Form 990) 2023

Page **8**

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

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part III, Line 12, Explanation of Other Income:	Miscellaneous Income From Related Activities

Schedule A (Form 990) 2023

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visual Render	Objectld: 202442769349300439 - Submission: 2024-10-02		TIN: 16-1137379
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	 Attach to Form 990, 990-EZ, or 990-PF. Go to <u>www.irs.gov/Form990</u> for the latest information. 		2023
Name of the organization Veterans Outreach Center Ind		Employer id	entification number
		16-1137379	
Organization type (check	one):		
Filers of:	Section:		
Form 990 or 990-EZ	□ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private four	Idation	
	□ 527 political organization		
Form 990-PF	\Box 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on	
	501(c)(3) taxable private foundation		

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

General Rule

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

Special Rules

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

Page 2

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

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

Cat. No. 30613X

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Page 2

Name of organization Notestane Outroach Contex Tage https://projects.propublica.org/nonprofits/organizations/161137379/202442769349300439/full

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

– Page 3 –

Schedule I	3 (Form 990) (2023)		Page 3	
Name of organization Veterans Outreach Center Inc		Employer identification number		
veterans of		16-1137379		
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	

https://projects.propublica.org/nonprofits/organizations/161137379/202442769349300439/full

12/11/24, 10:	:42 PM	Veterans Outreach Center Inc - Full Filin	g - Nonprofit Explorer - ProPubl	lica
-			\$_	
(a)	(1)		(c)	(-1)
No. from	(b) Description of noncas	h property given	FMV (or estimate)	(d) Date received
Part I			(See instructions)	
-			\$	
(a) No. from	(b)		(c) FMV (or estimate)	(d)
Part I	Description of noncas	n property given	(See instructions)	Date received
			\$	
-				
(a)	(b)		(c)	(d)
No. from Part I	Description of noncas	n property given	FMV (or estimate) (See instructions)	Date received
-			\$	
(a)			(c)	(D)
No. from	(b) Description of noncas	n property given	FMV (or estimate)	(d) Date received
Part I		1 1 3 3	(See instructions)	
-			\$	
(a) No. from	(b)		(c) FMV (or estimate)	(d)
Part I	Description of noncas	n property given	(See instructions)	Date received
			\$	
-			<u> </u>	
				Schedule B (Form 990) (2023)
		Page 4		
	B (Form 990) (2023) rganization		Employer ide	Page 4
	Dutreach Center Inc			
Part III	Exclusively religious, charitable, etc., co	ntributions to organizations desc	16-1137379	(8), or (10) that total more
	than \$1,000 for the year from any one co	ntributor. Complete columns (a) t	through (e) and the followi	ng line entry. For
	organizations completing Part III, enter the year. (Enter this information once. See in	structions.) * \$	charitable, etc., contributio	ns of \$1,000 or less for the
	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) Descr	iption of how gift is held
-				
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor	to transforce
	Transferee's name, address, and			
(a)			() -	
No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held
				_
-				
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor	to transferee
(a)	(b) Burnage of gift	(a) Lion of gift		intion of how gift is hold

(a) (b) Durness of sift https://projects.propublica.org/nonprofits/organizations/161137379/202442769349300439/full

(d) Decorintian of how sift is hold

2/11/24, 10:42 PM	Vet	erans Outreach Center Inc - Full Filing - Non	profit Explorer - ProPublica
Part I	(b) Fulpose of glit	(c) use of glit	(u) Description of now gift is neither
·	Transferee's name, address, and Z	(e) Transfer of gift	
(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 z	(e) Transfer of gift	
	Transieree's name, address, and z		onship of transferor to transferee
			Schedule B (Form 990) (2023

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visual Render ObjectId: 2024427			ObjectId: 2024427	69349300439 - Submission	: 2024-10-0	2	TIN: 16-1137379
	SCHEDULE D Supplemen			tal Financial Statem	ents		OMB No. 1545-0047
(For	m 990)				2022		
			Part IV, line 6, 7, 8, 9, 1	ganization answered "Yes," on F 0, 11a, 11b, 11c, 11d, 11e, 11f,			
	tment of the Treasury al Revenue Service	► G		Attach to Form 990. <u>990</u> for instructions and the lat	est informatio	n.	Open to Public Inspection
Na	me of the organ				Emp	loyer iden	tification number
vet	erans Outreach Cente	er Inc			16-1	137379	
Pa				sed Funds or Other Similar I		ounts.	
	Comple	te if the orga	anization answered "Ye	s" on Form 990, Part IV, line 6.		(b) Funds a	and other accounts
1	Total number at	end of year .				(2) - and -	
2	Aggregate value	of contributio	ns to (during year)				
3	Aggregate value	of grants fron	n (during year)				
4	Aggregate value	at end of yea	·				
5				rs in writing that the assets held in clusive legal control?		unds are th	e 🗌 Yes 🗌 No
6	charitable purpo	ses and not for	or the benefit of the donor	nor advisors in writing that grant fu or donor advisor, or for any other p	ourpose conferri		ssible 🗌 Yes 🗌 No
Ра		vation Eas					
-				s" on Form 990, Part IV, line 7.			
1			, .	nization (check all that apply).	ion of an histori	cally impor	tant land area
	\frown		public use (e.g., recreatior	,		, ,	
	\Box	of natural hat			ion of a certified	a historic st	ructure
2		on of open spa 2a through 2d		qualified conservation contribution	in the form of a	conservativ	on.
2	easement on the						the End of the Year
а	Total number of	conservation	easements		2a		
b	Total acreage res	stricted by cor	nservation easements		2b		
С				c structure included in (a)			
d			nents included in (c) acqui National Register	red after July 25, 2006, and not on	a 2d		
3	Number of constax year >	ervation ease	ments modified, transferre	d, released, extinguished, or termir	nated by the org	janization d	uring the
4	Number of state	s where prope	erty subject to conservatio	n easement is located 🕨			
5				ne periodic monitoring, inspection, h			🗌 Yes 🗌 No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	ting, handling of violations, and en	forcing conserva		
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enforcin	g conservation	easements	during the year
8	·	ervation easer		above satisfy the requirements of s	section 170(h)(/	4)(B)(i)	
	and section 170	(h)(4)(B)(ii)?		ervation easements in its revenue a	• •	(Yes No
9	balance sheet, a	and include, if		footnote to the organization's finan			
Par				of Art, Historical Treasures, s" on Form 990, Part IV, line 8.	or Other Sir	nilar Ass	ets.
1a	If the organizati historical treasu	on elected, as res, or other s	permitted under FASB AS similar assets held for publ	C 958, not to report in its revenue lic exhibition, education, or research ents that describes these items.			
b	If the organizati historical treasu	on elected, as res, or other s	permitted under FASB AS similar assets held for publ	C 958, to report in its revenue state ic exhibition, education, or research	ement and bala n in furtherance	nce sheet w of public se	vorks of art, ervice, provide the
(following amour (i) Revenue includ	-				▶\$	
	. ,					·	
2	If the organizati	on received o	r held works of art, historic	cal treasures, or other similar asset: ASC 958 relating to these items:			the
а	-	-				. 🕨 \$	
b	Assets included	in Form 990,	Part X			▶\$	
For				ns for Form 990.			lule D (Form 990) 2022

			Page 2 ———			
Caba	dula D. (Farm 000) 2022		-			
	dule D (Form 990) 2022 t III Organizations Maintaining Col	lactions of Art	Historical Tra		r Othor Similar A	Page 2
<u>9</u> 3	Using the organization's acquisition, accession					
5	items (check all that apply):	i, and other record.	s, check any of the	Tonowing		
а	Public exhibition		d 🗌 La	oan or exch	ange programs	
b			e 🗌 Oi	ther		
-	Scholarly research					
с	Preservation for future generations					
4	Provide a description of the organization's col Part XIII.	lections and explair	n how they further	the organiz	zation's exempt purpo	ose in
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to					🗌 Yes 🗌 No
Pa	rt IV Escrow and Custodial Arrange Complete if the organization ansv line 21.		orm 990, Part IV,	, line 9, oi	r reported an amou	
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?					🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII	and complete the f	following table:		A	Amount
с	Beginning balance	•	-		1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21, for escrow or	custodial a	account liability?	🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the	explanation has be	en provide	d in Part XIII	
Pa	rt V Endowment Funds.					
	Complete if the organization answ					
1a	Beginning of year balance	(a) Current year	(b) Prior year	(c) 1wo y	years back (d) Three ye	ears back (e) Four years back
	Contributions					
	Net investment earnings, gains, and losses					
	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					
2 a	Provide the estimated percentage of the curre Board designated or quasi-endowment	ent year end balanc	e (line 1g, column	(a)) held a	as:	
b	Permanent endowment 🕨					
с	Term endowment b The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.				
3a	Are there endowment funds not in the posses organization by:	sion of the organiza	ation that are held	and admin	istered for the	Yes No
	(i) Unrelated organizations					3a(i)
•	(ii) Related organizations					3a(ii)
ь 4	If "Yes" on 3a(ii), are the related organization Describe in Part XIII the intended uses of the	•				. 3b
-	rt VI Land, Buildings, and Equipme	-				
	Complete if the organization answ		orm 990, Part IV,			rt X, line 10.
	Description of property (a) Cost or oth (investme		st or other basis (othe	er) (c) Aco	cumulated depreciation	(d) Book value
1a	Land		32,2	298		32,298
b	Buildings		11,663,4	139	2,088,976	9,574,463
	Leasehold improvements		285,6	511	266,570	19,041
d	Equipment	1	194,9	999	49,494	145,505
е	Other		208,8	359	21,400	187,459
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Pa	rt X, column (B), li	ine 10(c).)	🕨	9,958,766

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

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

Part X **Other Liabilities.**

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

1.

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	

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

— Page 4 —

Schedule D (Form 990) 2022

T

Schedule D (Form 990) 2022			Page 4				
	Audited Financial Statements With Revenue per ered 'Yes' on Form 990, Part IV, line 12a.	Return.					
	dited financial statements	1	4,993,501				
2 Amounts included on line 1 but not on Form 99	0, Part VIII, line 12:						
a Net unrealized gains (losses) on investments	2a 94,7	28					
b Donated services and use of facilities	2b						
c Recoveries of prior year grants	2c						
d Other (Describe in Part XIII.)	2d						
e Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · · 	2e	94,728				
Subtract line 2e from line 1		3	4,898,773				
4 Amounts included on Form 990, Part VIII, line	12, but not on line 1 :						
a Investment expenses not included on Form 990	0, Part VIII, line 7b . 4a 8,7	14					
b Other (Describe in Part XIII.)		82					
c Add lines 4a and 4b		4c	-31,268				
5 Total revenue. Add lines 3 and 4c. (This must e	equal Form 990, Part I, line 12.)	5	4,867,505				
	Audited Financial Statements With Expenses per ered 'Yes' on Form 990, Part IV, line 12a.	er Return.					
	statements	1	4,212,448				
Amounts included on line 1 but not on Form 99	0, Part IX, line 25:						
a Donated services and use of facilities	2a						
b Prior year adjustments	2b						
c Other losses	2c						
d Other (Describe in Part XIII.)	2d 39,9	82					
e Add lines 2a through 2d		2e	39,982				
Subtract line 2e from line 1		3	4,172,466				
Amounts included on Form 990, Part IX, line 25	5, but not on line 1:						
a Investment expenses not included on Form 990	0, Part VIII, line 7b 4a 8,7	14					
b Other (Describe in Part XIII.)	4b						
c Add lines 4a and 4b		4c	8,714				
5 Total expenses. Add lines 3 and 4c. (This must	equal Form 990, Part I, line 18.)	5	4,181,180				
Part XIII Supplemental Information		·					
	5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F complete this part to provide any additional information.	art V, line 4; Par	t X, line 2; Part XI,				
Return Reference	Explanation	1					
art XI, Line 4b - Other Adjustments:	Direct Fundraising Expenses -39,982.						
Part XII, Line 2d - Other Adjustments:	Direct Fundraising Expenses 39,982.						

Schedule D (Form 990) 2022

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visual R	ender	ObjectId: 202	244276	934930	0439 - Submission	: 2024-10-02	TIN: 16-1137379
SCHEDULE G		Supple	ment	al Inf	ormation Rega	ardina	OMB No. 1545-0047
(Form 990)					Gaming Activi	-	2023
	Co				on Form 990, Part IV, lines n \$15,000 on Form 990-EZ,		
Department of the Treasury Internal Revenue Service			► Atta	ch to Form	990 or Form 990-EZ.		Open to Public Inspection
Name of the organization		Go to www.	irs.gov/Fo	rm990 for	instructions and the latest i		r identification number
Veterans Outreach Center	Inc					16-11373	
Part I Fundraisin	a Activit	ties Complete if	the ora:	anization	answered "Yes" on F		
	-	re not required t	-			orni 550, raičiv, in	
1 Indicate whether the	e organizat	tion raised funds th	irough an	y of the f	ollowing activities. Check	< all that apply.	
a 🗌 Mail solicitations					e 🗌 Solicitation of nor	n-government grants	
b 🗌 Internet and ema	ail solicitat	ions		1	f 🗌 Solicitation of gov	vernment grants	
c Phone solicitation	าร			g	g 🗌 Special fundraisir	ig events	
d 🗌 In-person solicita	itions						
					vidual (including officers on with professional fund		
ы If "Yes," list the 10 h	nighest pai	id individuals or en	, tities (fur		pursuant to agreements	3	」Yes □ No Iraiser is
to be compensated a	at least \$5	,000 by the organi	zation.				
(i) Name and address of in or entity (fundraise		(ii) Activity) Did iser have	(iv) Gross receipts from activity	(v) Amount paid t (or retained by)	o (vi) Amount paid to (or retained by)
or entity (rundraise	')		cust	ody or	nom activity	fundraiser listed in	
				trol of outions?		col. (i)	
			Yes	No			
							<u> </u>
Total							
3 List all states in which licensing.	the organ	ization is registered	d or licen	sed to sol	icit contributions or has	been notified it is exer	npt from registration or
	==========						
For Paperwork Reduction A	ct Notice, s	see the Instructions	for Form	990 or 99	0-EZ. Cat. No	. 50083H	Schedule G (Form 990) 2023
	·						· · · ·
				— Ра	age 2		
Schedule G (Form 990) 20 Part II Fundraisin		s Complete if th	A Oraso	ization	answered "Ves" on For	m 990 Part IV line	Page 2 e 18, or reported more
than \$15,0	00 of fun						nd 6b. List events with
91033 18681	gio great	e. chan \$5,000.					

		(a)Event #1 Stars & Stripes Celebration (event type)	(b) Event #2 Golf Tournament (event type)	(c)Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue					
	1 Gross receipts	300,244	89,833	42,088	432,16
	2 Less: Contributions	193,645	63,141	36,201	292,98
	3 Gross income (line 1 minus line 2)	106,599	26,692	5,887	139,17
	4 Cash prizes				
n B	5 Noncash prizes	591	1,711	772	3,07
ñ	6 Rent/facility costs	41,585	13,036		54,62
ŝ	7 Food and beverages	59,923	11,945	13	71,88
5	8 Entertainment	4,550		6,550	11,10
-	9 Other direct expenses	9,293	4,054	6,165	19,5
	10 Direct expense summary. Add lines 4 t				160,18
	11 Net income summary. Subtract line 10	from line 3, column (d)		🕨	-21,01
Part	Gaming. Complete if the organ	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	
	Gaming. Complete if the organ on Form 990-EZ, line 6a.	anization answered "Ye (a) Bingo	s" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo	V, line 19, or reported (c) Other gaming	more than \$15,000
Aevenue	 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue		(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add co
Revelue	on Form 990-EZ, line 6a.		(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add co
Revenue	on Form 990-EZ, line 6a. 1 Gross revenue		(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add co
Exherises Keverue	on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes		(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add co
	on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes		(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add co
	on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes		(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add co
Direct Experises Revenue	on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	more than \$15,000 (d) Total gaming (add co
	on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	more than \$15,000 (d) Total gaming (add c

b	If "No," explain:		
]
	a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	🗌 Yes 🗌 No	
b	If "Yes," explain:		
			-

Schedule G (Form 990) 2023

Sche	dule G (Form 990) 2023						F	Page 3
11	Does the organization conduct ga	aming activities with nonmembers	s?			🗌 Yes		
12	Is the organization a grantor, ber formed to administer charitable of		member of a partnership or other e	ntity 		□ Yes		
13	Indicate the percentage of gamir	g activity conducted in:				_ 1e3		
а	The organization's facility .				13a			%
b	An outside facility				13b			%
14	Enter the name and address of the	e person who prepares the organ	nization's gaming/special events boo	ks and r	ecords:			
	Name 🕨							
15a b	Does the organization have a cor revenue?	ntract with a third party from who	om the organization receives gaming 					
	amount of gaming revenue retain		<u> </u>					
С	If "Yes," enter name and address	of the third party:						
	Name 🕨 🛛							
	Address 🕨							
16	Gaming manager information: Name Gaming manager compensation							
	Description of services provided							
	Director/officer	Employee	Independent contract	or				
17 a b	retain the state gaming license?	s required under state law distribu	uted to other exempt organizations o			C Yes	🗆 No	
Par			ions required by Part I, line 2b, licable. Also provide any additio					s.
	Return Reference		Explanation					
				Sched	ule G (Fo	orm 990) 2	023	

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visual Re		tld: 20244276					hen printing			TIN: 16-1137379	
Department of the Treasury Internal Revenue Service	un content or	content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 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.									
Name of the organization Veterans Outreach Center II	nc								nployer identifie	cation number	
Part I General Inf	ormation on (Grants and Assis	stance					1	5-1137379		
 Does the organization the selection criteria Describe in Part IV th 	used to award the	grants or assistant	e?		• • • •		ity for the grants or assista	nce, and		🗌 Yes 🛛 Vo	
		to Domestic Orga . Part II can be dup				nts. Complete if the	organization answered "Ye	es" on Form 9	90, Part IV, line	21, for any recipient	
(a) Name and address organization or government	of (b) E		section licable)	(d) Amount gran		(e) Amount of no cash assistance	n- (f) Method of valuatio (book, FMV, appraisal other)		escription of sh assistance	(h) Purpose of grant or assistance	
1)											
2)											
3)											
4)											
5)											
6)											
7)											
8)											
9)											
10)											
11)											
12)											
2 Enter total number of			-						. •		
3 Enter total number of for Paperwork Reduction Act						Cat. No. 50				nedule I (Form 990) 2023	
			- Page	e 2				_			
chedule I (Form 990) 2023	3		ruge							Page 2	
Part III Grants and O	ther Assistance	to Domestic Indivitional space is need		mplete if the org	anization a	answered "Yes" on F	orm 990, Part IV, line 22.			Fage Z	
(a) Type of grant or		(b) Numbe recipient	r of	(c) Amou cash gra		(d) Amount of noncash assistance	e Method of valuation FMV, appraisal, oth		(f) Description	of noncash assistance	
(1) Rental assistance, gift funds, laundry detergent,	cards, emergence	y 1	33	89,071	1						
1)											
2)											
3)											
4)											
5)											
6)											
7)											
	ental Informa	tion. Provide the	informati	on required in	Part I, lir	ne 2; Part III, colu	Imn (b); and any other	additional ir	formation.		
leturn Reference	Explan										
art I, Line 2:	Outreac training commun provided	h Center's program for the agency a Tr hity case manager, I d food, clothing, and	s and servic auma-Infor hey serve a hygiene s	ces. VOC's Behav med approach to as crisis interven upplies to vetera	vioral Healt all the wo tion and o ns nearly to ess Cente	th Program: Is dedic ork the VOC conduct utreach specialists a 3,578 times. The VC r 999 times in 2023	s. Currently staffed by a N nd are focused on suicide p C has opened a Fitness Ce A component of VOC's Bel	Western NY v YS State licen prevention and nter, providing havioral Healt	veteran commun sed mental hea d awareness. Vo g free weights, h Program is th	nity, as well as modeling and lth counselor and an experier OC's Quartermaster program exercise, elliptical machines a e Morale Center. In 2023, the	
	followin Hydro n	g services were offe hassage, Free Laund	red: Peer S Iry Facilities	Support & Substa s, Reiki Therapy,	Chess Clu	b, Barber & Salon S		s, Outdoor /		ecreation, Massage Therapy, Id behavioral health support i	

Return to Form

Software ID: Software Version:

efile Public Visua	Render ObjectId: 2024427	69349	300439 - Submission: 2024-10	0-02	TIN: 16	-1137	379		
chedule J	Compensation Information						0047		
orm 990)	Co	mpensa	rustees, Key Employees, and High ated Employees		20	122			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.								
partment of the Treasury Innal Revenue Service			instructions and the latest inform	ation.	Open t	to Pul			
lame of the organiza			1	Employer identi					
eterans Outreach Cente	er Inc			16-1137379					
Part I Questio	ons Regarding Compensation								
				_		Yes	No		
Check the appro 990, Part VII, Se	piate box(es) if the organization provide ection A, line 1a. Complete Part III to pr	ed any of ovide an	f the following to or for a person listed y relevant information regarding these	on Form items.					
	or charter travel		Housing allowance or residence for p						
0	companions		Payments for business use of person						
0	ification and gross-up payments		Health or social club dues or initiation						
 Discretion 	ary spending account		Personal services (e.g., maid, chauffe	eur, cher)					
If any of the box reimbursement	kes on Line 1a are checked, did the orga or provision of all of the expenses descri	nization bed abo	follow a written policy regarding paym ve? If "No," complete Part III to explai	ient or n	· 1b				
Did the organiza	tion require substantiation prior to reim es, officers, including the CEO/Executive	bursing	or allowing expenses incurred by all	1-2	2				
unectors, truste	es, oncers, including the CLO/Executive	Directo	i, regarding the items thetted on the	18:					
Indicate which,	if any, of the following the filing organiza	ation use	d to establish the compensation of the	9					
organization's C used by a relate	EO/Executive Director. Check all that ap d organization to establish compensation	ply. Do r n of the	ot check any boxes for methods CEO/Executive Director, but explain in	Part III.					
Compensa	ation committee	<	Written employment contract						
Independe	ent compensation consultant		Compensation survey or study						
Form 990	of other organizations	<	Approval by the board or compensati	on committee					
During the year, related organiza	did any person listed on Form 990, Part tion:	VII, Se	ction A, line 1a, with respect to the fili	ng organization o	ra				
Receive a sever	ance payment or change-of-control payn	nent?.			4a		No		
	receive payment from, a supplemental				4b		No		
Participate in, or	receive payment from, an equity-based	l comper	nsation arrangement?		4c		No		
If "Yes" to any o	f lines 4a-c, list the persons and provide	the app	licable amounts for each item in Part	III.					
), 501(c)(4), and 501(c)(29) organi								
For persons liste compensation co	ed on Form 990, Part VII, Section A, line ontingent on the revenues of:	1a, did	the organization pay or accrue any						
a The organizatior	1?				5a		No		
b Any related orga	inization?				5b		No		
If "Yes," on line	5a or 5b, describe in Part III.								
	ed on Form 990, Part VII, Section A, line ontingent on the net earnings of:	1a, did	the organization pay or accrue any						
The organization	1?				6a		No		
Any related orga	anization?	• •			6b		No		
If "Yes," on line	6a or 6b, describe in Part III.								
	ed on Form 990, Part VII, Section A, line escribed in lines 5 and 6? If "Yes," descri				7		No		
Were any amoun subject to the in in Part III .	nts reported on Form 990, Part VII, paid itial contract exception described in Reg	or accu ulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," des	cribe					
		• •			8		No		
If "Yes" on line 8 53.4958-6(c)? .	3, did the organization also follow the re				n 9				
JJJJ0-0(C)? .	ction Act Notice, see the Instruction		orm 990. Cat. No. 50		Jle J (Form		L		

— Page 2 —

Schedule J (Form 990) 2023 Page **2** Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC (F) Compensation in (A) Name and Title (C) Retirement (D) Nontaxable (E) Total of and other columns (B)(i)-(D) benefits deferred column (B) (i) Base (ii) (iii) Other compensation reported as Bonus & incentive reportable compensation compensation deferred on prior Form 990 compensation 1 Laura Heltz Executive Director 162,953 (i) 0 0 0 467 163,420 0 ----- - -----(ii) 0 0 0 0 ------ - - -0

Т

		Image: second	Image: state of the state	Image: state of the state

Schedule J (Form 990) 2023

— Page 3 –

Schedule J (Form 990) 2023	Page 3			
Part III Supplemental Infe	ormation			
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information				
Return Reference	Explanation			
Part I, Line 3	The compensation of the Organization's Executive Director is set by using benchmark data for similar positions in the region and is approved by the Executive Committee. The compensation of the Organization's top management officials and other key employees is approved by the Executive Director			

Schedule J (Form 990) 2023

Return to Form

Additional Data

Software ID: Software Version:

efile Public Visual	Render	ObjectId: 202442769349300439 - Submission: 2024-10-	·02 TI	N: 16-1137379
SCHEDULE O (Form 990) Department of the Treasury		pplemental Information to Form 990 or 990 complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	D-EZ	1545-0047 2023 Deen to Public
Internal Revenue Service		Go to <u>www.irs.gov/Form990</u> for the latest information.		Inspection
Name of the organization	า	Er	nployer identificat	ion number

Name of the organization Veterans Outreach Center Inc

	16-1137379
Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The 990 is reviewed by the Treasurer and is made available to the full Board of Directors upon request.
Form 990, Part VI, Section B, line 12c	The Organization provides each officer and director with the conflict of interest policy when they are elected. The policy and declaration is reviewed and signed by all on an annual basis. If a potential conflict with any officer or director arises, the organization follows the conflict of interest policy and documents that detail in meeting minutes.
Form 990, Part VI, Section B, line 15	The compensation of the Organization's Executive Director is set by using benchmark data for similar positions in the region and is approved by the Executive Committee. The compensation of the Organization's top management officials and other key employees is approved by the Executive Director.
Form 990, Part VI, Section C, line 19	Governing documents, conflict of interest policy, and financial statements are made available upon request.
For Paperwork Redu	ction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990) 2023

Additional Data

Return to Form

Software ID: Software Version: