4 Form 990-EZ

## **Short Form**

## **Return of Organization Exempt From Income Tax**

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

2020

OMB No 1545-0047

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

Open to Public Inspection

Inter	nal Reve	nue Service	► Go to wv	vw.irs.gov/Fo	rm990EZ for ins	tructions and	the la	test inforr	nation. 人	<u> </u>		
A F	For the 2020 calendar year, or tax year beginning , 2020, and ending							<u>-</u>				
В	Check if a	pplicable	C Name of organization			ıl			D Em	oloyer ic	dentification number	
	Address o	change	DISABLED	AMER.	VETERA.	15 #3	LA	JARA	EIN	-22-	-7093822	
	Name cha	ange	Number and street (or P (	D box if mail is i	not delivered to stre			Room/suite		phone r		
	Initial retu	urn		UNTY I		عربد	-	$\cap$			8 9838	
	Final retur	rn/terminated	City or town, state or prov			•		-C-1				
$\sqcup$	Amended	i retum	ALAMOSA	vince, country, a	8/101	ostai code					emption	
<u> </u>	Application	on pending		<u> </u>						mber		
G A	Accoun	ting Method	☐ Cash ☐ Accru	al Other (sp	ecify) 🕨				H Check	▶ □	if the organization is <b>not</b>	
	Vebsite			~ /					require	d to at	tach Schedule B	
JT	ax-exen	mpt status (che	eck only one) - 2 501(c	501(0	e) ( ) ◀ (ınser	t no ) 🔲 4947(	a)(1) or	<u></u> □527	(Form !	990, 99	0-EZ, or 990-PF).	
KF	orm of	forganization	☐ Corporation	Trust	Associa	ation 🔲 O	ther					
LA	dd line	s 5b, 6c, and	7b to line 9 to determin	e gross receip	ts. If gross recei	pts are \$200,00	00 or n	nore, or if t	otal assets	;		
			500,000 or more, file Fe							▶ 4		
_	art I		e, Expenses, and				alanci	àc (see t	he instri	ctions	s for Part I) 2	
	ar c r	Chook if	the organization us	od Sobodule	O to room	05	ation (	n thu Da		CHOIL	sion artij 🝱	
-						storary ques	SUON	n inis Pa	rii	<del></del>		20
?	1	Contributio	ons, gifts, grants, and	sımılar amo	unts received.	וֹלְחֵיל בּ				1	907,00 2000-	
?	2	Program se	ervice revenue includ	ing governm	ent fees and c	antigagts(UC.				2		
?	3	Membersh	ip dues and assessminome	ent:	./ . DE	· · · <u>.</u> .	, nee	ff. / ·		3	469.00	
?	4	Investment	income		/	em entity	( DEL	<b>`.</b> /		4	6.40	
	5a	Gross amo	unt from sale of asse	ets c	ven gerell	ED ELL	5a	/ -6	<b>L</b>			
	b	Less: cost	or other basis and sa	ales expense	e · · Wear.		5b	/ -02		7	-91	
	c	Gain or (los	ss) from sale of asset	s other than	inventory subt	ract line 5b f	romatur	ne 5a)	• , •	.5c	2475.90	
	6		d fundraising events:		mirormony (odpo			.o ou, .		1	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	1	_	ome from gaming		adula C if ar	rooter than						
_0,	а	\$15,000) .			edule G ii gi	eater than	ا ما	A	<u> </u>			
H=2883e	١.					<u> </u>	6a		•	<b>↓</b> *		
က္ဆို	b		me from fundraising			-6	<u> </u>	f contribu	itions 📉		_	
<b>70</b>			aising events reporte					_		.		
€3	ļ	sum of suc	h gross income and	contributions	exceeds \$15,	000)	6b	0	-	.		
	С	Less: direc	t expenses from gam	ning and fund	fraising events	:	6c	Ð	-	1		
NAF	d	Net income	e or (loss) from gam	ing and fund	draising events	(add lines 6	a and	6b and	subtract	1		
_		line 6c) .				`				6d	<b>♦</b>	
SCANNED	7a	Gross sale	s of inventory, less re	turns and all	owances		7a	0	-	<del>  "</del>		
7	b		•				7b	<del></del>		-{ !		
复			-							<del> </del>		
₫,	C		t or (loss) from sales	-	•		•			7c		
S	8		nue (describe in Sche	•						8	2 - 20	
w	9		nue. Add lines 1, 2, 3						<u> ▶</u>	9	2475.90	
	10		sımılar amounts paid							10		
Expenses	11	Benefits pa	ad to or for members							11		
	12	Salaries, of	her compensation, a al fees and other pay	nd employee	benefits 🔞 .			Receive	d in Co	12		
	13	Professiona	al fees and other pay	ments to ind	ependent cont	ractors 🔞 .		IRS.		13		
bel	14		, rent, utilities, and m					11/0.2	03C 0	14		
EX	15	Printing of	iblications, postage,	and chinning			•	. UEC	9.0.202			
2	16	Tatal	nses (describe in Sch	reduie O)						16		
<u></u>	17	lotal expe	nses. Add lines 10 th	rough 16 .	<u> </u>			- Oade	m. Ulsk	17	o har Go	
ts_	18	Excess of (	delicit) for the year (s	ubtract line	r / Irom line 9)					18	1415, 90	
Assets	19		or fund balances at									
<b>\</b> 8		end-of-yea	r figure reported on p	prior year's re	eturn)					19		
Net	20	Other chan	ges in net assets or f	und balance	s (explain ın Sc	hedule O).				20		
ا ¤	21		or fund balances at e			•			_	21	<u>1415.90</u>	
For	Paper		on Act Notice, see the		<del></del>		_	No 10642I			Form <b>990-EZ</b> (2020)	
				-,			- Ju. 1	.5 .50-21			1 JIIII JJU-LE (2020)	

Pa	Still Balance Sheets (see the instructions	for Part II)				-
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			8135,54	22	5/36
23	Land and buildings				23	-0
24	Other assets (describe in Schedule O)				24	D 2
25	Total assets			9125.54	25	7612
26	Total liabilities (describe in Schedule O)			-1	26	-0
27	Net assets or fund balances (line 27 of column			8133.54	27	76128=
Par	III Statement of Program Service Accom			Part III)		10,00
	Check if the organization used Schedule	•		,	•	Expenses
Wha	t is the organization's primary exempt purpose?			SERVICES		uired for section
	ribe the organization's program service accompli					c)(3) and 501(c)(4) hizations, optional for
as n	neasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the	e services provide	d, the number of	other	
28	DONATION TO COLO STAT	E VETERAN	s Commun	44		
	LIVING CENTER - FOR	RESIDENT	USE.			160000
(?,	(Grants \$) If this amount	ıncludes foreign gra	ants check here	▶ □	28a	
29		4Q DELA			<b>20</b> a	-
	Comital party sept	•		•		12616
		•••••••••	••••••			13966
	(Grants \$ ) If this amount	ıncludes foreign gra	ante chook horo		29a	
30	· · · · · · · · · · · · · · · · · · ·			"	298	
30			•••••			
		••••				
	(Grante \$ ) If this amount	unaludaa faraian ar	anto chook hara	······································	20-	
24		includes foreign gra			30a	
31	Other program services (describe in Schedule O)					
20	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	· · · <b>P</b> 📙	31a	700 W
Par	Total program service expenses (add lines 28a t				32	2776-
rar	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule					
	Oneck if the organization used Schedule	To to respond to a	(c) Reportable 2		<del></del>	<u>· · · · ⊔</u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employe	e (e) E	stimated amount of
	(a) Name and title	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			her compensation
	Altaura Dead		(ii flot paid, effter -0-)	delerred compensation	-	
7	NTONIO READ	10	-0	B		0
	Commander				+	
	AMUEL MEDINA	-0	-e)-	1		0
	SZ VICE COMMANDEL				4_	
	AUX Rudder FR VICE Commander	2	0			0
	FR VICE Commander	~				
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	TREASURER	3				
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				•		

Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	mistractions for Fart v./ offeck if the organization used Schedule of to respond to any question in the	3 i ait	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions			X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		/ 7
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		^
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶   37a			
b	Did the organization file Form 1120-POL for this year?	37b		区
88a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		$\dot{\chi}$
ь	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
9 a	Section 501(c)(7) organizations. Enter.  Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
0a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶ ; section 4955 ▶	-		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	_	- <b>X</b>
11	List the states with which a copy of this return is filed   Colora do			
2a	The organization's books are in care of ► TA+ MASCARENAS Telephone no. ► 7/9	` S\$	9 5	34/
h	Located at > 14492 CR 1825. ALAmosa Co. ZIP + 4 > 811	01	<b>V</b>	- N. I.
U	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	Y
	If "Yes," enter the name of the foreign country ▶	720		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? .  If "Yes," enter the name of the foreign country ▶	42c		<u> </u>
3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. )	▶ ┌
	and enter the amount of tax-exempt interest received or accrued during the tax year	6.	20	
4a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
Tu	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~ ~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		<del>^</del> }
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	-	¥
b	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," Form 990 and Schedule R may need to be completed instead of	70a		
	Form 990-EZ. See instructions	45b	<del> </del>	マ

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\									Yes	No	
46	Did t	he organization engage, directly or in	ndirectly, in political c	ampaign activities	on be	ehalf of or	ın oppositi	on			
		undidates for public office? If "Yes," of		, Part I			<u></u>	46	<u> </u>	$\bot X$	
Part \	VI	Section 501(c)(3) Organization								•	
		All section 501(c)(3) organization	s must answer que	stions 47–49b ai	nd 52	, and cor	nplete the	tables	for lin	es	
		50 and 51.				_				_	
		Check if the organization used Sc	hedule O to respond	to any question	in this	Part VI	<u> </u>	<u> </u>		<del>,   </del>	
47	<b>D</b> -1 4			5040) (				_	Yes	No	
47		the organization engage in lobbying ? If "Yes," complete Schedule C, Par					-	1			
40	-	•						47	<del>  -</del> -	<u> </u>	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E										
49a b	Did the organization make any transfers to an exempt non-charitable related organization?										
50		plete this table for the organization's						49b		l kev	
-		oyees) who each received more than									
				1	J	(d) Health b		,			
	(a)	Name and title of each employee	<b>(b)</b> Average hours per week	(c) Reportable compensation		ontributions to		(e) Estimat			
			devoted to position	(Forms W-2/1099-MIS	SC)   Be	nefit plans, a compens		other col	her compensation		
	NF	)									
	<b>/</b>										
		•••••									
	Total	number of other employees paid ov	or \$100,000	<u> </u>							
		plete this table for the organization				ntrootoro	who oooh		moro	than	
31	\$100	,000 of compensation from the organ	nization. If there is no	ne, enter "None."	siit CO	illi actors	WIIO Eacii	received	111016	HILAIT	
		Name and business address of each independ					(a) (	`~~~			
	(a) 		ent contractor	(b) Type of	sei vice		(6)	Compensat	ion		
	NI	4									
	•										
			••••			ŀ					
			<del></del>								
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			<del>-</del> ·								
		•									
d	Total	number of other independent contra	ictors each receiving	over \$100 000		L.			-		
		the organization complete Schedu			aanız:	ations mi	ıst attach	a			
		pleted Schedule A						☐ Yes	: M	No	
		of perjury, I declare that I have examined this r	eturn, including accompany	ving schedules and state	ements.	and to the b	est of my kno		$-\mathcal{F}$		
		d complete Declaration of preparer (other than						J	•		
		Herrida	-								
Sign	_	Signature of officer			Date	-2					
Here	?.	JACK Kud	der			/5	Dec	203	- (		
		Type or print name and title							-		
Paid		Print/Type preparer's name	Preparer's signature	I	Date		Check 🔲	f PTIN			
Prepa	arer		1.				self-employe	d			
Use C		Firm's name	<del></del>		Firm's	EIN ►					
May th	a IDC	Firm's address ► discuss this return with the preparer	shown about? San !	netructions		Phone		□ Ves			
IVIAV LII	C IIIO	Gracuss una return with the DreDater	SHOWE ADDVE! SEE I	OSCILICATORIS				TAS		4O	

Form **990-EZ** (2020)