

Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**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)

▶ **Do not enter social security numbers on this form as it may be made public.**  
 ▶ **Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-1150  
**2016**  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017**

- B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
 DISABLED AMERICAN VETERAN CHAPTER 20

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
 4896 KEMPSVILLE GREEN PARKWAY

City or town, state or province, country, and ZIP or foreign postal code  
 VIRGINIA BEACH, VA 23462

**D** Employer identification number  
 23-7110107

**E** Telephone number  
 (757) 519-9931

**F** Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ N/A

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(4) ◀ (insert no )  4947(a)(1) or  527

**K** Form of organization  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 95,308

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I.

		Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	11,208	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	37,804
<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	0	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	7,266	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
<b>4</b>	Investment income . . . . .	<b>4</b>	1,834	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	2,950
<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>		<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	33,934
<b>b</b>	Less cost or other basis and sales expenses . . . . .	<b>5b</b>	0	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	2,096
<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	0	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	23,599
<b>6</b>	Gaming and fundraising events			<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	100,383
<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	0	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-5,075
<b>b</b>	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	0	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	225,535
<b>c</b>	Less direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	0	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	37,654
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	0	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	258,114
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>					
<b>b</b>	Less cost of goods sold . . . . .	<b>7b</b>	0				
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	0				
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>	75,000				
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	95,308				

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	225,535	<b>22</b>	219,568
<b>23</b> Land and buildings . . . . .		<b>23</b>	10
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>	38,536
<b>25 Total assets</b> . . . . .	225,535	<b>25</b>	258,114
<b>26 Total liabilities</b> (describe in Schedule O). . . . .		<b>26</b>	
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	225,535	<b>27</b>	258,114

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others )

What is the organization's primary exempt purpose?

SOCIAL WELFARE FOR DISABLED VETERANS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

<b>28</b> See Additional Data Table			
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>		<b>28a</b>	
<b>29</b>		<b>29a</b>	
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>			
<b>30</b>		<b>30a</b>	
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>			
<b>31</b> Other program services (describe in Schedule O) . . . . .			
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	37,471

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CYNTHIA BAILEY COMMANDER	30 00	0		
EARLIE BLOUNT SENIOR VICE COMMANDER	5 00	0		
WANDA DENNIS JUNIOR VICE COMMANDER	20 00	0		
DWAYNE RAMEY ADJUTANT	20 00	0		
SELENA BARDEN TREASURER	30 00	0		
ZEOLA BRADY FINANCE	8 00	0		
RUDOLPH BLANDING BUILDING AND GROUNDS	15 00	0		
LAURIE GRASSL SENIOR SERVICE OFFICER	5 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>46</b>	

**Part VI Section 501(c)(3) organizations only**  
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000. . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  Yes  No

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.

***** Signature of officer	2017-10-20 Date
CYNTHIA BAILEY COMMANDER Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name CHIRAG PATEL CPA	Preparer's signature	Date 2017-11-01	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ CHIRAG PATEL CPA PLLC			Firm's EIN ▶	
	Firm's address ▶ 1403 GREENBRIER PARKWAY SUITE 465 CHESAPEAKE, VA 23320			Phone no (757) 226-7771	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 23-7110107  
**Name:** DISABLED AMERICAN VETERAN CHAPTER 20

## Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<b>28 VA MEDICAL CENTER</b> (Grants \$ ) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	6,559

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<p><b>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</b></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>	
<p><b>29 WELFARE SERVICES</b>  (Grants \$ )</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p><b>29a</b></p>	<p style="text-align: right;">8,414</p>

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

<p><b>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</b></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>	
<p><b>30 OTHER DONATIONS</b> (Grants \$ )</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p><b>30a</b></p>	<p style="text-align: right;">22,498</p>

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
DISABLED AMERICAN VETERAN CHAPTER 20**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016****Open to Public  
Inspection**

Employer identification number

23-7110107

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 8	THRIFT STORE 75000



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990EZ, Part I, Line 10	SERVICE PROGRAMS, PATIENT WELFARE, . . . . , 6559

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990EZ, Part I, Line 10	CHARITABLE EXPENSES, OTHER WELFARE/RELIEF SERVICES, , , , , 31245

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990EZ, Part I, Line 16	BUSINESS REGISTRATION FEES, LICENSE FEES, SUPPLIES AND TRAVEL 23599

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990EZ, Part I, Line 20	FURNITURE, FIXTURE & EQUIPMENT 37644

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990EZ, Part I, Line 20	LAND & BUILDING 10

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990EZ, Part II, Line 24	FURNITURE, FIXTURE & EQUIPMENT 38536