efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492268005049 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 07-01-2018 and ending 06-30-2019 B Check if applicable D Employer identification number C Name of organization DISABLED AMERICAN VETERAN CHAPTER 20 ☐ Address change 23-7110107 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 4896 KEMPSVILLE GREEN PARKWAY ☐ Final return/terminated (757) 519-9931 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return VIRGINIA BEACH, VA 23462 F Group Exemption ☐ Application pending Number Check ► ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **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) 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  $\checkmark$ 1 20,733 2 2 Program service revenue including government fees and contracts . . . . . . . . . 3 Membership dues and assessments . . . . . . . 7,860 4 2,707 4 5a Gross amount from sale of assets other than inventory . . . . . 5b h Less cost or other basis and sales expenses . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 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) 6b 0 0 Less direct expenses from gaming and fundraising events **6**c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances . . . b 0 Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C **7**c 8 Other revenue (describe in Schedule O) 8 60,000 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 91,300 10 Grants and similar amounts paid (list in Schedule O) 10 40,375 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 13 2,950 13 Professional fees and other payments to independent contractors 14 65,719 14 Occupancy, rent, utilities, and maintenance . . . 15 Printing, publications, postage, and shipping 15 2,019 16 Other expenses (describe in Schedule O) 16 31,676 17 17 Total expenses. Add lines 10 through 16 142,739 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -51,439 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 264,230 20 Other changes in net assets or fund balances (explain in Schedule O) 20 1,490 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 214,281 For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2018) Cat No 10642I

Dowt II	Balance Chapte (thth	- 5 D+ TT\					rage <b>a</b>
Part I	Balance Sheets (see the instructions Check if the organization used Schedule		uestion in this Pa	art II			🗹
		,,,,,,,			eginning of year		(B) End of year
<b>22</b> Cash, sa	vings, and investments		[	(/ -	225,684	22	175,735
23 Land and	d buildings		[		10	23	10
<b>24</b> Other as	sets (describe in Schedule O)				38,536	24	38,536
25 Total as					264,230	25	214,281
26 Total lia	abilities (describe in Schedule O)		· · ·  _			26	
	ets or fund balances (line 27 of column	<u> </u>			264,230	27	214,281
Part Ⅲ	Statement of Program Service A Check if the organization used Schedule				tIII) □	(Red	Expenses quired for section 501(c)
What is the	organization's primary exempt purpose?	O to respond to any c	question in this Pa	31 ( 111		(3)	and 501(c)(4)
	FARE FOR DISABLED VETERANS					orga othe	nizations, optional for
measured by	e organization's program service accompli y expenses. In a clear and concise manne nd other relevant information for each pro	r, describe the service					
<b>28</b> See Addition	nal Data Table						
(Grants \$ )	If this amoun	t includes foreign gran	its, check here		. ▶ □	28a	
29 See Addı	tional Data Table					29a	
(Grants \$ )	If this amoun	t includes foreign gran	its, check here		. ▶ 🗆		
•	tional Data Table		<u> </u>			30a	
(Grants \$ )	If this amoun	t includes foreign gran	its check here .	_	. ▶ □		
	ogram services (describe in Schedule O)		,	•	<u> </u>	++	
(Grants \$ )	• • • • • • • • • • • • • • • • • • • •	t includes foreign gran			· · · ·	31a	
. , ,	ogram service expenses (add lines 28a					+	40,375
Part IV	List of Officers, Directors, Trustees,	and Key Employees	(list each one even	ıf not co	mpensated — see the	instruct	ions for Part IV)
	Check if the organization used Schedule	O to respond to any q	juestion in this Pa	art IV.			🗆
	(a) Name and title	(b) Average	(c) Reportat	nle	(d) Health bend	efits	(e) Estimated amount
	(a) Name and dide	hours per week	compensation	on	contributions to er	nploye	of other compensation
		devoted to position	(Forms W-2/10 MISC) (if not p		benefit plans, deferred compen	and	
			enter -0-)		dererred compen	Sation	
DEWAYNE A	MCBRIDE	40 00		0		0	0
COMMANDE	R						
CYNTHIA BA		30 00		0		0	0
DACT COMM	ANDER						
PAST COMM. STANLEY FR		25 00		0		0	0
SIANLLIIN	LLIMIN	25 00		U		Ü	ľ
	E COMMANDER						_
WANDA DEN	INIS	20 00		0		0	0
JUNIOR VIC	E COMMANDER						
DWAYNE RA	MEY	25 00		0		0	0
ADJUTANT							
LOVIDYES C	ONNER	35 00		0		0	0
TREASURER							
ZEOLA BRAD		20 00		0		0	0
	•			_		_	
FINANCE	,	10.00					
PAUL BRADY	•	18 00		0		0	0
BUILDING A	ND GROUNDS						
PHILIP K PO	FFENBARGER	16 00		0		0	0
SENIOR SER	VICE OFFICER						

Pai	<b>Other Information</b> (Note the Schedule A and personal benefit contract statement requirement	s in the	e	
	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V	<u></u>	🗆	
			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		No
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)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		140
С	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	35c		No
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		No
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		No
38a	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		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b			
39	Section 501(c)(7) organizations Enter	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
, o u	section 4911 \(\bigs_{ \text{section}}\), section 4912 \(\bigs_{ \text{section}}\), section 4955 \(\bigs_{ \text{section}}\)			
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		No
c	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 sections4912, 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	40e		No
41	transaction? If "Yes," complete Form 8886-T			
<b>42a</b> The	e organization's books are in care of ▶ DISABLED AMERICAN VETERAN CHAPTER 20 Telephone no ■	<b>≻</b> (757)	519-993	1
	Located at ▶ 4896 KEMPSVILLE GREEN PARKWAY VIRGINIA BEACH , VA ZIP + 4 ▶	, <u>23462</u>	:6463	
		1		
_			Yes	No
b	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		No
	If "Yes," enter the name of the foreign country			
_	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
C		420		INO
43.6	If "Yes," enter the name of the foreign country		▶ □	
43 :	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 • 43			
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44ь		No
C	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44d		
45-	explanation in Schedule O	45a		No
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning			110
<b>→</b> 5D	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

Did the									
	e organization engage, directly or indirec			of or ın	opposition to	)	$\Box$		
	ates for public office? If "Yes," complete	<u> </u>		•	· · ·		46		
	<b>Section 501(c)(3) organization</b> All section 501(c)(3) organizations	_	ons 47- 49b and 52	2, and	complete th	ne table	s for li	nes 50	and
	51. Check if the organization used Schedule	• Ο to respond to any d	uestion in this Part VI	•	•			Г	_
	Check if the organization asea senedals	o to respond to any q	acstron in this rate vi		<u></u>		· · · · i	Yes	No
Did the	e organization engage in lobbying activit	ies or have a section 50	01(h) election in effect	durına	the tax vear	?			
	," complete Schedule C, Part II			• •			47		
Is the	organization a school as described in se	ction 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E	<b>.</b>		48		
a Did the	e organization make any transfers to an	exempt non-charitable	related organization?				49a		
If "Yes,	," was the related organization a section	n 527 organization? .					49b		
	ete this table for the organization's five					ustees a	ind key	employ	ees)
	ach received more than \$100,000 of con Name and title of each employee	(b) Average	(c) Reportable	<del></del>	nter "None " i) Health bene	efits,	(e) Est	ımated	amou
, ,	, ,	hours per week devoted to position	compensation (Forms W-2/1099-		ributions to er penefit plans,		of othe	r compe	ensati
		devoted to position	MISC)		erred compen				
				1					
Comple	number of other employees paid over \$ ete this table for the organization if there is	highest compensated in		· ·	each received	▶ more th	an \$100	0,000 of	
Comple		highest compensated in s none, enter "None "			each received			0,000 of	
Comple	ete this table for the organization's five nsation from the organization If there i	highest compensated in s none, enter "None "							
Comple	ete this table for the organization's five nsation from the organization If there i	highest compensated in s none, enter "None "							
Comple	ete this table for the organization's five nsation from the organization If there i	highest compensated in s none, enter "None "							
Comple	ete this table for the organization's five nsation from the organization If there i	highest compensated in s none, enter "None "							
Comple	ete this table for the organization's five insation from the organization. If there i (a) Name and business address of e	highest compensated in s none, enter "None " each independent contri	actor						
Comple	ete this table for the organization's five nsation from the organization If there i	highest compensated in s none, enter "None " each independent contri	actor						
Comple compe	ete this table for the organization's five insation from the organization. If there i (a) Name and business address of e	highest compensated in s none, enter "None " each independent control each receiving over seach receiving over	\$100,000	(b) To	ype of service	(c)	Compe		
Comple competed to the compete	number of other independent contractor the organization complete Schedule A? I pleted Schedule A	rs each receiving over s	\$100,000	(b) To	ype of service	e (c)	Ye to the	s \( \sime\)	
Comple compel	number of other independent contractor the organization complete Schedule A? I pleted Schedule A	rs each receiving over s	\$100,000	(b) To	ype of service	e (c)	Ye to the	s \( \sime\)	
Compleicompel  Total  Did toom  per penaltivledge arany know	number of other independent contractor the organization complete Schedule A? I pleted Schedule A	rs each receiving over s	\$100,000	(b) To	ype of service	e (c)	Ye to the	s \( \sime\)	
Compleicompel  Total  Did toom  per penaltivledge arany know	number of other independent contractor the organization complete Schedule A? I pleted Schedule A	rs each receiving over s	\$100,000	(b) To	ype of service	e (c)	Ye to the	s \( \sime\)	
Comple compete	number of other independent contractor the organization complete Schedule A? I pleted Schedule A	rs each receiving over s	\$100,000	st attac	ype of service	e (c)	Ye to the	s \( \sime\)	
Total Did t comper penaltrivledge arany know	number of other independent contractor the organization complete Schedule A? In pleted Schedule A	rs each receiving over s  NOTE. All section 501(c  mined this return, include Declaration of prepai	\$100,000	st attac	ch a	e (c)	Ye to the	s \( \sime\)	
Comple competed to the compete	number of other independent contractor the organization complete Schedule A? In pleted Schedule A	rs each receiving over s  NOTE. All section 501(commined this return, include Declaration of prepair	\$100,000	st attac	ch a	e (c)	Ye to the of which	s \( \sime\)	
Comple competed to the compete	number of other independent contractor the organization complete Schedule A? I pleted Schedule A	rs each receiving over:  NOTE. All section 501(commined this return, include Declaration of preparation)  Preparer's signature  Preparer's signature	\$100,000	st attac	ch a	e (c)	Ye to the of which	s \( \sime\)	

Page **4** 

Form 990-EZ (2018)

## **Additional Data**

(Grants \$ 4,643)

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.	` (c	Expenses quired for section 501 )(3) and 501(c)(4) ganizations; optional for others.)
28 VA MEDICAL CENTER	28a	4,643

If this amount includes foreign grants, check here  $\ldots$   $\bullet$ 

Describe the organization's program service accomplishments for each of its three largest program

(c)(3) and 501(c)(4)

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

(Grants \$ 10.714)

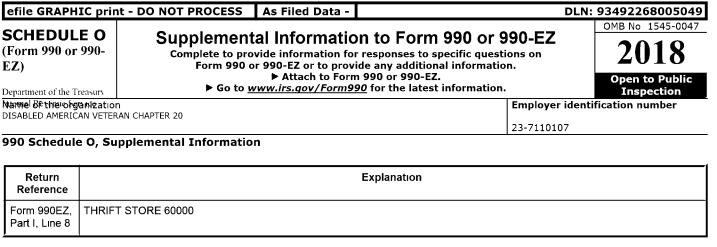
number of persons benefited, and other relevant information for each program title.		anizations; optional for others.)
29 WELFARE SERVICES	29a	10,714

If this amount includes foreign grants, check here . . . .

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

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.		)(3) and 501(c)(4) panizations; optional for others.)
30 OTHER DONATIONS	30a	25,018

If this amount includes foreign grants, check here . . . . . . . . (Grants \$ 25,018)



Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990EZ, SERVICE PROGRAMS, PATIENT WELFARE, ,,,,, 4643
Part I, Line

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990EZ, CHARITABLE EXPENSES, OTHER WELFARE/RELIEF SERVICES, ,,,,, 35732
Part I, Line

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990EZ, Part I, Line BUSINESS REGISTRATION FEES, LICENSE FEES, SUPPLIES AND TRAVEL 31676

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, OTHER ASSET 1490 Part I, Line

990 Schedule O, Supplemental Information Explanation Return Reference

Form 990EZ. | FURNITURE, FIXTURE & EQUIPMENT 38536 38536 Part II, Line