990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Short 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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

Form 990-EZ (2018)

А	For the	e 2018 calen	dar year, or t	ax year beginn	iirig	7/1/2018	, ar	ia enaing	6/30/20	019	
B _	Check if	applicable	plicable C Name of organization D E				D Employer id	Employer identification number			
	Address	change	Disabled American Veterans Chapter 21								
	Name ch	hange	Number and str	Number and street (or PO box, if mail is not delivered to street address) Room/suite				2:	3-7247415		
	Initial ref	turn	8720 E Colfax Ave				E Telephone n				
雨	Final retur	m/terminated	City or town			State	ZIP co	de			
Ħ	Amende	d return	Denver			СО	8022	0-2234	72	0-379-3405	
Ħ		ion pending	Foreign country	/ name	Foreign provin	ce/state/county		n postal code, \	F Group Exe		
	, .pp		, araigir adaini,		, areign presum		, 0,0,9	DG	Number ▶	mpaon	
			└───								
		iting Method	Cash	X Accrual	Other (specify)	<u> </u>		Н	Check ► X	if the organization is	
ı								•	o attach Schedule B		
J	Tax-exen	npt status (che	ck only one) —	501(c)(3)	X 501(c) (4) ◀ (insert no	4947(a)(1) or 527	(Form 990, 99	0-EZ, or 990-PF)	
ĸ	Form of	organization	Псо	rporation	Trust	Associat	ion X C	Other Non P	Profit		
1	Add line	s 5h 6c and	7h to line 9 to	determine aros	ss receipts If gross	s receints are \$	_		sets		
					m 990 instead of F	· · · · · · · · · · · · · · · · · · ·	200,000 01 1110	re, or ir total as	► \$	84,308	
_	art I				nges in Net As		d Ralance	s (see the in			
	110				Schedule O to					· —	
							Try question	- III tills I alt		. X	
Ì	1				amounts receive				1	10,095	
·	2	•			vernment fees ar	nd contracts			2	- 	
	3		p dues and a	ssessments 1	,				3		
1	, 4	Investment							4	74,213	
	5a	Gross amou	unt from såle								
1;1	b		t or other basis and sales expenses and sales expenses of the sales of								
``	∴c	•									
. "	۰ ؚ6	-	ming and fundraising events								
ام	а	g									
Revenue		\$15,000)		_	•		_6a		100		
ĕ	b			raising events	•	<u>\$</u>	of co	ntributions			
2			-		e 1) (attach Sch						
ļ			-		utions exceeds \$	•	6b				
ĺ					d fundraising eve		6c				
<u> </u>	G G	Net income	or (loss) from	n gaming and	fundraising even	its (add lines 6	a and 6b and	d subtract	Z et a		
Į		lıne 6c)							6d	0	
ļ	7a)				and allowances		7a				
1			of goods sold				7b				
ł	Gross profit or (loss) from sales of inventory (Subtract line						e 7a)		7c	0	
				ın Schedule C					— 1 8		
_				s 1, 2, 3, 4, 5c,			REC	EIVED	9	84,308	
ļ	102			ınts paıd (lıst ır	n Schedule O)		· [798 <u>10</u>	1,700	
	115		id to or for me				NOV 88	1 8 2019	11 11		
es	137				ployee benefits		181 '''	2 0 20.5	2 12 12	1,797	
Š	13				to independent of	contractors			<u> 13 </u>	2,300	
Expenses	ุ 14			, and mainten			OGI	DEN. UT	14	66,275	
ũ	15	Printing, publications, postage, and shipping						15	84		
١.	16	-	•	e in Schedule	0)	(5° - 24 - 7			16	14,576	
\perp	17			es 10 through					▶ ·17	86,732	
छ	_. 18	•	•		ct line 17 from lin	•		-	- 18	-2,424	
Net Assets	19				ng of year (from	line 27, colum	n (A)) (must	agree with	MAX		
As				ed on prior ye					19	288,420	
<u>e</u>	20		-		alances (explain i		•		20	3,055	
Z	21	Net assets	or fund balan	ces at end of	year Combine lir	nes 18 through	1 20		▶ 21	282,941	

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

	Balance Sheets. (see the instructions for Check if the organization used Schedule O to re	espond to an	y question in t	nis Part II			X
				(A)	Beginning of year		(B) End of year
22	Cash, savings, and investments			<u> </u>	108,251		84,977
23	Land and buildings 254,4						257,069
24	Other assets (describe in Schedule O) 6,258						3,289
25	Total assets			<u> </u>	368,909		345,335
26 27	Total liabilities (describe in Schedule O))\ munt oaro	o with hos 24)	 	80,489	-	62,394
27 Da	Net assets or fund balances (line 27 of column (E rt III Statement of Program Service Accomplis			os for Port III)	288,420	27	282,941
Га	Check if the organization used Schedule O t	•		•		}	Expenses
Desc as m		To assist and ments for each er, describe the	d advocate for the of its three lines the services pro	all of our nations disa	ces,	501(orga	quired for section (c)(3) and 501(c)(4) inizations, optional others)
28	To assist with VA claims, housing, food, clothing, an Approximately 175 veterrans assisted						
	(Grants \$) If this amoun	t includes for	eign grants, cl	neck here	▶ 🔲	28a	1,797
	To provide entertainment and comradship to veterar in state nursing homes Approximately 250-300 vet						
	(Grants \$) If this amoun	t includes for	reign grants, cl	neck here	▶ □	29a	4,972
30	To provide a chapter home for meetings and a gather stay abreast of current issues affecting their benefits						
24	(Grants \$) If this amount Other program services (describe in Schedule O)	t includes for	reign grants, c	neck nere	<u> </u>	30a	66,275
31	(Grants \$) If this amoun	t includes for	reian arants, cl	neck here	▶ □	31a	
32	Total program service expenses. (add lines 28a th		orger grants, or	100111010		32	73,044
	rt IV List of Officers, Directors, Trustees, and K		es (list each on	e even if not compensa	ated—see the inst		
	Check if the organization used Schedule O to						
	Check if the organization used Schedule O to	o respond to	any question i	n this Part IV			
	(a) Name and title	(b) hours	Average per week to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla and deferred compens	ans,	(e) Estimated amount of other compensation
Johr		(b) hours	Average per week	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit pla	ans,	- ·
	(a) Name and title	(b) hours	Average per week	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit pla	ans,	- ·
Con	(a) Name and title 1 Joffrion 1 mander	(b) hours devoted	Average per week 1 to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employee benefit pla	ans, sation	other compensation
Con Rich	(a) Name and title	(b) hours devoted	Average per week 1 to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employee benefit pla	ans, sation	other compensation
Com Rich Adju	(a) Name and title n Joffrion nmander ard Hogue	(b) hours devoted	Average per week d to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employee benefit pla	ans, sation	other compensation
Com Rich Adju Johi Trea	(a) Name and title In Joffrion Inmander Inard Hogue Itant In Sawyer Issurer	(b) hours devoted	Average per week d to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employee benefit pla	ans, sation	other compensation 0
Com Rich Adju John Trea Jim Sen	(a) Name and title n Joffrion nmander nard Hogue stant n Sawyer ssurer Sharp	(b) hours devoted	Average per week of to position 10 00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employee benefit pla	ons, sation	other compensation 0
Com Rich Adju John Trea Jim Sen Rus	(a) Name and title n Joffrion nmander pard Hogue stant n Sawyer surer Sharp vice Officer s Berget	hours devoted Hr/WK Hr/WK Hr/WK	Average per week of to position 10 00 10 00 5 00 20 00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employee benefit pla	ons, sation O O O	O O O S99
Com Rich Adju John Trea Jim Sen Rus	(a) Name and title n Joffrion nmander nard Hogue stant n Sawyer ssurer Sharp	Hr/WK Hr/WK Hr/WK	Average per week of to position 10 00 10 00 5 00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employee benefit pla	ens, sation O O	other compensation 0 0
Com Rich Adju John Trea Jim Sen Rus	(a) Name and title n Joffrion nmander nard Hogue stant n Sawyer surer Sharp vice Officer s Berget	hours devoted Hr/WK Hr/WK Hr/WK	Average per week of to position 10 00 10 00 5 00 20 00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employee benefit pla	ons, sation O O O	O O O S99
Com Rich Adju John Trea Jim Sen Rus	(a) Name and title n Joffrion nmander nard Hogue stant n Sawyer surer Sharp vice Officer s Berget	hours devoted Hr/WK Hr/WK Hr/WK Hr/WK	Average per week of to position 10 00 10 00 5 00 20 00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employee benefit pla	ons, sation O O O	O O O S99
Com Rich Adju John Trea Jim Sen Rus	(a) Name and title n Joffrion nmander nard Hogue stant n Sawyer surer Sharp vice Officer s Berget	hours devoted Hr/WK Hr/WK Hr/WK Hr/WK	Average per week of to position 10 00 10 00 5 00 20 00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employee benefit pla	ons, sation O O O	O O O S99
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Com Rich Adju John Trea Jim Sen Rus	(a) Name and title n Joffrion nmander nard Hogue stant n Sawyer surer Sharp vice Officer s Berget	Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	Average per week of to position 10 00 10 00 5 00 20 00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employee benefit pla	ons, sation O O O	O O O S99
Com Rich Adju John Trea Jim Sen Rus	(a) Name and title n Joffrion nmander nard Hogue stant n Sawyer surer Sharp vice Officer s Berget	hours devoted Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	Average per week of to position 10 00 10 00 5 00 20 00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employee benefit pla	ons, sation O O O	O O O S99

23-7247415 Page **3**nts in the

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 Were any significant changes made to the organization 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 3a	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in		rt V	
detailed description of each activity in Schedule O Were environment of comprehence of the prefect a change to the organization's name Otherwise, explain the change on Schedule O See instructions 55 a Did the organization have unrelated business gross income of \$1,000 rmore during the year firm business activities (such as those reported on lines 2, 6 and 7 a, among others)? b If "Yes" to line 35a, has the organization of \$100 or firm the year? If "Yes," the prefect of schedule O See in Sc					No
14. Were any significant changes made to the organizing or governing documents? I IT'ves," attach a conformed copy of the amended documents of they reflect a change to the organization same. Otherwise, explain the change on Schedule O. See instructions 15. a 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)? 16. If "ves" is line 58, has the organization filed a form 780-17 for the year? I IT'ves," complete Schedule O. 17. a Site amount of political expenditures, direct or indirect, as described in the instructions 18. b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? IT'ves," complete Schedule C. Part III organization undergo a liquidation, dissolution, it is immation, or significant disposition of net assets during the year? IT'ves," complete Schedule C. Part III organization in the Significant disposition of net assets during the year? IT'ves," complete Schedule C. Part III organization in the Significant disposition of net assets during the year? It'ves," complete Schedule C. Part III organization from, or make any loans to, any officer, director, flustee, or key employee or were any such loans made in a prior year and still outsidening at the end of the tax year covered by this return? 18. b If the significant interests in the significant disposition of net assets and still a section 4915. P. Section 4916. P. Sec	33		22		~
socy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O See instructions. 15 a 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, 6e, and 7e, among others)? b If Yes' to line 35e, has the organization filled a Form 990-fill for the year? If Yes', provide an explanation in Schedule O Was the organization as extent on 51(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(c)(e) not 100(c)(5) or 501(c)(6) organization subject to section 603(c)(e) organization organization as extenditures. b Did the organization organization as exploitable parts of Schedule N 36	34	·	-33		
change on Schedule O See instructions \$ a Dit 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)? b) If "Yes" to line \$5a, has the organization lidis of some \$0.7 for the year? If \notice \n	• •				
15 a 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, 5a, and 7a, among others)? b If "Yes" to line 35a, has the organization filled a Form 990-T for the year? If "No," provide an explanation in Schedule 0 c. Was the organization of 10(c)(4), 5010(c)(5), or 5010(c)(5) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C. Part III 55c			34		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 or Was the organization of Political expenditurities, direct or indirect, as described in the instructions ▶ 37a 37b	35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
c 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 Schedulac (2, Part III) 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule (2, Part III) 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 38 Did the organization file Form 1120-POL for this year? 39 Did the organization file Form 1120-POL for this year? 39 Did the organization file Form 1120-POL for this year? 39 Did the organization file Form 1120-POL for this year? 39 Did the organization file Form 1120-POL for this year? 39 Did the organization file Form 1120-POL for this year? 39 Did the organization file Form 1120-POL for this year? 39 Did the organization file Form 1120-POL for this year? 39 Did the organization file Form 1120-POL for this year? 39 Did the organization file Form 1120-POL for this year? 39 Did fores feeding file file file file file file file file		· · · · · · · · · · · · · · · · · · ·	35a		X
reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 36.			35b		
36 Did the organization undergo a liquidation, dissolution, fermination, or significant disposition of net assets during the year? If Yes," complete applicable parts of Schotlule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 38 a Enter amount of political expenditures, direct or indirect, as described in the instructions 39 b Did the organization file Form 1120-POL for this year? 39 b Did the organization of the Form 120-POL for this year? 39 b Did the organization brown from, or make any loins to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 30 b Did the organization brown from, or make any loins to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 30 b Did the organization can be completed brown forms and the end of the tax year covered by this return? 31 a Section 501(c)(2) organizations included on line 9 32 a Section 501(c)(3) organizations included on line 9 33 a 3 a 3 a 3 a 3 a 3 a 3 a 3 a 3 a 3	С				
during the year? I "Yes," complete applicable parts of Schedule N 7a	20		35c		<u> </u>
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions □ Did the organization file from 1120-POL for this year? 38 a Did the organization for form 1120-POL for this year? 39 b Office organization for form 1120-POL for this year? b If 'Yes,' complete Schedule L, Part II and enter the total amount involved □ Section 501(c)(7) organizations Enter □ Initiation fees and capital contributions included on line 9 □ Section 501(c)(3) organizations Enter □ Initiation fees and capital contributions included on line 9 □ Section 501(c)(3) organizations Enter □ Initiation fees and capital contributions included on line 9 □ Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under □ section 4911 □ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under □ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed □ organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 □ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed □ All organizations All any time during the teax year, was the organization a party to a prohibited tax shelter □ All organizations All any time during the teax year, was the organization a party to a prohibited tax shelter □ All organizations All any time during the teax year, was the organization a party to a prohibited tax shelter □ All organizations All any time during the distributions for expenditions and the organization and party to a prohibited tax shelter □ All organizations All any time during the distributions for expenditions and the organization and party to a prohibited tax shelter □ All organizations All any time during the distributions for expenditions and the organization and party to a prohibited tax shelter □ All organizations All any time during the distributions of the captions and the organization has a c	30		36		Y
b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b if "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter a intuitation fees and capital contributions included on line 9 6 Gross recepts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4915 ▶ section 4911 ▶ section 4915 ▶ section 4911 ▶ section 4915 ▶ section 4911 ▶ section 4912 ▶ se	37 a				
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a pror year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4915 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4955 ▶ 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, of 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-E2? If "Yes," complete Schedule L, Part I does not a section 4912 ▶ 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 decision 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rembursed by the organization and the view of the foreign country and the first organization and the view of the foreign country and the first organization and the view of the foreign country because of					
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b f"Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 b Gross recepts, included on line 9 for public use of club facilities 39a					
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a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4955 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under section 4911 ▶ section 4912 ▶ section 4955 ▶ Section 5051(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I to 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 40c acopy of this return is filed 2 a The organization A a copy of this return is filed 2 a The organization shocks are in care of ▶ Michael R. Wiley. Telephone no ▶ 303-478-2573 Located at ▶ 5165 S. Lewiston Way. City. Centennial ST. CO. ZIP + 4 ▶ 80015 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 ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c 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 ▶ 43 3 Section 4947(a)(1) nonexempt chantable 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 year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization	b			8	300
b Gross receipts, included on line 9, for public use of club facilities 39b 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶	39				
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4915 ▶ section 4915 ▶ 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-E27 If "Yes," complete Schedule L, Part I				1	
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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 c Did the organization receive any payments for indoor tanning services during the year? 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 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 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 Form 990-EZ. See instructions			2000	مثلاثة المحدد	
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45 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 Form 990-EZ. See instructions. 45b X		·		<u> </u>	<u> </u>
meaning 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 X			45a	17,7,88000	X ************************************
Form 990-EZ See instructions 45b X	45 D				
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Form 99	90-EZ (2018) Disabled American Vetera	ins Chapter 21			23-7247415 Page 4			
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition							
Part		nly ust answer questions 4	7–49b and 52, and	complete the table	. 46 X X S for lines			
	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							
	employees) who each received more than \$100, (a) Name and title of each employee	000 of compensation from (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	Bre is none, enter "No (d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation			
Name	None	Hr/WK .00						
Name Title		Hr/WK .00						
Name Title		нимк .00		-				
Name Title		Hr/WK .00						
Name Title	Tatal number of other ample and paid over \$400	Hr/WK .00						
51	Total number of other employees paid over \$100 Complete this table for the organization's five hig \$100,000 of compensation from the organization	phest compensated indepe		each received more	than			
	(a) Name and business address of each independe	ent contractor	(b) Type of service	e (c	Compensation			
Name City	None Str ST	ZIP						
Name City	Str ST	ZIP	ļ					
Name City Name		ZIP			•			
City Name	SI	ZIP	<u></u>					
<u>City</u> d 52	Total number of other independent contractors explicit the organization complete Schedule A? Note completed Schedule A	_		a	▶			
	penalties of perjury, I declare that I have examined this return, in				Nief, it is			
Sign Here	Signature of officer	l Hogus		Date Adjutant	11/12/19			
	Print/Type preparer's name MICHAEL R. WIVEY Only Firm's name	Preparety eighture	Mie Dete	Check Salf-employed				
	he IRS discuss this return with the preparer show		1 411.77.124 - 0	80015] Phone no. 3	03-418-2513 ▶ X Yes □ No			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Disabled American Veterans Chapter 21

Inspection

Employer identification number

23-7247415

Part 1, Line 1, Contributions and Grants **DAV National Membership Dividend** 5.881 Miscellaneous Public Contributions 4,214 \$10,095 Part 1, Line 10, Grants and Similar Amounts Paid Puppy for Life Program \$ 400 Donation to House of Purpose 100 Donations to State Veterans Homes 1,200 \$ 1.700 Part 1, Line 14, Occupancy, Rent, Utilities Water/Sewer 3,171 Gas/Electric -----9,045 Repair/Maintenance 21,824 Insurance 7,387 Trash Pick Up 1,320 **Building Supplies** 4,259 Depreciation 2,531 Real Estate Taxes 16,738 -----\$66,275 Part 1, Line 16, Other Expenses Cable TV 1,134 Convention Expenses 226 Dues to Nat'l (40)Newsletter 392 Office Supplies 422 Telephone 1.732 Internet 891 Licenses & Permits 25 Subscriptions & Memberships 250 **Bank Charges** 126 Memorial expenses 78 Special Events 3,272 Auto Expense 1,705 Interest Expense 4,363 \$ 14,576

Name of the organization						Employer identification number			
	merican Veterans Chapter 21		23-7247415						
									
-									
	Part 1, Line 20, Other Changes in Net Asse	<u>ets</u>							
	Unrealized loss on investment carried at mark								
	Unrealized loss on investment carried at man	ket value [.]	(3,055)						
	Part II, Line 24, Other Assets		Of Year		of Year				
	Accounts Receivables		2,535		2,535				
	Prepaid Expenses		3,723		754				
		\$	6,258	\$	3,289	,			
	Part II, Line 26, Total Liabilities	Boo (16 Vans	E n d	of V				
	rait ii, Line 20, Total Liabilities	beg. (Of Year	End	of Year				
	Note Payables		80,489		62,394				
		\$	80,489	\$	62,394	**-***			
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