

Return of Organization Exempt From Income Tax

2018

Open to Public Inspection

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.

Department of the Treasury
 Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 7/1/2018, and ending 6/30/2019

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

C Name of organization: Disabled American Veterans Chapter 21
 Number and street (or P.O. box, if mail is not delivered to street address) / Room/suite: _____
8720 E Colfax Ave
 City or town / State / ZIP code: Denver / CO / 80220-2234
 Foreign country name / Foreign province/state/county / Foreign postal code: _____

D Employer identification number: 23-7247415

E Telephone number: 720-379-3405

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: _____

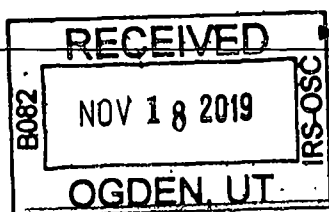
J Tax-exempt status (check only one) — 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other Non Profit

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 84,308

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

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	10,095
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	
4	Investment income	74,213
5a	Gross amount from sale of assets other than inventory	
5b	Less cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	0
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
6b	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)	
6c	Less direct expenses from gaming and fundraising events	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	0
7a	Gross sales of inventory, less returns and allowances	
7b	Less cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	0
8	Other revenue (describe in Schedule O)	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	84,308
10	Grants and similar amounts paid (list in Schedule O)	1,700
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	1,797
13	Professional fees and other payments to independent contractors	2,300
14	Occupancy, rent, utilities, and maintenance	66,275
15	Printing, publications, postage, and shipping	84
16	Other expenses (describe in Schedule O)	14,576
17	Total expenses. Add lines 10 through 16	86,732
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-2,424
19	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)	288,420
20	Other changes in net assets or fund balances (explain in Schedule O)	-3,055
21	Net assets or fund balances at end of year. Combine lines 18 through 20	282,941



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
22 Cash, savings, and investments	108,251	22	84,977
23 Land and buildings	254,400	23	257,069
24 Other assets (describe in Schedule O)	6,258	24	3,289
25 Total assets	368,909	25	345,335
26 Total liabilities (describe in Schedule O)	80,489	26	62,394
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	288,420	27	282,941

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

What is the organization's primary exempt purpose? To assist and advocate for all of our nations 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

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

28 To assist with VA claims, housing, food, clothing, and other needs Approximately 175 veterans assisted	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	1,797
29 To provide entertainment and comradship to veterans who are hospitalized or in state nursing homes. Approximately 250-300 veterans assisted	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	4,972
30 To provide a chapter home for meetings and a gathering place for veterans to stay abreast of current issues affecting their benefits	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	66,275
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses. (add lines 28a through 31a)		32	73,044

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
John Joffrion Commander	Hr/WK 10 00	0	0	0
Richard Hogue Adjutant	Hr/WK 10 00	0	0	0
John Sawyer Treasurer	Hr/WK 5 00	0	0	0
Jim Sharp Service Officer	Hr/WK 20 00	0	0	599
Russ Berget Building President	Hr/WK 10 00	0	0	599
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

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

		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		X
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
35 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)?		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 O		
35 b	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		X
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
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		X
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 sections 4912, 4955, and 4958 <input type="text"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
e	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		X
41	List the states with which a copy of this return is filed <input type="text"/>		
42 a	The organization's books are in care of <input type="text" value="Michael R Wiley"/> Telephone no <input type="text" value="303-478-2573"/> Located at <input type="text" value="5165 S Lewiston Way"/> City <input type="text" value="Centennial"/> ST <input type="text" value="CO"/> ZIP + 4 <input type="text" value="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 (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	Yes	No
42 b			X
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 <input type="text"/>		X
42 c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
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		
44 d			
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		X
45 b			X

46 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. Yes No 46 X

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

47 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. Yes No 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Yes No 48

49 a Did the organization make any transfers to an exempt non-charitable related organization? Yes No 49a

b If "Yes," was the related organization a section 527 organization? Yes No 49b

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."

Table with 5 columns: (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. All entries are 'None'.

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."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All entries are 'None'.

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 X

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.

Sign Here Signature of officer Richard Hogue, Date 11/12/19, Type or print name and title Adjutant

Paid Preparer Use Only Print/Type preparer's name MICHAEL R. WILKEY, Preparer's signature, Date 11/12/19, Check self-employed, RTIN P01376957, Firm's name, Firm's address 5165 S. LEWISTON WAY CENTENNIAL, CO 80015, Firm's EIN, Phone no. 303-478-2573

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

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

2018

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Department of the Treasury
Internal Revenue Service

Name of the organization

Disabled American Veterans Chapter 21

Employer identification number

23-7247415

Part 1, Line 1, Contributions and Grants

DAV National Membership Dividend	5,881
Miscellaneous Public Contributions	<u>4,214</u>
	\$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	<u>1,200</u>
	\$ 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	<u>16,738</u>
	\$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	<u>4,363</u>
	\$ 14,576

Name of the organization

Employer identification number

Disabled American Veterans Chapter 21

23-7247415

Part 1, Line 20, Other Changes in Net Assets

Unrealized loss on investment carried at market value:

\$ (3,055)

Part II, Line 24, Other Assets

Beg. Of Year End of Year

Accounts Receivables

2,535 2,535

Prepaid Expenses

3,723 754

\$ 6,258 \$ 3,289

Part II, Line 26, Total Liabilities

Beg. Of Year End of Year

Note Payables

80,489 62,394

\$ 80,489 \$ 62,394