

Short Form

OMB No 1545-0047

Form 990-EZ

Return of Organization Exempt From Income Tax

2019

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

Open to Public Inspection

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 2019 calendar year, or tax year beginning July 1, 2019, and ending June 30, 2020

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. D Employer identification number: 23-7247415. E Telephone number: 720-379-3405. F Group Exemption Number.

G Accounting Method: Cash, Accrual, Other. H Check if the organization is not required to attach Schedule B.

I Website:

J Tax-exempt status (check only one): 501(c)(3), 501(c)(4), 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. Total assets: \$100,060.

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

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue: 100,060. Total expenses: 86,057. Net assets at end of year: 298,577.



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

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

Table with columns Yes, No and row 33 with a checkmark in the No column.

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

Table with columns Yes, No and row 34 with a checkmark in the No column.

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)?

Table with columns Yes, No and row 35a with a checkmark in the No column.

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

Table with columns Yes, No and row 35b.

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 Schedule C, Part III

Table with columns Yes, No and row 35c with a checkmark in the No column.

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

Table with columns Yes, No and row 36 with a checkmark in the No column.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a

Table with columns Yes, No and row 37a.

b Did the organization file Form 1120-POL for this year?

Table with columns Yes, No and row 37b with a checkmark in the No column.

38a 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?

Table with columns Yes, No and row 38a with a checkmark in the No column.

b If "Yes," complete Schedule L, Part II, and enter the total amount involved

38b

Table with columns Yes, No and row 38b.

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

39a

b Gross receipts, included on line 9, for public use of club facilities

39b

Table with columns Yes, No and rows 39a, 39b.

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; 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

Table with columns Yes, No and row 40b with a checkmark in the No column.

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

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

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

Table with columns Yes, No and rows 40c, 40d, 40e with checkmarks in the No column.

41 List the states with which a copy of this return is filed

42a The organization's books are in care of Michael R. Wiley Telephone no. 303-478-2573 Located at 5165 S. Lewiston Way Centennial, 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 (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country

Table with columns Yes, No and row 42b with a checkmark in the No column.

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

Table with columns Yes, No and row 42c with a checkmark in the No column.

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

Table with columns Yes, No and row 43 with a checkmark in the No column.

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44a with a checkmark in the No column.

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

Table with columns Yes, No and row 44b with a checkmark in the No column.

c Did the organization receive any payments for indoor tanning services during the year?

Table with columns Yes, No and row 44c with a checkmark in the No column.

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

Table with columns Yes, No and row 44d.

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Table with columns Yes, No and row 45a with a checkmark in the No column.

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

Table with columns Yes, No and row 45b with a checkmark in the No column.

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

Table with 3 columns: Question, Yes, No. Row 46: Yes (checkbox), No (checked).

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

Table with 3 columns: Question, Yes, No. Row 47: Yes (checkbox), No (checkbox).

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 3 columns: Question, Yes, No. Row 48: Yes (checkbox), No (checkbox).

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question, Yes, No. Row 49a: Yes (checkbox), No (checkbox).

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question, Yes, No. Row 49b: Yes (checkbox), No (checkbox).

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, (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."

Table with 3 columns: (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

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 (11/4/2020), Type or print name and title (Richard Hogue, Adjutant).

Paid Preparer Use Only: Print/Type preparer's name (Michael R. Wiley), Preparer's signature (Michael R. Wiley), Date (11/4/20), Check self-employed (checked), PTIN (PO1376957), 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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Disabled American Veterans Chapter 21

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number

23-7247415

**Part 1, Line 1, Contributions and Grants**

DAV National Membership Dividend	8,453
Miscellaneous Public Contributions	<u>3,929</u>
	<b>\$12,382</b>

**Part 1, Line 10, Grants and Similar Amounts Paid**

DAV Dept - Golden Corral	\$ 507
Donation to House of Purpose	100
Donations to State Veterans Homes	<u>148</u>
	<b>\$ 755</b>

**Part 1, Line 14, Occupancy, Rent, Utilities**

Water/Sewer	3,860
Gas/Electric	8,860
Repair/Maintenance	23,331
Insurance	8,271
Trash Pick Up	1,270
Building Supplies	6,493
Depreciation	3,770
Real Estate Taxes	<u>15,602</u>
	<b>\$71,457</b>

**Part 1, Line 16, Other Expenses**

Cable TV	1,275
Office Supplies	169
Telephone	2,023
Internet	909
Licenses & Permits	25
Bank Charges	185
Aid to Veterans	40
Special Events	108
Interest Expense	<u>3,322</u>
	<b>\$ 8,056</b>

Name of the organization

Disabled American Veterans Chapter 21

Employer identification number

23-7247415

**Part 1, Line 20, Other Changes in Net Assets**

Unrealized gain on investment carried at market value

\$ 1,633

**Part II, Line 24, Other Assets**

Beg. Of Year

End of Year

Accounts Receivables

2,535

2,603

Prepaid Expenses

754

-

\$ 3,289

\$ 2,603

**Part II, Line 26, Total Liabilities**

Beg. Of Year

End of Year

Note Payables

62,394

58,258

Loan from Officers

-

-

Building Reconstruction Reserve

-

-

\$ 62,394

\$ 58,258