

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ 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. **2106**

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **July 1**, 2020, and ending **June 30**, 20 **21**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Disabled American Veterans Chapter 21		D Employer identification number 23-7247415
	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number 720-379-3405
	8720 E. Colfax Ave.		F Group Exemption Number ▶
	City or town, state or province, country, and ZIP or foreign postal code Denver, CO 80220-2234		

G Accounting Method Cash Accrual Other (specify) ▶

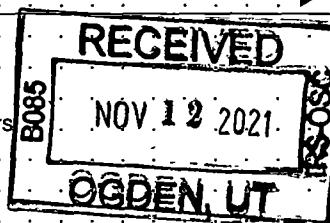
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 ▶ \$ **140,214**

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	1 Contributions, gifts, grants, and similar amounts received	1	37,763
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	87,161
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	15,290
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	15,290
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
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	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	140,214	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	2,302
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	2,396
	13 Professional fees and other payments to independent contractors	13	2,175
	14 Occupancy, rent, utilities, and maintenance	14	77,789
	15 Printing, publications, postage, and shipping	15	929
	16 Other expenses (describe in Schedule O)	16	10,486
17 Total expenses. Add lines 10 through 16	17	96,077	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	44,137
	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)	19	298,577
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-5,580
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	337,134



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For Paperwork Reduction Act Notice, see the separate instructions.

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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	94,006	100,952
23 Land and buildings	260,226	268,709
24 Other assets (describe in Schedule O)	2,603	14,070
25 Total assets	356,835	383,731
26 Total liabilities (describe in Schedule O)	58,258	46,597
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	298,577	337,134

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 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	2,396
29 To provide entertainment and comradeship 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	1,266
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	77,789
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	81,451

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
Andrew Grieb Commander	20	0	0	599
Richard Hogue Adjutant	10	0	0	0
Floyd Phillips Treasurer	5	0	0	0
Jim Sharp Service Officer	20	0	0	599
Russ Berget Building President	10	0	0	599

OB

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		✓
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		✓
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)?		✓
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		
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		✓
35c		
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		
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		
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?		✓
38a		
b If "Yes," complete Schedule L, Part II, and enter the total amount involved		
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		
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		✓
40b		
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		✓
40e		
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		✓
42b		
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		✓
42c		
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		<input type="checkbox"/>
43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
44a		
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		✓
44b		
c Did the organization receive any payments for indoor tanning services during the year?		✓
44c		
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		
44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
45a		
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		

	Yes	No
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

(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

Sign Here	▶	▶ 11/3/2021
	Signature of officer	Date
	▶ Andrew Grieb Commander	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Michael R. Wiley		11-3-21		PO1376957
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶ 5165 S. Lewiston Way Centennial, CO 80015	Phone no			303-478-2573

May the IRS discuss this return with the preparer shown above? See instructions ▶ 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.

OMB No 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

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	6,531
Miscellaneous Public Contributions	31,232
	<hr/>
	\$ 37,763

Part 1, Line 10, Grants and Similar Amounts Paid

United Veterans Coalition	\$ 520
Aid to Veterans Grants	\$ 482
Donation to House of Purpose	100
Donations to State Veterans Homes	1,200
	<hr/>
	\$ 2,302

Part 1, Line 14, Occupancy, Rent, Utilities

Water/Sewer	3,621
Gas/Electric	9,352
Repair/Maintenance	27,454
Insurance	5,198
Trash Pick Up	1,564
Building Supplies	13,081
Depreciation	4,759
Real Estate Taxes	12,760
	<hr/>
	77,789

Part 1, Line 16, Other Expenses

Cable TV	1,254
Service Officer Expense	228
Office Supplies	2,372
Telephone	2,333
Internet	839
Licenses & Permits	154
Bank Charges	186
Special Events	66
Awards	257
Interest Expense	2,797
	<hr/>
	\$ 10,486

Name of the organization

Employer identification number

Disabled American Veterans Chapter 21

23-7247415

Part 1, Line 20, Other Changes in Net Assets

Unrealized gain on investment carried at market value

\$ (5,580)

Part II, Line 24, Other Assets

Beg. Of Year End of Year

Accounts Receivables

2,603 14,070

\$ 2,603 \$ 14,070

Part II, Line 26, Total Liabilities

Beg. Of Year End of Year

Note Payables

58,258 46,597

\$ 58,258 \$ 46,597