

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2018**

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](http://www.irs.gov/Form990EZ) for instructions and the latest information. **1906****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning July 1, , 2018, and ending June 30, , 20 19

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

**C** Name of organization  
**Disabled American Veterans, Inc. Hutchinson Area Chapter 37**  
 Number and street (or P.O. box, if mail is not delivered to street address) 177 3rd Avenue NW  
 City or town, state or province, country, and ZIP or foreign postal code Hutchinson, MN 55350-1650 **04**

**D** Employer identification number  
31-1056318

**E** Telephone number  
320-587-1000

**F** Group Exemption Number ▶ 0557

**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 \_\_\_\_\_

**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. ▶ \$ 198,509

**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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	81,491	10	Grants and similar amounts paid (list in Schedule O)
2	Program service revenue including government fees and contracts	2		11	Benefits paid to or for members
3	Membership dues and assessments	3	1,012	12	Salaries, other compensation, and employee benefits
4	Investment income	4	231	13	Professional fees and other payments to independent contractors
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance
b	Less: cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe in Schedule O)
6	Gaming and fundraising events:			17	<b>Total expenses.</b> Add lines 10 through 16
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
b	Gross income from fundraising events (not including \$ <u>114,557</u> 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		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)
c	Less: direct expenses from gaming and fundraising events	6c	40,599	20	Other changes in net assets or fund balances (explain in Schedule O)
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	73,958	21	Net assets or fund balances at end of year. Combine lines 18 through 20
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	1,218		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	157,910		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2018)

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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 . . . . .	50,907	61,955
23 Land and buildings . . . . .	187,200	181,100
24 Other assets (describe in Schedule O) . . . . .	82,913	128,900
25 <b>Total assets</b> . . . . .	<b>321,020</b>	<b>371,955</b>
26 <b>Total liabilities</b> (describe in Schedule O) . . . . .		
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	321,020	371,955

**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? **Help disabled veterans and their families.**

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	County Veterans Assistance Council - Meeker, McLeod and Renville Counties \$2,500.00 each		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	28a	7,500
29	State Veterans Home - Fergus Falls \$500, LuVerne \$3,000, Hastings \$500.00, Minneapolis \$500.00, Silver Bay \$500.00		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	29a	5,000
30	Food for Kids of Deployed Parents		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	30a	2,500
31	Other program services (describe in Schedule O) . . . . .		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	31a	20,265
32	Total program service expenses (add lines 28a through 31a) . . . . . ▶	32	35,265

**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 . . . . . ☐

[illegible]

**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
<b>33</b> 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 . . . . .		✓
<b>34</b> 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 . . . . .		✓
<b>35a</b> 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>b</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 . . . . .		
<b>c</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 . . . . .		✓
<b>36</b> 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 . . . . .		✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> . . . . .		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<b>38a</b> 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>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ . . . . . ; section 4912 ▶ . . . . . ; section 4955 ▶ . . . . .		
<b>b</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 . . . . .		✓
<b>c</b> 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 . . . . . ▶ . . . . .		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ . . . . .		
<b>e</b> 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 . . . . .		✓
<b>41</b> List the states with which a copy of this return is filed ▶ <u>Minnesota</u> . . . . .		
<b>42a</b> The organization's books are in care of ▶ <u>Van D. Karg</u> . . . . . Telephone no. ▶ <u>320-587-1000</u> . . . . .		
Located at ▶ <u>177 3rd Avenue NW - Hutchinson MN</u> . . . . . ZIP + 4 ▶ <u>55350-1650</u> . . . . .		
<b>b</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 ▶ . . . . .		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). . . . .		
<b>c</b> 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 ▶ . . . . .		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> . . . . .		
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . .		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>b</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 . . . . .		✓
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		✓
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<b>b</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 . . . . .		✓

- 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
<b>46</b>		<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 . . . . . ☐

- 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
<b>47</b>		<input checked="" type="checkbox"/>

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

<b>48</b>		<input checked="" type="checkbox"/>
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- 49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>		<input checked="" type="checkbox"/>
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- b** If "Yes," was the related organization a section 527 organization? . . . . .

<b>49b</b>		<input checked="" type="checkbox"/>
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- 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**  **9-27-19**  
 Signature of officer Date  
 Van D. Karg, Adjutant/Treasurer  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no ▶			

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**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

**2018****Open to Public  
Inspection**

Name of the organization

Disabled American Veterans, Inc. Hutchinson Area Chapter 37

Employer identification number

31-1056318

**Part 1, Revenue #8 Other Revenue: Chapters portion from membership from National Organization \$ 1218.00****Part 1, Expenses #10 Grants and similar amounts -**

County Veterans Assistance Council \$7500.00

Veterans Golf Tournament \$500.00

State Veterans Homes \$5000.00

Veterans Pheasant Hunt \$250.00

Memorial Rifle Squads \$1000.00

Food For Kids of Deployed Parents \$2500.00

Purchase Walkers \$49.29

Donations to ATHC \$1500.00

Evergreen Senior Dining \$1000.00

Assistance to Needy Veterans and Families \$1300.00

Department of Minnesota Foundation \$6300.00

Flag Cases from Hastings Vets Home \$520.00

Transportation of Veterans/mileage \$346.00

Salute to Community Heros \$5000.00

Donations to Boy Scouts \$1000.00

Donation to Crow River Singers \$500.00

Donations to McLeod County Veterans Memorial \$100.00

Litchfield Wintercade Honoring Veterans \$300.00

VA Medical Centers \$600.00

**Grand Total \$35265.29****Part 1, Expenses, #16 Other expenses -**

Safety Deposit Box \$40.00

Chamber of Commerce Dues \$150.00

Name of the organization

Employer identification number

**Disabled American Veterans, Inc. Hutchinson Area Chapter #37****31-1056318**

Bank Correction \$136.55

Department of Public Safety/HC Sticker \$30.00

Amazon Membership \$142.89

MN Attorney General filings \$100.00

Bus to Twins Game \$735.00

Placemats \$245.00

Phone Holders \$53.10

Hospitality Room for Butch Whitehead \$750.00

Adjutant mileage \$1000.00

Veterans Day Dinner \$500.00

Purchase new Vehicle \$40,855.60

Vehicle and Trailer Licenses \$1332.50

Fuel for Vehicles \$12,804.65

Meals \$5003.77

Calendars and Pens \$1290.58

Parade Candy and Water \$311.00

Misc Clothing, Flags, Poles \$8601.86

DAV Sales/Halo \$552.48

DAV Sign \$160.00

Grand Total \$74794.98

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

Department of the Treasury  
Internal Revenue Service

**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

**2018**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

Disabled American Veterans, Inc. Hutchinson Area Chapter #37

31-1056318

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

1995 Chevrolet Pickup	\$2500.00	
2005 Chrysler T&C HDCP mini-van	\$3000.00	
2005 Cadillac	\$4000.00	
2008 Chevrolet Pickup	\$3000.00	
2011 Ford HDCP Van	\$23500.00	
2013 Dodge Caravan HDCP	\$3000.00	
2016 Honda Odyssey HDCP	\$35000.00	
2018 Ford Flex	\$35000.00	Total \$109000.00
2000 18ft Enclosed Trailer	\$1500.00	
2012 16ft Enclosed Trailer	\$4800.00	
2016 14ft Enclosed Trailer	\$3000.00	
2016 18ft Open Trailer	\$2600.00	
2018 18ft Enclosed Trailer	\$7000.00	Total \$18900.00
Tables and Chairs	\$1000.00	Total \$1000.00
		Total Other Assets \$128900.00

**Part II, Line 23, Land and Buildings -**

Building- 177 3rd Avenue NW Hutchinson MN	\$146300.00	
Parking Lot - 176 3rd Avenue NW Hutchinson MN	\$34800.00	Total \$181100.00