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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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A For the 2019 calendar year, or tax year beginning 7/1, 2019, and ending 6/30, 20 20

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 HUTCHINSON CHAPTER 37		D Employer identification number 31-1056318
	Number and street (or P O box if mail is not delivered to street address) Room/suite 177 THIRD STREET NW		E Telephone number 320-587-1000
	City or town, state or province, country, and ZIP or foreign postal code HUTCHINSON MN 55350		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 . \$ 143,075

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	47,615
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	2,010
	4 Investment income	4	778
	5a Gross amount from sale of assets other than inventory 5a		
	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		
	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	91,092	
c Less: direct expenses from gaming and fundraising events 6c	23,335		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d		67,758	
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	1,579	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	119,741	
Expenses	10 Grants and similar amounts paid (list in Schedule O) Internal Revenue Service	10	54,420
	11 Benefits paid to or for members Received US Bank - USB	11	13,484
	12 Salaries, other compensation, and employee benefits 341	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance OCT 13 2020	14	14,990
	15 Printing, publications, postage, and shipping	15	6,613
	16 Other expenses (describe in Schedule O) Ogden, UT	16	36,197
17 Total expenses. Add lines 10 through 16 ▶	17	125,704	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	-5,963
	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	371,955
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-16,600
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	349,392

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 106421 Form **990-EZ** (2019)

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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		✓
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		✓
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		✓
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?		✓
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?		✓
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		✓
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		✓
41 List the states with which a copy of this return is filed ▶ Minnesota		
42a The organization's books are in care of ▶ Van Karg Telephone no. ▶ 612-791-5143 Located at ▶ 1141 Fairway Avenue NW - Hutchinson MN ZIP + 4 ▶ 55350		
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).	Yes	No
		✓
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 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 ▶ 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		✓
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		✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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
46		<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
47		<input checked="" type="checkbox"/>

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

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

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

49b		<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
none				

f Total number of other employees paid over \$100,000 **0**

- 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
none		

d Total number of other independent contractors each receiving over \$100,000 **0**

- 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	<i>Van D. Karg</i> Signature of officer	10-9-2020 Date
	Van Karg Adj/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 for the latest information.

OMB No. 1545-0047

2019

**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 - Chapter portion from memberships from National Organizations **\$ 1,579.25**

Part 1 - Expenses #10 Grants and Similar Amounts -

State Veteran Homes **\$ 5,000.00**

Homeless and Needy Veterans Grants **3,560.29**

VA Medical Centers **1,000.00**

Donations National Service Offices **500.00**

Flag Cases from Veterans Home Wood Shop **1,690.00**

Movie Tickets **250.00**

COVID Face Masks **1,000.00**

Local Veterans Appreciation **11,320.00**

Lumber for Boy Scouts Troup to build 3 picnic tables **1,000.00**

MSP Int'l Airport Servicemens Center **500.00**

Transportation to baseball games for Vets **753.00**

Trophies honoring Vets **1,049.00**

Installation of flags for Vets **38.70**

Purchase hospital beds for local nursing homes **10,140.00**

Local scholarship program **500.00**

Fabric for Quilt of Valor **1,000.00**

County Veterans Council **5,000.00**

Veterans Pheasant Hunt **250.00**

Veterans Deer Hunt **250.00**

Veterans Fishing Trip **1,500.00**

Memorial Rifle Squad **2,000.00**

Purchase wheel chair **1,853.82**

Repair handicap equipment **633.52**

Batteries for handicap equipment **3,631.55** **Grant Total \$54,419.88**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

Employer identification number

Disabled American Veterans, Inc. Hutchinson Area Chapter 37**31-1056318****Part 1 Expenses #16 Other expenses -**

Meals	\$ 4,113.98	
Vehicle Insurance	11,346.00	
Flags and Clothing	7,501.82	
Veterans Day Dinner	500.00	
Christmas gifts for members	1,533.86	
DAV sales/halo	917.64	
Car Wash Tokens	96.00	
Parades water and candy	187.24	
Purchase HDCP Van	10,000.00	Grand Total \$36,196.54

Part 2 - Balance Sheet #24 Other Assets -**CHANGES IN NET ASSETS**

1995 Chevrolet Pick-up	\$ 2,500.00	
2005 Chrysler T&C mini-van HDCP	3,000.00	
2005 Cadillac	3,000.00	dropped in value \$1,000
2008 Chevrolet Pick-up	3,000.00	
2013 Dodge Caravan HDCP	3,000.00	
2016 Honda Odyssey HDCP	32,000.00	dropped in value \$3,000
2018 Ford Flex	32,000.00	dropped in value \$3,000
2008 Chrysler HDCP Van	15,000.00	purchased new vehicle for \$10,000
2000 18ft Enclosed trailer	1,500.00	
2012 16fr enclosed trailer	4,500.00	dropped in value \$300
2016 14ft enclosed trailer	2,800.00	dropped in value \$200
2016 18ft open trailer	2,500.00	dropped in value \$100
2018 18ft enclosed trailer	6,500.00	dropped in value \$200
		sold 2011 Ford HDCP Van for \$10,000
Misc. tables and chairs	1,000.00	Grand Total \$112,300.00