As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492009002070 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 07-01-2018 and ending 06-30-2019 B Check if applicable D Employer identification number C Name of organization Disabled American Veterans ☑ Address change Department of Nevada 88-0191079 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 797 Glen Martin Drive ☐ Final return/terminated (775) 530-4066 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return Sparks, NV 89434 F Group Exemption ☐ Application pending Number Check ► ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ▶www dav org **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) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I \checkmark 1 159,748 2 2 Program service revenue including government fees and contracts 3 16,978 Membership dues and assessments 4 328 4 5a Gross amount from sale of assets other than inventory 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 0 0 Less direct expenses from gaming and fundraising events 6с 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 . . . b 0 Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 177,054 10 Grants and similar amounts paid (list in Schedule O) 10 159,411 11 Benefits paid to or for members 11 72,448 12 Salaries, other compensation, and employee benefits . 12 13 2,156 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . . 15 Printing, publications, postage, and shipping 15 324 16 Other expenses (describe in Schedule O) 16 45.470 17 17 Total expenses. Add lines 10 through 16 279,809 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -102,755Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 302,569 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 199,814 Form **990-EZ** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Form 990-EZ (2018)						Page 2
Part II Balance Sheets (see the instructions						_
Check if the organization used Schedule	O to respond to any q	uestion in this Pa				
22 Cash, savings, and investments		⊢	(A) D	eginning of year 302,569	22	(B) End of year 199,814
23 Land and buildings					23	
24 Other assets (describe in Schedule O)		[24	
25 Total assets				302,569		199,814
26 Total liabilities (describe in Schedule O)		<u> </u>		303 560	26	100.014
27 Net assets or fund balances (line 27 of column Part III Statement of Program Service A	<u> </u>		s for Pai	302,569	1 T	199,814 Expenses
Check if the organization used Schedule	•	•		🗆		quired for section 501(c)
What is the organization's primary exempt purpose? To Assist and Support Disabled Veterans						and 501(c)(4) anizations, optional for
To Assist and Support Disabled Veterans Describe the organization's program service accomplis	shments for each of its	three largest pro	ogram	services, as		ers)
measured by expenses. In a clear and concise manne	r, describe the service					
benefited, and other relevant information for each pro 28	gram title				+ 1	
See Additional Data Table						
				_		
· · · · · · · · · · · · · · · · · · ·	t includes foreign gran	ts, check here .		. ▶ 🗆	28a	
29 See Additional Data Table					29a	
<u> </u>	t includes foreign gran	its, check here .	•	. ▶ ⊔	$\perp \perp$	
30 See Additional Data Table					30a	
				. \square		
<u> </u>	t ıncludes foreıgn gran		•	. ▶ ⊔	\perp	
31 Other program services (describe in Schedule O)					_	
(Grants \$) If this amoun 32 Total program service expenses (add lines 28a	t includes foreign gran	ts, check here .			31a 32	105,458
Part IV List of Officers, Directors, Trustees,						<u>'</u>
Check if the organization used Schedule	O to respond to any q	uestion in this Pa	rt IV.			🗅
(a) Name and title	(b) Average	(c) Reportab	ole	(d) Health ben	efits.	(e) Estimated amount
(a) name and the	hours per week	compensatio	on	contributions to er	nploye	e of other compensation
	devoted to position	(Forms W-2/10 MISC) (if not p		benefit plans, deferred compen	and sation	
		enter -0-)		,		
Arzie Gordon	10 00		0			
Commander						
Michael F Schuenke	10 00		0			
Secretary/Adjut						
Mark Donberger	10 00		0			
1st Vice Comman						
Shawn Brewer	20 00		0			
Treasurer						
						1
						5 000 == (55:5)

Pai	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in the	е	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . $$		<u> </u>	
			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	33		No
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)			No
35a	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)?			No
h	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			No
	 If "Yes," to line 35a, has the organization filed a Form 990-1 for the year? If "No," provide an explanation in Schedule O 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 			No
36				No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			NO
b	Did the organization file Form 1120-POL for this year?			No
38a	Ba 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?			No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter	7		
а	Initiation fees and capital contributions included on line 9 39a	0		
b	Gross receipts, included on line 9, for public use of club facilities	0		
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		No
С	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 sections4912, 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				
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No
41	transaction? If "Yes," complete Form 8886-T			
42a	and the states with which a copy of this feed in is fied a			
	e organization's books are in care of ▶ <u>Shawn Brewer</u> Telephone no	(775)	530-406	6
	Located at ▶ 797 Glen Martin Drive Sparks , NV ZIP + 4 ▶	89434	ļ	
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)?	42b	Yes	No No
If "Yes," enter the name of the foreign country 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)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
	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			
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
	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		No
	Did the organization receive any payments for indoor tanning services during the year?	44c		No
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		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
	5b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meanin of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			No

						Yes	No
	the organization engage, directly or indire			of or in opposition to			
	didates for public office? If "Yes," complet	<u>'</u>			46		No
Part VI	Section 501(c)(3) organizatio All section 501(c)(3) organization		ions 47- 49b and 52	2. and complete the ta	bles for I	nes 50	and
	51. Check if the organization used Schedu	•					
	Check if the organization used Schedu	ie o to respond to any q	destion in this rate vi			Yes	No
17 Dıd	the organization engage in lobbying activ	ties or have a section 50	01(h) election in effect	during the tax year?			
If "Y	Yes," complete Schedule C, Part II		· · · · · · ·		47		
18 Is th	he organization a school as described in se	ganization a school as described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E rganization make any transfers to an exempt non-charitable related organization?			. 48		
I9a Did	the organization make any transfers to ar				. 49a		
b If "Y	Yes," was the related organization a section	as the related organization a section 527 organization?		. 49b	49b		
	nplete this table for the organization's five o each received more than \$100,000 of co				es and key	employ	ees)
	a) Name and title of each employee	(b) Average	(c) Reportable	(d) Health benefits,		tımated	
		devoted to position	compensation (Forms W-2/1099- MISC)	contributions to employ benefit plans, and deferred compensatio		er compe	erisatio
			MISC	dererred compensatio	"		
ONE							
	otal number of other employees paid over			<u> </u>			
51 Com	otal number of other employees paid over nplete this table for the organization's five npensation from the organization If there	highest compensated in		•	e than \$10	0,000 of	=
51 Com	nplete this table for the organization's five	highest compensated in is none, enter "None"	·		e than \$10		
51 Com	nplete this table for the organization's five pensation from the organization If there	highest compensated in is none, enter "None"	·				
51 Com	nplete this table for the organization's five pensation from the organization If there	highest compensated in is none, enter "None"	·				
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51 Com	nplete this table for the organization's five pensation from the organization If there	highest compensated in is none, enter "None"	·				
51 Com	nplete this table for the organization's five pensation from the organization If there	highest compensated in is none, enter "None"	·				
51 Com	nplete this table for the organization's five pensation from the organization If there	highest compensated in is none, enter "None"	·				
51 Comcom	nplete this table for the organization's five ipensation from the organization. If there (a) Name and business address of	highest compensated ir is none, enter "None " each independent contr	actor				
S1 Com	nplete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None " each independent contr	actor				
d To	nplete this table for the organization's five ipensation from the organization. If there (a) Name and business address of	highest compensated in is none, enter "None " each independent control of the con	\$100,000	(b) Type of service	(c) Compo	ensation	
d To	nplete this table for the organization's five opensation from the organization. If there (a) Name and business address of the organization of the organization complete Schedule A?	highest compensated in is none, enter "None " each independent control of the con	\$100,000	(b) Type of service	(c) Comp	ensation	
d To com d To com dinder pen nowledge	nplete this table for the organization's five apensation from the organization. If there (a) Name and business address of other independent contract of the organization complete Schedule A? ompleted Schedule A	highest compensated in is none, enter "None " each independent control of the con	\$100,000	(b) Type of service	(c) Compo	ensation	
d To Solution of the state of	nplete this table for the organization's five opensation from the organization. If there (a) Name and business address of open and open a	highest compensated in is none, enter "None " each independent control of the con	\$100,000	(b) Type of service st attach a nedules and statements, a is based on all information	(c) Compo	ensation	
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d To con der pen nowledge as any kr	potal number of other independent contract of the organization and business address of other independent contract of the organization complete Schedule A? ompleted Schedule A	highest compensated in is none, enter "None " each independent control of the con	\$100,000	(b) Type of service st attach a nedules and statements, a is based on all informations and statements.	(c) Compo	ensation	
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d To con d To con der pen nowledge as any kr ign lere	potal number of other independent contract of the organization and business address of other independent contract of the organization complete Schedule A? ompleted Schedule A	highest compensated in is none, enter "None " each independent control of the con	\$100,000	(b) Type of service st attach a nedules and statements, a is based on all information 2020-01-08 Date Check If PTI POO	• ► □ Ye and to the on of whice	ensation	
d To com d To com der pen nowledge as any kr ign lere	potal number of other independent contract of the organization complete Schedule A ompleted Schedule A ompleted Schedule A ompleted Schedule A ompleted of perjury, I declare that I have exact and belief, it is true, correct, and complete nowledge Organization of the organization of the organization of perjury, I declare that I have exact and belief, it is true, correct, and complete one of the organization of the organi	highest compensated in is none, enter "None " each independent contr ors each receiving over NOTE. All section 501(a mined this return, incluite Declaration of prepa	\$100,000	st attach a nedules and statements, a is based on all informations based Date	(c) Composition (c) Yes	ensation	
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d To S2 D collader pen nowledge as any kr	nplete this table for the organization's five apensation from the organization. If there (a) Name and business address of other independent contract of the organization complete Schedule A? ompleted Schedule A	highest compensated in is none, enter "None " each independent contr ors each receiving over NOTE. All section 501(a) mined this return, incluite Declaration of prepa	\$100,000	(b) Type of service st attach a nedules and statements, and is based on all information 2020-01-08 Date Check ☑ if self-employed Firm's EIN ▶ 94-24	(c) Composition (c) Yes and to the on of whice (N)	ensation	

Page **4**

Form 990-EZ (2018)

Additional Data

Software ID: 18007218

Software Version: 2018v3.1 **EIN:** 88-0191079

Name: Disabled American Veterans

Department of Nevada

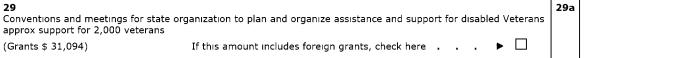
Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
	Officer Salaries, benefits and expenses)to assist veterans filing claims with irs Salaries, benefits and expensesApprox support for 2,000 veterans	28a		
(Grants \$ 74,364)	If this amount includes foreign grants, check here $\ . \ . \ . \ \blacktriangleright$			

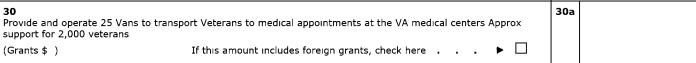
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

Form 990EZ, Part III - Statement of Program Service Accomplishments



Form 990EZ, Part III - Statement of Program Service Accomplishments Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.) 30a



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SCHEDULE O (Form 990 or 990- EZ) Supplemental Ir Complete to provide in Form 990 or 990		Supplemental Information to Form 990 or 9 Complete to provide information for responses to specific quest 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	ions on on.	OMB No 1545-0047 2018 Open to Public Inspection	
Namel & the of game at ion Disabled American Veterans Department of Nevada 990 Schedule O, Supple		emental Information	Employer ide 88-0191079	ntification number	
Return Reference		Explanation			
Grants and Similar Amounts Paid In Excess of \$5,000 1	Donee's N	lame Transportation Veterans to VA Medical Cash Amount Given \$121456			

Return Reference

Grants and | Donee's Name VAVS programs Van Purchase exp | Cash Amount Given \$37955

990 Schedule O, Supplemental Information

\$5.000 2

Grants and | | Donee's Name VAVS programs Van Purchase exp | Cash Amount Given \$37955
Similar | Amounts | Paid In | Excess of |

990 Schedule O, Supplemental Information Return Explanation Reference

Other Office Expenses \$4357
Expenses 1002

990 Schedule O, Supplemental Information Return Explanation Reference

Other Conferences, Conventions, and Meetings \$31094

Expenses 1007

990 Schedule O, Supplemental Information Return Explanation Reference Insurance \$2282

Other Expenses 1012

990 Schedule O, Supplemental Information Return Explanation Reference

Other Operating Expenses \$5821
Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference

Other ADP Payroll Service \$1816
Expenses 2

990 Schedule O, Supplemental Information Return Explanation Reference Other Forget me not \$100

Expenses 4