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237110107

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

OMB No. 1545-1150

2014**Open to Public Inspection**

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning July 01, 2014, and ending June 30, 2015	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization Disabled American Veteran Chapter 20 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 4896 Kempsville Greens Parkway City or town, state or province, country, and ZIP or foreign postal code Virginia Beach, Virginia 23462
D Employer identification number 23-1711010	
E Telephone number 757-519-9931	
F Group Exemption Number ▶	
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) () ◀ (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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 91414.84	

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	15058.81
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	7109.50
	4	Investment income	4	1246.53
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
6b	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	0	
6c	Less: direct expenses from gaming and fundraising events	6c	0	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	0
	7b	Less: cost of goods sold	7b	0
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	88000.00
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	91414.84
	10	Grants and similar amounts paid (list in Schedule O)	10	34166.28
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	0
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	28229.30
	15	Printing, publications, postage, and shipping	15	425.51
	16	Other expenses (describe in Schedule O)	16	25510.43
	17	Total expenses. Add lines 10 through 16	17	88331.52
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3083.32
	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	117279.89
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	120363.31

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2014)

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Jan. 20, 2016 LTR 2695C 0 R

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DISABLED AMERICAN VETERAN CHAPTER
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4896 KEMPSVILLE GREENS PARKWAY
VIRGINIA BEACH VA 23462



DECLARATION

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Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

1/29/16

Date

Title