(Rev. January

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

| / 2020) | Do not enter social security numbers on this form as it may be made public. |
|----------|--|
| Treasury | Do not enter social security numbers on this form as it may be made public |
| Service | ▶ Do not enter social security numbers on this form as it may be made public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. |
| | |

Open to Public

| | | enue Service | Go to www.irs.gov/Form990 for instructions and the la | test information. | Inspection |
|-----------------------------|---------------------------|------------------|---|--|--------------------------------|
| Α | For th | ne 2019 calen | dar year, or tax year beginning JUL 1, 2019 and ending | | |
| В | Check i applicat | C Name | of organization | D Employer identif | ication number |
| | Addr | ess DIS | ABLED AMERICAN VETERANS | | |
| | Nam chan | 6 | ousiness as | 06-60994 | 23 |
| ┌ | Initia | | | | |
| | Final | I | LEE HARTELL, PO BOX 41 | uitc E Telephone numbe | |
| | —Jreturi termi ated | n- | town, state or province, country, and ZIP or foreign postal code | | 76,950. |
| | Amer | - 4 - 4 | BURY, CT 06810 | G Gross receipts \$ | |
| | returi Appli | | and address of principal officer CHARLES GARTLAND | H(a) Is this a group re | |
| | Ition pend | | | for subordinates 13 H(b) Are all subordinates i | |
| | Tav.ev | empt status | 501(c)(3) X 501(c) (4) ◀ (insert no) 4947(a)(1) of | | |
| | Webs | | | H(c) Group exemption | list (see instructions) |
| | | f organization | Corporation Trust Association X Other TAX E L Y | | A State of legal domicile. CT |
| _ | art I | Summary | ossporation A onto PIAN INC. | cal of formation 1772[F | M State of legal domicile. C.1 |
| _ | 1 | | be the organization's mission or most significant activities ASSIST D | TCARLED WEMER | ANC |
| Activities & Governance | ' | briefly descri | be the organization's mission of most significant activities ABBIBT D | TONDUED VEIER | ANO |
| nar | 2 | Chack this be | ox I if the organization discontinued its operations or disposed of m | oro than 25% of the not as | nanta |
| Ver | 3 | | oting members of the governing body (Part VI, line 1a) | 1 | 278 |
| ၓၟ | 4 | | dependent voting members of the governing body (Part VI, line 1b) | 3 | 6 |
| مخ در | 5 | | | 4 | 0 |
| ij | 6 | | of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 0 |
| ₹. | - | | of volunteers (estimate if necessary) | 6 | <u>_</u> |
| ¥ | | | bd business revenue from Part VIII, column (C), line 12 | 7a 7b | 4,326. |
| | B | Net unrelated | business taxable income from Form 990-T, line 39 | | |
| | | Contributions | and grants (Dort) (III line 1 lin) | Prior Year 1,402. | Current Year 9,396. |
| ine. | 8 | | and grants (Part VIII, line 1h) | | |
| Revenue | 9 | • | ice revenue (Part VIII, line 2g) | 1,520. | 0. |
| æ | 10 | | come (Part VIII, column (A), lines 3, 4, and 7d) | 0. | 0. |
| | 11 | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | <u>15,391.</u> | 5,848. |
| | 12 | | - add lines 8 through 11 (must equal Part VIII; column (A), line 12) | 18,313. | 15,244. |
| | 13 | | milar amounts paid:(Part IX, column (A), lines 33 | 240. | 0. |
| | 14 | | to or for members (Part IX, column (A), line 4) | 0. | 0. |
| ses | 15 | | er compensation, employee benefits (Part IX, column (A), lines 5 10) | 0. | 0. |
| Expenses | 1 | | fundraising fees (Part IX, column (A), line 41'e) | 0. | 0. |
| 꼾 | | | sing expenses (Part IX, column (D), line 25) | 21 604 | 20 160 |
| _ | | | es (Part IX, column (A), lines 11a,11d,11f-24e) | 21,694. | 20,168. |
| | ł | | es Add lines 13-17 (must equal Part IX, column (A), line 25) | 21,934. | 20,168. |
| | 19_ | Revenue less | expenses Subtract line 18 from line 12 | <3,621. | |
| Net Assets or Fund Balances | 1 | | | Beginning of Current Year | End of Year |
| Sse Bala | 20 | | Part X, line 16) | 20,333. | 19,415. |
| in a | 21 | | s (Part X, line 26) | 0. | 4,800. |
| | | | fund balances Subtract line 21 from line 20 | 20,333. | 14,615. |
| | art II | Signatur | | hamania and to the heat of m | - keautadae and polati duc |
| | | | I declare that I have examined this return, including accompanying schedules and state | | y knownedge and benefi, it is |
| true, | , correc | ct, and complete | Declaration of preparer (other than officer) is based on all information of which prepare | arer has any knowledge. | |
| | | Signatur | e of officer | Date | |
| Sigr | | ' | | 5010 | |
| Her | е | | LLES GARTLAND, COMMANDER print name and title | | |
| | | ļ <u>-</u> | | Date Causa C | X PTIN |
| | | Print/Type pre | | ا ا | <u>~ \</u> |
| Paid | | | R. Godfrey Charles Hodfrey | 11/02/20 set ess stop | E LOOTADADT |
| Prep | | | C.R. GODFREY & ASSOCIATES | Firm's EIN | |
| Use | Only | Firm's address | | 0 | |
| | | <u></u> | SANDY HOOK, CT 06482 | Phone no. | |
| May | the II | | s return with the preparer shown above? (see instructions) | | Yes No Form 990 (2019) |
| | | οοο ΙΗΔ I | or Panerwork Reduction Act Notice, see the separate instructions. | | rom 330 (2019) |

| | m 990 (2019) DISABLED AMERICAN VETERANS | 06-6099 4 23 P | age 2 |
|----|--|-----------------------------------|----------|
| | art III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission | | |
| | ASSIST DISABLED VETERANS VETERANS AND THEIR DEPENDENT | rs. Foster | |
| | FELLOWSHIP AMONG DISABLED VETERANS THROUGH PARTICIPAT | TON IN PRATERNAL | |
| | ACTIVITIES | ION IN PRAIERNAL | |
| | | | |
| 2 | Did the organization undertake any experience arrangement areas during the year which were not leaded and | | |
| ۲. | Did the organization undertake any significant program services during the year which were not listed on t prior Form 990 or 990 EZ? | ne ☐ Yes X | ٦., |
| | | L_JYes L▲ | _ No |
| 3 | If "Yes," describe these new services on Schedule O | ices? Yes X | ٦., |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program serv | ices?Yes | J No |
| | If "Yes," describe these changes on Schedule O | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program service | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to | o others, the total expenses, and | |
| | revenue, if any, for each program service reported | | |
| 4a | / (2-parison) | (Revenue \$ |) |
| | ASSIST DISABLED VETERANS AND THEIR DEPENDENTS. FOSTER | R FELLOWSHIP AMON | <u>G</u> |
| | DISABLED VETERANS | | |
| | THROUGH PARTICIPATION IN FRATERNAL ACTIVITIES | | |
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| 4b | (Code) (Expenses \$) (| Revenue \$ | } |
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| 4c | (Code) (Expenses \$) (| Revenue \$ |) |
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| 4d | Other program services (Describe on Schedule O) | | |
| +u | |) | |
| 10 | 1 | | |
| 4e | Total program service expenses | Form 990 (| 2019) |

06-6099423 Page 3

Form 990 (2019) DISABLED AMERICAN VETERANS
Part IV Checklist of Required Schedules

| | | | Yes | No |
|----------|--|------|-------|-----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. 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 | 4 | - | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | _ 5 | | <u>X</u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6_ | | <u>X</u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u>X</u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | <u>X</u> |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | v |
| | If "Yes," complete Schedule D, Part IV | 9 | | <u>_X</u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor restricted endowments | | | v |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | <u>X</u> |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| _ | as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | х | |
| L | Part VI Did the organization report an amount for investments other securities in Part X, line 12, that is 5% or more of its total | 11a | | |
| D | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| _ | Did the organization report an amount for investments program related in Part X, line 13, that is 5% or more of its total | 1 10 | | |
| C | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| ч | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | į | |
| ŭ | Part X, line 167 If "Yes," complete Schedule D, Part IX | 11d | Х | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | ļ | X |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | <u>X</u> |
| þ | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | <u>X</u> |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | <u>X</u> |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | <u>X</u> |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | ا ا | | v |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | <u> </u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 4.5 | , | Y |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u>X</u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 16 | | X |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. | 0 | | |
| 17 | | 17 | | X |
| 40 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| 18 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 10 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| 19 | complete Schedule G, Part III | 19 | | X |
| 20-2 | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| LVA h | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 0000 | 2.04.00.00 | Form | 990 (| 2019) |

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Form 990 (2019)

1b

DISABLED AMERICAN VETERANS Form 990 (2019) 06-6099423 Page 4 Checklist of Required Schedules (continued) Part IV Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If *Yes, *complete Х Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV 28 instructions, for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If X "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete X 32 Schedule N. Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V, line 1 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No. 0 1a Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable 1a

(gambling) winnings to prize winners?

b Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 01 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a --Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886 T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6ъ were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes." enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

If "Yes," complete Form 4720, Schedule O

Form 990 (2019) DISABLED AMERICAN VETERANS 06-6099423 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions \mathbf{x} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 278 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 6 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X b Each committee with authority to act on behalf of the governing body? 86 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 X Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a 'a The organization's CEO, Executive Director, or top management official X 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

| Sec | ction C. Disclosure |
|-----|---|
| 17 | List the states with which a copy of this Form 990 is required to be filed None |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available |
| | for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. X Upon request. Other (explain on Schedule O) |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial |

statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records 20 CHARLES GARTLAND

06813 LEE HARTELL PO BOX 41, DANBURY.

exempt status with respect to such arrangements?

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

| (A) Name and title | (B) Average hours per week | (do not | | ganization compensat (C) Position do not check more than one ox, unless person is both an fficer and a director/trustee) | | | one h an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|-----------------------|--|--------------------------------|-----------------------|--|--------------|------------------------------|-------------|--|--|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W 2/1099-MISC) | organizations (W 2/1099-MISC) | compensation from the organization and related organizations |
| (1) CHARLES GARTLAND | 20.00 | | | | | | | | | |
| COMMANDER | | | | X | | | | 0. | 0. | 0 |
| (2) ADAM HOROSKY | 4.00 | | | | | | | | | |
| ADJUTANT | | | | X | | | İ | 0. | 0. | 0 |
| (3) ROBERT YOUNG | 4.00 | <u> </u> | | | | | | | | |
| TREASURER | | 1 | | Х | | | | 0. | 0. | 0 |
| (4) GEORGE SMITH | 4.00 | | | | | | | | | |
| SERVICE OFFICER | | | | Х | | | | 0. | 0. | 0 |
| (5) JUAN RIVAS | 4.00 | | | | - | | | | | |
| SERGANT AT ARMS | | 1 | | | | | | 0. | 0. | 0 |
| | | | | | | | | | 1 | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | - | | | | | | | 1 | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b 1,092. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 8,304 similar amounts not included above 1f 9 Noncash contributions included in lines 1a-1f 1a \$ 9,396 h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total, Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax exempt bond proceeds Royalties 5 (ı) Real (II) Personal 6 a Gross rents 6a 6b b Less rental expenses c Rental income or (loss) 6c d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory 7a b Less cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See 4,740. Part IV, line 19 9a 8,081 9b b Less: direct expenses <3,341.> <3,341.> c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 58,488 and allowances 10a 53,625 10b b Less cost of goods sold 4.863 4,863. c Net income or (loss) from sales of inventory **Business Code** 2,346.1 2,346. 11 a JUKE BOX 1,500. ,500. ь HALL RENTAL 480. 480. c POOL TABLE d All other revenue 4,326. e Total. Add lines 11a 11d 15,244. 522. 4,326. 0. Total revenue See instructions 12 Form 990 (2019)

| Pa | rt IX Statement of Functional Expens | es | | | | | | | | |
|----------|--|---------------------------------------|---------------------------------------|---|---|--|--|--|--|--|
| Sect | ion 501(c)(3) and 501(c)(4) organizations must com | plete all columns. All oti | her organizations must co | omplete column (A) | | | | | | |
| • | Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | |
| 1 | Grants and other assistance to domestic organizations | | | | | | | | | |
| | and domestic governments. See Part IV, line 21 | | | | | | | | | |
| 2 | Grants and other assistance to domestic | | | | | | | | | |
| | -individuals-See Part IV,-line 22 | | | | | | | | | |
| 3 | Grants and other assistance to foreign | | | | | | | | | |
| | organizations, foreign governments, and foreign | | | | | | | | | |
| | individuals See Part IV, lines 15 and 16 | | | | | | | | | |
| 4 | Benefits paid to or for members | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | | |
| | trustees, and key employees | | | | | | | | | |
| 6 | Compensation not included above to disqualified | | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | | | | | | | | | |
| 7 | Other salaries and wages | | | | | | | | | |
| 8 | Pension plan accruals and contributions (include | | | | | | | | | |
| _ | section 401(k) and 403(b) employer contributions) | | | - + | | | | | | |
| 9 | Other employee benefits | | | | | | | | | |
| 10 | Payroll taxes | | | | | | | | | |
| 11 | Fees for services (nonemployees) Management | | | | | | | | | |
| a | Legal | | - | | | | | | | |
| b | Accounting | 400. | | 400. | | | | | | |
| d | Lobbying | | | | | | | | | |
| - | Professional fundraising services See Part IV, line 17 | | | | | | | | | |
| f | Investment management fees | | | | | | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, | | | | | | | | | |
| J | column (A) amount, list line 11g expenses on Sch O.) | | | | | | | | | |
| 12 | Advertising and promotion | | | | | | | | | |
| 13 | Office expenses | 150. | | 150. | | | | | | |
| 14 | Information technology | | | | | | | | | |
| 15 | Royalties | | | | | | | | | |
| 16 | Occupancy | 11,345. | | 11,345. | | | | | | |
| 17 | Travel | | | | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | | |
| | for any federal, state, or local public officials | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 19 | Conferences, conventions, and meetings | | | | | | | | | |
| 20 | Interest Payments to affiliates | | | | | | | | | |
| 21 22 | Depreciation, depletion, and amortization | | | | | | | | | |
| 23 | Insurance | 5,222. | | 5,222. | | | | | | |
| 24 | Other expenses, Itemize expenses not covered | | | | - | | | | | |
| | above (List miscellaneous expenses on line 24e. If | | | | | | | | | |
| | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule () | | | | | | | | | |
| а | ME CORE E ANDOUC | 1,055. | | 1,055. | | | | | | |
| b | COMPUTER/INTERNET | 1,038. | | 1,038. | | | | | | |
| С | ALARM SYSTEM | 486. | | 486. | | | | | | |
| d | BANK FEES | 322. | | 322. | | | | | | |
| е | | 150. | | 150. | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 20,168. | 0. | 20,168. | 0. | | | | | |
| 26 | Joint costs Complete this line only if the organization | | | | | | | | | |
| | reported in column (B) joint costs from a combined | | ı | j | | | | | | |

educational campaign and fundraising solicitation.

Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X Balance Sheet

| | • | Check if Schedule O contains a response or note to any line in this Part X | | | |
|-----------------------------|-----|--|--------------------------|-----|--------------------|
| | | and the state of t | (A) Beginning of year | | (B) End of year |
| | 1 | Cash · non-interest-bearing | 6,126. | 1 | 1,842. |
| | 2 | Savings and temporary cash investments | 2,507. | 2 | 1,867. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | -5- | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | } | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| হ | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| ĕ | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment cost or other | | | |
| | | basis Complete Part VI of Schedule D 10a 97, 400 | • | | |
| | ь | Less accumulated depreciation 10b 85,700 | . 11,700. | 10c | 11,700. |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments · program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 0. | 15 | 4,006. 19,415. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 20,333. | 16 | 19,415. |
| | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or former officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| iab | | controlled entity or family member of any of these persons | | 22 | 4,800. |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24) Complete Part X | | | |
| | | of Schedule D | | 25 | 4 000 |
| | 26 | Total liabilities. Add lines 17 through 25 | 0. | 26 | 4,800. |
| s | | Organizations that follow FASB ASC 958, check here ▶ X | | | |
| ခိုင | | and complete lines 27, 28, 32, and 33. | 00 222 | | 14 615 |
| alar | 27 | Net assets without donor restrictions | 20,333. | 1 | 14,615. |
| Ä | 28 | Net assets with donor restrictions | | 28 | |
| Ĕ | | Organizations that do not follow FASB ASC 958, check here | | | |
| F | | and complete lines 29 through 33. | | | |
| ts | 29 | Capital stock or trust principal, or current funds | | 29 | |
| SSe | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated income, or other funds | 20 222 | 31 | 14 (15 |
| Š | 32 | Total net assets or fund balances | 20,333. | 32 | 14,615. |
| | 33 | Total liabilities and net assets/fund balances | 20,333. | 33 | 19,415. |

| | n 990 (2019) DISABLED AMERICAN VETERANS | 06-609 | 9423 | Pa | ige 12 |
|----------------|---|------------|------|-----|----------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| • | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1 | 5,2 | 244. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2 | 0,1 | .68. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | _< | 4,9 | 24. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2 | 0,3 | 33. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6- | -Donated-services-and-use-of-facilities- | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | <7 | 94. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 1 | 4,6 | 15. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 X Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | | |
| | separate basis, consolidated basis, or both | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| ь | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa | te basis, | | | |
| | consolidated basis, or both: | | Ì | | 1 |
| | Separate basis Consolidated basis Both consolidated and separate basis | | İ | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | ie audit, | 1 | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | <u> </u> |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sc | hedule O. | f | | 1 |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sci | | | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 36 | | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

DISABLED AMERICAN VETERANS

Employer identification number 06-6000123

Schedule D (Form 990) 2019

| Pa | rt I Organizations Maintaining Donor Advise | | | -0099423 |
|-----|---|---|---------------------------------------|-------------------------|
| L | organization answered "Yes" on Form 990, Part IV, lin | | 3 01 7 10 00 di 110. O | omplete ir the |
| | organization answered Too on Form 550, Fait W, III | (a) Donor advised funds | (b) Funds and | other accounts |
| 1 | Total number at end of year | (4) 20/00/000/000/000 | (5) 1 31133 2113 | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | | Lurring that the assets held in doner advis | and funds | |
| 3 | Did the organization inform all donors and donor advisors in are the organization's property, subject to the organization's | - | sea iarias [| Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | • | used only | res no |
| O | for charitable purposes and not for the benefit of the donor of | | • | |
| | impermissible private benefit? | or donor advisor, or for any other purpose | Comerning | Yes No |
| Pa | | ranization answered "Yes" on Form 990 | Part IV line 7 | 1165 1160 |
| 1 | Purpose(s) of conservation easements held by the organizati | | at 14, 1116 7 | - |
| • | Preservation of land for public use (for example, recrea | · — | a historically importa | int land area |
| | Protection of natural habitat | | a certified historic st | |
| | Preservation of open space | Treservation of | a certified historic st | loctore |
| 2 | Complete lines 2a through 2d if the organization held a qualif | fied conservation contribution in the form | of a conservation ear | sement on the last |
| _ | day of the tax year | led conservation contribution in the form | | the End of the Tax Year |
| а | Total number of conservation easements | | 2a | |
| b | Total acreage restricted by conservation easements | | 2b | |
| | Number of conservation easements on a certified historic stri | ucture included in (a) | 2c | ···· |
| | Number of conservation easements included in (c) acquired a | • • | | |
| u | listed in the National Register | and 7720700; and not on a meteric office. | 2d | |
| 3 | Number of conservation easements modified, transferred, rel | eased extinguished or terminated by the | | the tax |
| • | year ▶ | | • • • • • • • • • • • • • • • • • • • | |
| 4 | Number of states where property subject to conservation eas | sement is located | | |
| 5 | Does the organization have a written policy regarding the per | nodic monitoring, inspection, handling of | | |
| | violations, and enforcement of the conservation easements it | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing con- | servation easements | during the year |
| | > | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conserva | tion easements dunr | ig the year |
| | ▶ \$ | | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 170 | (h)(4)(B)(i) | |
| | and section 170(h)(4)(B)(ii)? | | Ĺ | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | | | |
| | balance sheet, and include, if applicable, the text of the footr | note to the organization's financial statem | ents that describes the | ne |
| | organization's accounting for conservation easements | (A. Illiaha da al Tracaciones da C | Abou Cirrilor Aco | |
| Pai | t III Organizations Maintaining Collections of | | uner Similar Ass | ets. |
| | Complete if the organization answered "Yes" on Form | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | | | MIKS |
| | of art, historical treasures, or other similar assets held for pub | | | |
| | service, provide in Part XIII the text of the footnote to its finar | | | o f |
| b | If the organization elected, as permitted under FASB ASC 95 | | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in furt | terance of public serv | /ice, |
| | provide the following amounts relating to these items | | ▶ € | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | |
| | (ii) Assets included in Form 990, Part X | | | |
| 2 | If the organization received or held works of art, historical trea | | rgain, provide | |
| | the following amounts required to be reported under FASB A | OC 300 relating to these items | • • | |
| а | Revenue included on Form 990, Part VIII, line 1 | | ~ 3 | |
| h | Assets included in Form 990. Part X | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

| | | D AMERICAN | | | | | | | | Page 2 |
|---------|--|-----------------------|---------------|----------------|----------------|---------------|----------------|--------------|----------------|-------------------|
| Pa | t III Organizations Maintaining (| Collections of A | rt, His | torical Tr | easures, | <u>or Oth</u> | <u>er Simi</u> | lar Asse | ts(continu | ued) |
| 3 | Using the organization's acquisition, access | ion, and other recor | ds, chec | k any of the | following that | at make | significan | t use of its | | |
| • | collection items (check all that apply) | | | | | | | | | |
| а | Public exhibition | , | d \square | Loan or exc | hange progr | am | | | | |
| b | Scholarly research | 1 | e | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's c | ollections and expla | in how th | ney further t | he organizat | ion's exe | empt purp | ose in Par | t XIII | |
| 5 | During the year, did the organization solicit of | or receive donations | of art, hi | storical trea | sures, or oth | ner sımıla | ır assets | | | |
| | to be sold to raise funds rather than to be m | aintained-as-part-of | the orga | nization's-co | ollection?— | | | | Yes— | - <u> </u> |
| Pai | t IV Escrow and Custodial Arran reported an amount on Form 990, Pa | | lete if the | organizatio | n answered | "Yes" or | n Form 99 | 0, Part IV, | line 9, or | |
| | <u> </u> | | diani far | oontribution | or other a | nacta na | t included | | | |
| 18 | Is the organization an agent, trustee, custod | ian or other interme | diary for | CONTINUUTION | is or other as | ssets no | included | <u> </u> | Yes | □ No |
| _ | on Form 990, Part X? | and complete the f | allovena | tabla | | | | | _1 1€2 | 110 |
| D | If "Yes," explain the arrangement in Part XIII | and complete the n | bilowing | lauie | | | | | Amount | |
| _ | Beginning balance | | | | | | 1c | | Amount | |
| | Additions during the year | | | | | | 1d | · · · · · · | "- | |
| | Distributions during the year | | | | | | 1e | | | |
| - 6 | Ending balance | | | | | | 11 | - | | |
|) 2a | Did the organization include an amount on F | orm 990 Part X line | 21 for i | escrow or ci | ustodial acco | ount liabi | | <u> </u> | Yes | No |
| | If "Yes," explain the arrangement in Part XIII | | | | | | - | | | $\overline{\Box}$ |
| Pai | | | | | | | | | | |
| | | (a) Current year | T | nor year | (c) Two yea | | | vears back | (e) Four | years back |
| 1a | Beginning of year balance | (4) | 127 | 1.=-1.=- | 107 | | | | | |
| b | Contributions | | | , | | | | | i | |
| c | Net investment earnings, gains, and losses | | | - | | | | | · | |
| d | Grants or scholarships | | | | | | | | · · | |
| | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | _ | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | T | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end balan | ce (line 1 | g, column (a | a)) held as | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| С | Term endowment | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100% | | | | | | | | |
| За | Are there endowment funds not in the posse | ession of the organiz | ation tha | at are held a | nd administe | ered for t | the organi | zation | _ | |
| | by. | | | | | | | | | res No |
| | (i) Unrelated organizations | | | | | | | - | 3a(ī) | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | <u> </u> |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | <u>owment</u> | funds | | | | | | |
| Pai | t VI Land, Buildings, and Equipm | | | | | | | | | |
| | Complete if the organization answere | | | | | | | | | |
| | Description of property | (a) Cost or o | | | or other | , , , | ccumulat | 1 | (d) Book | varue |
| | | basis (invest | ment) | | (other) | Ge | preciation | <u>'</u> | 11 | ,700. |
| 1a | Land | | | | 1,700. | | 0 - 7 | 00 | 11 | |
| | Buildings | - | | 8 | <u>5,700.</u> | | 85,7 | 00. | | 0. |
| | Leasehold improvements | | | | | | - | | | |
| | Equipment | | | | | ļ | | | | |
| | Other | | | (2) | | <u> </u> | | _ - | 11 | ,700. |
| Tota | I. Add lines 1a through 1e (Column (d) must e | equal Form 990, Par | t X, colur | nn (B), line 1 | IUC) | | | | | ., / 0 0 • |

Schedule D (Form 990) 2019

| | AMERICAN VETERA | <u>NS06</u> | -6099423 Page 3 |
|---|---|--|---------------------------------------|
| Part VII Investments - Other Securities | | | |
| Complete if the organization answered | 'Yes" on Form 990, Part IV, line | 11b See Form 990, Part X, line 12 | |
| (a) Description of security or category (including name of sec | (b) Book value | (c) Method of valuation Cost or end | d-of-year market value |
| 1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| 3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | · · · · · · · · · · · · · · · · · · · |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | <u> </u> | |
| (H) | | · · · · · · · · · · · · · · · · · · · | |
| Total_(Col_(b) must equal Form 990, Part X, col_(B) line 12 | | | |
| Part VIII Investments - Program Relate | | | |
| | | 11a Caa Farra 2000 Rad V Las 10 | |
| Complete if the organization answered " (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end | Lof year market value |
| | (b) Book value | (c) Method of Valuation Cost of end | Poryear market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | · · · · · · · · · · · · · · · · · · · | |
| (7) | | | |
| (8) | | | |
| (9) | | | · |
| otal (Col (b) must equal Form 990, Part X, col (B) line 13 |) > | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered " | Yes" on Form 990, Part IV, line | 11d See Form 990, Part X, line 15. | |
| | (a) Description | | (b) Book value |
| (1) OTHER | | | 4,006. |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | _ | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| otal. (Column (b) must equal Form 990, Part X, col (| B) line 15) | . • | 4,006. |
| Part X Other Liabilities. | <u> </u> | | |
| | Yes" on Form 990. Part IV. line | 11e or 11f See Form 990, Part X, line 25 | |
| (a) Description of liability | , | | (b) Book value |
| (1) Federal income taxes | | | |
| | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| otal. (Column (b) must equal Form 990, Part X, col (| B) line 25) | | |
| 2. Liability for uncertain tax positions. In Part XIII, pr | | | |
| organization's liability for uncertain tax positions i | under FASB ASC 740 Check he | | |
| | | Sch | edule D (Form 990) 2019 |

| Part XI Reconciliation of Revenue per Audited Financial | Statements With Revenue ner P | |
|---|---|--------|
| Complete if the organization answered "Yes" on Form 990, Part I | · | eturn. |
| 1 Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12. | • | |
| a Net unrealized gains (losses) on investments | 2a | |
| b Donated services and use of facilities | 2b | |
| c Recoveries of prior year grants | 2c | |
| d Other (Describe in Part XIII) | 2d | |
| e - Add lines 2a through 2d | | -2e- |
| 3 Subtract line 2e from line 1 | | 3 |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b Other (Describe in Part XIII.) | 4b | |
| c Add lines 4a and 4b | <u> </u> | 4c |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line | 2 12) | 5 |
| Part XII Reconciliation of Expenses per Audited Financia | Statements With Expenses per | |
| Complete if the organization answered "Yes" on Form 990, Part I | | |
| Total expenses and losses per audited financial statements | | 1 |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a Donated services and use of facilities | 2a | |
| b Prior year adjustments | 2b | |
| c Other losses | 2c | |
| d Other (Describe in Part XIII) | 2d | |
| e Add lines 2a through 2d | | 2e |
| 3 Subtract line 2e from line 1 | | 3 |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b Other (Describe in Part XIII) | 4b | |
| | | |
| | • | 4C |
| | ne 18) | 5 |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. | | 5 |
| Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | and 4, Part IV, lines 1b and 2b, Part V, line | 5 |
| Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | and 4, Part IV, lines 1b and 2b, Part V, line | 5 |
| Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | and 4, Part IV, lines 1b and 2b, Part V, line | 5 |
| Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | and 4, Part IV, lines 1b and 2b, Part V, line | 5 |
| Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | and 4, Part IV, lines 1b and 2b, Part V, line | 5 |
| Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | and 4, Part IV, lines 1b and 2b, Part V, line | 5 |
| Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | and 4, Part IV, lines 1b and 2b, Part V, line | 5 |
| Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1 a | and 4, Part IV, lines 1b and 2b, Part V, line | 5 |
| Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1 a | and 4, Part IV, lines 1b and 2b, Part V, line | 5 |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, III | and 4, Part IV, lines 1b and 2b, Part V, line | 5 |

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.

2019

Open to Public Inspection

Name of the organization Employer identification number 06-6099423 DISABLED AMERICAN VETERANS Form 990, Item K, Other Form of Organization: TAX EXEMPT ORGANIZATION Form 990, Part VI, Section C, Line 19: Available on Website FORM 990, PART VI, SECTION B, LINE 11B: BOARD OF DIRECTORS REVIEWS BEFORE FILING FORM 990, PART XI, LINE 9: PRIOR YEAR ADJUSTMENT \$794 990 Part VI Section C Governing documents, Conflict of Interest, and Financial Statements are available on the Website