

Form **990EZ**  


**Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
  
▶ Do not enter social security numbers on this form as it may be made public.  
  
▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-1150  
  
**2019**  
  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020**  
**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
Disabled American Veterans  
48 Silver San Juan  
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite  
72 Suttle Street Suite  
City or town, state or province, country, and ZIP or foreign postal code  
Durango, CO 81301

**D Employer identification number**  
31-0898143  
**E Telephone number**  
(970) 759-6340  
**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:** ▶ N/A  
**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) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 96,901**

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 . . . . . <input checked="" type="checkbox"/>			
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	96,900
	2	Program service revenue including government fees and contracts . . . . .	
	3	Membership dues and assessments . . . . .	
	4	Investment income . . . . .	1
	5a	Gross amount from sale of assets other than inventory . . . . .	
	5b	Less: cost or other basis and sales expenses . . . . .	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	
	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) . . . . .	0
Expenses	6c	Less: direct expenses from gaming and fundraising events . . . . .	0
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
	7a	Gross sales of inventory, less returns and allowances . . . . .	
	7b	Less: cost of goods sold . . . . .	0
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	
	8	Other revenue (describe in Schedule O) . . . . .	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	96,901
	10	Grants and similar amounts paid (list in Schedule O) . . . . .	
	11	Benefits paid to or for members . . . . .	
	12	Salaries, other compensation, and employee benefits . . . . .	
Net Assets	13	Professional fees and other payments to independent contractors . . . . .	1,750
	14	Occupancy, rent, utilities, and maintenance . . . . .	173
	15	Printing, publications, postage, and shipping . . . . .	93
	16	Other expenses (describe in Schedule O) . . . . .	106,174
	17	Total expenses. Add lines 10 through 16 . . . . . ▶	108,190
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	-11,289
	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) . . . . .	327,974
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	316,685

**Part II**

**Balance Sheets** (see the instructions for Part II)  
Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	48,785	<b>22</b>	48,899
<b>23</b> Land and buildings . . . . .	267,130	<b>23</b>	256,227
<b>24</b> Other assets (describe in Schedule O) . . . . .	12,059	<b>24</b>	11,559
<b>25</b> Total assets . . . . .	327,974	<b>25</b>	316,685
<b>26</b> Total liabilities (describe in Schedule O). . . . .		<b>26</b>	
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	327,974	<b>27</b>	316,685

**Part III**

**Statement of Program Service Accomplishments** (see the instructions for Part III)  
Check if the organization used Schedule O to respond to any question in this Part III ☐  

What is the organization's primary exempt purpose?  
To uphold and maintain the Constitution and laws of the United States; to realize the true American ideals and aims for which those eligible for membership fought, to advance the interests and work for the betterment of all wounded, gassed, injured and disabled veterans; to cooperate with the Department of Veterans Affairs and all other public and private agencies devoted to the cause of improving and advancing the condition, health and interest of disabled, homeless, at risk and unemployed veterans.

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.)

<b>28</b> <u>See Additional Data Table</u>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	
<b>29</b>	<b>29a</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
<b>30</b>	<b>30a</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
<b>31</b> Other program services (describe in Schedule O) . . . . .		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>	<b>32</b>	102,393

**Part IV**

**List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)  
Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Richard S Schleeter	1.00	0		
Commander				
John T Ogle	1.00	0		
Sr V Commander				
Kenny Rogers	1.00	0		
Jr V Comm/Chair				
Winfred M Crim III 31-now	1.00	0		
Treasurer				
Charles R Parnell - Feb 2020	1.00	0		
Treasurer				
Puppet Crim	1.00	0		
Benefit Protect				
Rockling Scott	1.00	0		
Service Officer				

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		No
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions.	<b>37a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		No
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	Yes	
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>	1,500
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<b>40b</b>	No
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	<b>40e</b>	No
<b>41</b> List the states with which a copy of this return is filed.		
<b>42a</b> The organization's books are in care of <u>The Organization</u> Telephone no. <u>(970) 759-6340</u> Located at <u>72 Suttle Street Suite I Durango, CO</u> ZIP + 4 <u>81301</u>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: _____	<b>42b</b>	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: _____	<b>42c</b>	No
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	<b>43</b>	
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44a</b>	No
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44b</b>	No
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>	No
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>45a</b>	No
<b>45b</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)	<b>45b</b>	No

		<b>Yes</b>	<b>No</b>
<b>46</b>	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. . . . .		No

**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 . . . . . ☐

		<b>Yes</b>	<b>No</b>
<b>47</b>	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 . . . . .		
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		
<b>49b</b>	If "Yes," was the related organization a section 527 organization? . . . . .		

**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 . . . . . ▶ \_\_\_\_\_

**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. . . . . ▶ \_\_\_\_\_

**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.

<b>Sign Here</b>	***** Signature of officer		2021-05-14 Date	
	Rockling Scott Service Officer Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Michelle Sainio	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P01247182
	Firm's name ▶ FredrickZink & Associates PC CPAs			Firm's EIN ▶ 84-1073179
	Firm's address ▶ 954 East 2nd Avenue 201 Durango, CO 81301			Phone no. (970) 247-0506

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

# Additional Data

**Software ID:** 19009920  
**Software Version:** 2019v5.0  
**EIN:** 31-0898143  
**Name:** Disabled American Veterans  
48 Silver San Juan

## 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.)
<p><b>28</b></p> <p>We use this program to provide assistance to Veterans in numerous ways. We pay mileage and motels for Veterans traveling to and from the Veterans Administration Medical Center in Albuquerque, New Mexico. We maintain a small fleet of loaner wheelchairs, do ADA adaptation to residences, but food and gas vouchers for Veterans, buy emergency prescriptions for traveling veterans, provide temporary lodging for traveling Veterans, pay for vehicle repairs for working Veterans and buy doctor order day passes to the local recreation center. We provide rent and utility assistance to homeless veterans and their families. It is for use in all areas of Southwest Colorado, but we focus on La Plata and Archuleta counties. We have selected individuals in place who identify homeless Veterans and we investigate and determine if there is a real need for assistance, and if so, provide checks to the landlords and utility companies. We raise funds for and procure a new Ford 12 passenger van every two to three years for the purpose of transporting Veterans to the Veterans Administration Medical Center located in Albuquerque, New Mexico, a round trip of 450 miles, 3 days a week. We have an excellent cadre of 25 volunteer drivers and coordinators. We also provide transportation from the surrounding area to the local Veterans Administration Clinic in Durango and to hospitals and dialysis units in the area. We are required to raise \$16,500 for these vans and the DAV National Transportation System provides matching funds to pay for the remainder of the van. The vans are presented to the Veterans Administration and they provide the insurance, maintenance and credit cards for gas, etc. We average around 70 to 80 thousand miles per year on the vans.</p> <p>(Grants \$ 102,393)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p><b>28a</b></p>

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
Disabled American Veterans  
48 Silver San Juan

Employer identification number  
31-0898143

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) John T Ogle	Officer	Personal		X	1,500	1,500		No	Yes			No

Total . . . . . ▶ \$ 1,500

Part III Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) Richard Schleeter	Officer		Cash	Housing/utilities

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury

Internal Revenue Service

Name of the organization

Disabled American Veterans

48 Silver San Juan

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Employer identification number**

31-0898143

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses.1002	Office Expenses \$30



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses.1009	Depreciation \$10903

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses.1012	Insurance \$874

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses.1	Assistance to Veterans \$91435

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses.2	Stand Down \$1697

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses.3	Telephone \$960

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses.4	Drivers stipends \$169

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses.5	Bank charges \$106

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets.1007	Receivables-Officers, Directors, Etc. - Beginning \$1500 Receivables-Officers, Directors, Etc. - Ending \$0



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets.1	Due from Veterans for Veterans - Beginning \$10559 Due from Veterans for Veterans - Ending \$11559