

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

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A For the 2019 calendar year, or tax year beginning July 1, 2019, and ending June 30, 2020

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated -
- Amended return
- Application pending

C Name of organization Adam Klein Chapter #3, Disabled American Veterans	D Employer identification number 45-6017340
Number and street (or P O box if mail is not delivered to street address) P O Box 915	E Telephone number (701) 222-6698
City or town, state or province, country, and ZIP or foreign postal code Bismarck, ND 58502-0915	F Group Exemption Number ► 0557

G Accounting Method Cash Accrual Other (specify) ►H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)I Website: ► <http://www.davmembersportal.org/chapters/nd/03>J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) (insert no.) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

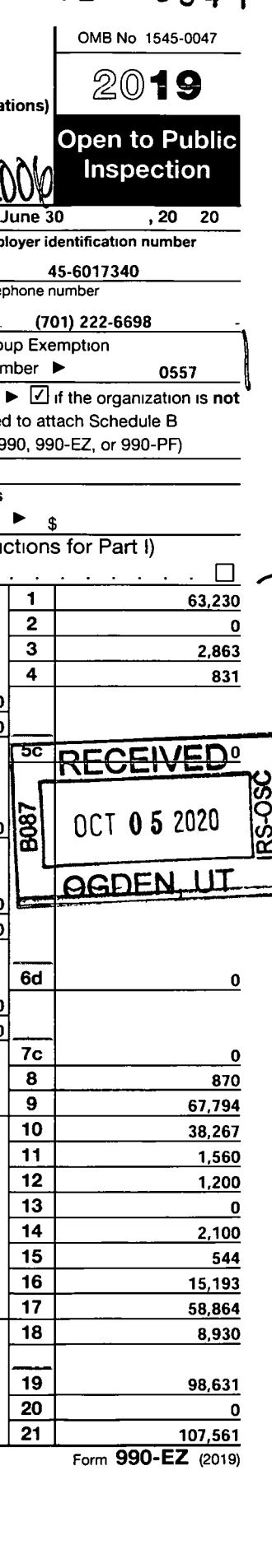
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 63,230
	2 Program service revenue including government fees and contracts	2 0
	3 Membership dues and assessments	3 2,863
	4 Investment income	4 831
	5a Gross amount from sale of assets other than inventory	5a 0
	b Less: cost or other basis and sales expenses	5b 0
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c 0
	6 Gaming and fundraising events:	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 0
Expenses	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 0
	c Less: direct expenses from gaming and fundraising events	6c 0
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 0
	7a Gross sales of inventory, less returns and allowances	7a 0
	b Less: cost of goods sold	7b 0
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c 0
	8 Other revenue (describe in Schedule O)	8 870
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 67,794
	10 Grants and similar amounts paid (list in Schedule O)	10 38,267
Net Assets	11 Benefits paid to or for members	11 1,560
	12 Salaries, other compensation, and employee benefits	12 1,200
	13 Professional fees and other payments to independent contractors	13 0
	14 Occupancy, rent, utilities, and maintenance	14 2,100
	15 Printing, publications, postage, and shipping	15 544
	16 Other expenses (describe in Schedule O)	16 15,193
	17 Total expenses. Add lines 10 through 16 ►	17 58,864
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 8,930
	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 98,631
	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 ►	21 107,561

For Paperwork Reduction Act Notice, see the separate instructions.

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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
22 Cash, savings, and investments	93,631	22 102,561
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	5,000	24 5,000
25 Total assets	98,631	25 107,561
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	98,631	27 107,561

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?

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)

28		Provided transportation to the Fargo, ND VA Hospital for veterans to obtain medical treatment. Volunteer drivers transported more than 210 passengers and logged more than 36,000 miles		
		(Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	6,002
29		Provided academic scholarships to veterans and family members, assisting them with attaining their education goals. 13 scholarships were awarded in the amount of \$1,000 each (\$500 per semester).		
		(Grants \$ 13,000) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	0
30		Administered veterans aid fund to assist veterans with basic necessities, including housing, food, utilities. Provided individual grants to 20 veterans.		
		(Grants \$ 13,804) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	0
31		Other program services (describe in Schedule O)		
		(Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	0
32		Total program service expenses (add lines 28a through 31a)		32 6,002

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

List 3: Officers, Directors, Trustees, and Key Employees (list each one even if not compensated).
Check if the organization used Schedule Q to respond to any question in this Part IV.

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

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 ✓

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 34 ✓

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a ✓

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 35b ✓

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c ✓

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 ✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0

b Did the organization file Form 1120-POL for this year? 37b ✓

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a ✓

b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter.

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 40a 0; section 4912 ► 40a 0; section 4955 ► 40a 0

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 ✓

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c 0

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d 0

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e ✓

41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ► Mark J. Landis, Treasurer Telephone no. ► (701) 222-6698
Located at ► 2402 Railroad Ave, Bismarck ND ZIP + 4 ► 58501 42a ✓

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 42b ✓

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► 42c ✓

43 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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a ✓

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 44b ✓

c Did the organization receive any payments for indoor tanning services during the year? 44c ✓

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 ✓

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a ✓

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 45b ✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

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

Yes **No**

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	-
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
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."		

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

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

Sign Here	 Signature of officer Mark J. Landis, Treasurer Type or print name and title	Date 10-01-2020
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Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no		

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2019)

**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.

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2019Open to Public
Inspection

Name of the organization

Adam Klein Chapter #3, Disable American Veterans

Employer identification number

45-6017340

LINE 8: Other Revenue

Refunds	\$745
Meal Collections	\$80
DAV Merchandise Sales	\$45
TOTAL OTHER REVENUE	\$870

LINE 10: Grants and Similar Amounts Paid

Individual Grants to 20 Needy Veterans	\$13,804
Academic Scholarships	\$13,000
DAV Columbia Trust	\$3,000
DAV National Service Foundation	\$3,000
Service Dog Support for PTSD Veterans	\$1,500
North Dakota Veterans Home	\$1,000
VA Voluntary Service	\$1,000
DAV Hospital Service Coordinator	\$1,000
North Dakota Veterans Cemetery	\$500
Wreaths Across America	\$300
Bismarck VA Outpatient Clinic	\$163
TOTAL GRANTS A SIMILAR AMOUNTS PAID	\$38,267

Name of the organization

Adam Klein Chapter #3, Disabled American Veterans

Employer identification number

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LINE 16: Other ExpensesVolunteer Recognition \$6,002Community Service Project \$4,054Advertising/Promotional \$3,134Vehicle Expenses \$1,501General Liability Insurance \$325DAV Merchandise \$97Bank Service Charges \$48North Dakota Secretary of State Annual Filing Fees \$20DAV Honor Guard \$12**TOTAL OTHER EXPENSES:** \$15,193**Line 24. Other Assets**2007 Ford Econoline E350 VanEstimated Value on July 1, 2019 \$5,000Estimated Value on July 1, 2020 \$5,000