Form 990-EZ

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)

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ 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.

Open to Public ,

milen	iai neve	enue service		7/00	St. P. St. St. St. St. Lat. 19 Co. 1
			and ending JU	N 30,	2020
B C	heck if pplicab	C Name of organization		D Employe	r identification number
	Addr	ress change			
	Name	e change DAV DEPT OF WI FOUNDATION		83-0	0596519
Γ	Initial	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephor	ne number
\vdash	Final	return/ 1253 SCHEURING ROAD		9203	3388620
F	≒	nded return City or town, state or province, country, and ZIP or foreign postal code	(2)	F Group Ex	xemption
	<u> </u>	cation pending DE PERE, WI 54115	U	Number	
G A		nting Method: X Cash Accrual Other (specify) ▶			X if the organization is
		te N/A		1	ired to attach Schedule B
			17(a)(1) or 527	1	90, 990-EZ, or 990-PF)
		of organization X Corporation Trust Association Other	1747.7.01	(, 0,,,,,,,,	30,000 20,000 000
		nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, o	ir if total assets (Part I	1	
		n (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ			\$\$.
	rt l		ices (see the instri		Part I)
<u> </u>		Check if the organization used Schedule O to respond to any question in this Part I	(000 1110 111011		, X
	1	Contributions, gifts, grants, and similar amounts received	·	1	4,951.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	•
	' '	Gross amount from sale of assets other than inventory 5a		_	
	i	Less cost or other basis and sales expenses 5b			5
		Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	·	5c	`
	С 6	Gaming and fundraising events			3
	1	Gross income from gaming (attach Schedule G if greater than			3
ne	a			334.	`
Revenue			tributions	17.24	
Re	Ð	Gross income from fundraising events (not including \$ of confirm fundraising events reported on line 1) (attach Schedule G if the sum of such	111111111111111111111111111111111111111	A STATE	
		gross income and contributions exceeds \$15,000)			· · · · · · · · · · · · · · · · · · ·
	_		· · · · · · · · · · · · · · · · · · ·		4 6
			. 6a)		
		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line	: 00)	6d	,
		Gross sales of inventory, less returns and allowances Less: cost of goods sold 7b			3
				7c	4
		Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		8	
	8	Other revenue (describe in Schedule 0)		▶ 9	4,951.
[9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	IVED	10	4,551.
	10				
,	11	Benefits paid to or for members Solvers other composition and ampleyes benefits	0 2021 18	11	
Expenses	12		9 2021	12	
ë:	13	Professional fees and other payments to independent contractors			
Expens	14	Occupancy, rent, utilities, and maintenance	EN, UT	14	
_	15	Printing, publications, postage, and shipping	HEDULE O	15	1,552.
	16	,	, HUDOUIL	16	1,552.
Assets	17	Total expenses Add lines 10 through 16		17	3,399.
Ę.	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	3,399.
Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))		1	4 2 1/0
انتا		(must agree with end-of-year figure reported on prior year's return)		19 20	3,148.
~	00			1 20	1 U.
Net A	20 21	Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20		21	6,547.

	11990-EZ (2019) DAV DEFT OF WI POONDATIO					
Pa	art II Balance Sheets (see the instructions for Part II					·
-	Gheck if the organization used Schedule O to re	spond to any questic				
		_	(A) Beginning of year		(B) E	nd of year
22	Čash, savings, and investments		3,148	• 22	<u> </u>	6,547.
23	Land and buildings			23		
24	Other assets (describe in Schedule 0)		· · · · · · · · · · · · · · · · · · ·	24		
25	Total assets		3,148	• 25		6,547.
26	Total liabilities (describe in Schedule O)		0			0.
27		1)	3,148	• 27		6,547.
Pa	art III Statement of Program Service Accomplishme	ents (see the instruc	ctions for Part III)		E	xpenses
	Check if the organization used Schedule O to re	spond to any question	on in this Part III	X		for section
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE					and 501(c)(4) ons, optional for
	cribe the organization s program service accomplishments for each of its three largest prograi		ses. In a clear and concise		others)	o, opo
	ner, describe the services provided the number of persons benefited, and other relevant infor					
28	SEE SCHEDULE O					
20						
		·····				
	(Cranto \$) If this amount includes foreign	a grants, chack hare			28a	
^^	(Grants \$) If this amount includes foreig	Tyrants, check here			204	
29		<u>. </u>				
	(Grants \$) If this amount includes foreig	n grants, check here			29a	
30						
						
	(Grants \$) If this amount includes foreig	n grants, check here	<u> </u>		30a	
31	(Grants \$) If this amount includes foreign Other program services (describe in Schedule O)	n grants, check here	>		30a	
31	· · · · · · · · · · · · · · · · · · ·		•		31a	
32	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreighted program service expenses (add lines 28a through 31a)	n grants, check here	<u> </u>		31a 32	0.
32	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreighted by the service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key	n grants, check here Employees (list each or	ne even if not compensated -	see the	31a 32	
32	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreighted program service expenses (add lines 28a through 31a)	n grants, check here Employees (list each or	·	see the	31a 32	
32	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreighted by the service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key	Employees (list each or spond to any questic	(c) Reportable	(d) He	31a 32 Instructions for ealth benefits,	or Part IV) (e) Estimated
32	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreighted by the service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key	Employees (list each or spond to any questice (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He cont	31a 32 Instructions for the structions for the structions to oyee benefit	(e) Estimated amount of other
32 Pa	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreigned by the service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to refer to the service of the service in Schedule O to refer to the service of the servi	Employees (list each or spond to any questic	(c) Reportable compensation (Forms	(d) He cont emploplans,	31a 32 Instructions for the control of the control	or Part IV) (e) Estimated
32 Pa	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to reserve the service of the organization of the service of the organization of the organizat	Employees (list each or spond to any questice (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He cont emploplans,	31a 32 Instructions for some benefits, inbutions to oyee benefit and deferred	(e) Estimated amount of other compensation
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RODI TODI MA DI LA DI	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re (a) Name and title OB HILLIARD RECTOR OM SONTAG RECTOR ATT KEMPAINEN RECTOR CK MARBES RECTOR ARRY HILL RECTOR OHN POLK	Employees (list each or spond to any questice (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont empl plans, con	31a 32 Instructions for sealth benefits, inbutions to oyee benefit and deferred and deferred and opensation 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.

Page 3

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V. X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each 33 33 X activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended Х 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 N/A 35b b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 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 Х requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," 36 complete applicable parts of Schedule N 36 ▶ 37a 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b b Did the organization file Form 1120-POL for this year? 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 N/A b If "Yes," complete Schedule L, Part II, and enter the total amount involved Section 501(c)(7) organizations Enter N/A a Initiation fees and capital contributions included on line 9 39a N/A 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 0 • , section 4912 ► 0 • ; section 4955 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on 0. organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. by the organization 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 List the states with which a copy of this return is filed **NONE** Telephone no $\triangleright 920 - 338 - 8620$ 42a The organization's books are in care of **NICHARD MARBES ▶** 54115 Located at ▶ 1253 SCHEURING RD., SUITE A, DE PERE, b At any time during the calendar year, did the organization have an interest in or a signature or other authority No Yes over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b 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) c At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in leu of Form 1041 - Check here N/A 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 11 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of X 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)? 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 Form 990-EZ (2019)

932174 12-11-19

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

X Yes

Form 990-EZ (2019)

No

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

2019

OMB No 1545-0047

Open to Public-Inspection

Name of the organization

Employer identification number

	DAV	DEPT OF WI	FOUNDATION					33-0596519
Part I	Reason for Public	Charity Status	All organizations must c	omplete th	ıs part) Se	e instructions		
The orga	nization is not a private found	dation because it is (For lines 1 through 12, o	heck only	one box)			
1	A church, convention of ch	iurches, or association	on of churches described	din sectio	n 170(b)(1	1)(A)(ı).		\sim
2	A school described in sect	tion 170(b)(1)(A)(II). ((Attach Schedule E (Forr	n 990 or 9	90 EZ))			\mathcal{O}
3 🗔	A hospital or a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(ıı	π).		1
4	A medical research organiz	zation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	ııı). Entei	r the hospital's name,
	city, and state							
5	An organization operated for	or the benefit of a co	llege or university owned	d or operat	ed by a go	vernmental un	ıt describ	ed in
	section 170(b)(1)(A)(iv). (0		,	·	, ,			
6	A federal, state, or local go		nental unit described in	section 1	70(b)(1)(A)	(v).		
7 X		•				• •	e general	public described in
	section 170(b)(1)(A)(vi). (C						. 3	,
8	A community trust describe		(1)(A)(vi). (Complete Par	t II)				
9	An agricultural research org				ed in conii.	inction with a l	and-grant	college
•	or university or a non-land-	=					-	-
	university	grant conogo or agno	andre (eee metreenerie)	2/11/0/ 1/10	riarrio, orty	, 4,,4 0,4,0 0, 1	10 00 mg	J J.
10	An organization that norma	ally receives (1) more	than 33 1/3% of its sun	nort from (ontributio	ns membersh	n fees ar	nd aross receipts from
10	activities related to its exen	•	•	•			•	· ·
	income and unrelated busin	•	·					-
	See section 509(a)(2). (Co		(less section 5 i i tax) iid	JIII DUSRICE	sses acqui	red by the orga	II II Zatioi i	arter durie do, 1975
11	An organization organized		welv to test for nublic sa	faty Saa	section 50	10/3///		
12	An organization organized	•	•	-			v out the	nurnoses of one or
' <u>~</u>	more publicly supported or							
	lines 12a through 12d that	-	,					Sheck the box in
<u> </u>	Type I. A supporting orga	• •	• • •				-	awna
a		•	•	•	_			
	the supported organization		• • • • • • • • • • • • • • • • • • • •	i majority c	or the onec	tors or trustee	s of the st	upporting
. [organization You must o	•		tion with it	n augnoria	d organization	(a) by ba	\# 0 0
b [Type II. A supporting org	•				-	•	_
	control or management of			ame perso	ns that co	ntroi or manag	a the sup	poited
	organization(s) You mus					and franchismalls		ما بسام
C L_	Type III functionally inte					-	megran	ed with
	its supported organizatio	• • •	•					-at.an/a)
d L	☐ Type III non-functionally						_	
	that is not functionally int	0		•		•	an attenti	veness
	requirement (see instruct	•	•				-	
e [Check this box if the orga					Type I, Type II	, Type III	
	functionally integrated, or		nally integrated supporti	ng organiz	ation			
	er the number of supported of	9						
	vide the following information (i) Name of supported	n about the supporte	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	nonetary	(vi) Amount of other
	organization	(11) 2114	(described on lines 1-10	in your govern	ng document?	support (see ins	-	support (see instructions)
			above (see instructions))	Yes	No			
	 -				-			
	 							<u> </u>
								
				ļ <u> </u>				
		1	I	ı				1

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support		_				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
•	membership fees received (Do not				·		
	include any "unusual grants ")	•			3,592.	4,451.	8,043.
2	Tax revenues levied for the organ-		,			•	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					,	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				3,592.	4,451.	8,043.
5	The portion of total contributions						,
	by each person (other than a			Z Y W NOZ VS			•
	governmental unit or publicly						
	supported organization) included						where
-	on line 1 that exceeds 2% of the						•
	amount shown on line 11,		ii, i				
	column (f)				4.80		6,478.
6	Public support. Subtract line 5 from line 4		MALANA PARA	文学、《公本》	N. THE LOCK THE	學是學學學的	1,565.
Se	ction B. Total Support	- ·			-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4				3,592.	4,451.	8,043.
8	Gross income from interest,		2			-	
	dividends, payments received on						
	securities loans, rents, royalties,			.			
	and income from similar sources						·
9	Net income from unrelated business						•
	activities, whether or not the				·	ı	••
	business is regularly carried on						
10	Other income Do not include gain						,3°
	or loss from the sale of capital		•			-	
	assets (Explain in Part VI)	And the manners of the design	7.64×. 1	ANAGES TO SEE SOUNDS AS A	COLVER WITHIN NEW COLOR	5089864.4 SALE N. Z493 M. L.	0.010
11	Total support. Add lines 7 through 10			MARCH AND	(1970年) A 经外的代	(387) WWW (785)	8,043.
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	•	s first, second, thir	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	, T
S.	organization, check this box and stor		roontogo				▶ X
	ction C. Computation of Publi						
	Public support percentage for 2019 (I		•	olumn (f))		14	<u>%</u>
-	Public support percentage from 2018	:				15	<u>%</u>
16a	33 1/3% support test - 2019. If the	=			14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies		_				. •
t	33 1/3% support test - 2018. If the				line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	•	- · ·		10 10 10	11 44 400/	P
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					π vi now the organ	ization
	meets the "facts-and circumstances"						▶
t	10% -facts-and-circumstances test						- ·
	more, and if the organization meets the						
5	organization meets the "facts-and-ord		-				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
32.	<u> </u>		•		Sche	dule A (Form 990)	or walker/170114

Schedule A (Form 990 or 990 EZ) 2019 DAV DEPT OF WI FOUNDATION Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

qualify under the tests listed b Section A. Public Support	elow, please comp	olete Part II)				···
	(2) 2015	/b) 2016	(a) 2017	(d) 2018	(e) 2019	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(0) 2016	(e) 2019	(f) Total
 Gifts, grants, contributions, and membership fees received (Do not 						
include any "unusual grants ")					/	
,						
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in				/	ĺ	
any activity that is related to the						
organization's tax-exempt purpose				/_/		
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513		 	-	/		
4 Tax revenues levied for the organ-				./		
ization's benefit and either paid to						
or expended on its behalf			/			
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge			<u> </u>		 	
6 Total. Add lines 1 through 5			 			
7a Amounts included on lines 1, 2, and			/ \			
3 received from disqualified persons			<u> </u>			
b Amounts included on lines 2 and 3 received from other than disqualified persons that		/	\			
exceed the greater of \$5 000 or 1% of the			\			
amount on line 13 for the year		/	\\			
c Add lines 7a and 7b	<u> </u>	/	\			
8 Public support. (Subtract line 7c from line 6)				<u> </u>		
Section B. Total Support			T		T	
Calendar year (or fiscal year beginning in)	(a) 2015	/ (b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	ļ	<u>/</u>		\		
10a Gross income from interest,				\		
dividends, payments received on securities loans, rents, royalties,				1 \		
and income from similar sources				\		
b Unrelated business taxable income				\		
(less section 511 taxes) from businesses		:		\		1
acquired after June 30, 1975				\		
c Add lines 10a and 10b						
11 Net income from unrelated business		ĺ		\		
activities not included in line 10b, whether or not the business is	,			\ \		
regularly carried on				·	\	
12 Other income Do not include gain					\	
or loss from the sale of capital assets (Explain in Part VI)						
13 Total support (Add lines 9 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a section	n 501(c)(8) organiza	ation,
check this box and stop here	J		,	,		
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2019 (li	ne 8. column (f). d	livided by line 13. o	column (f))		15	%
16 Public support percentage from 2018		•	\ <i>''</i>		16	%
Section D. Computation of Inves						
17 Investment income percentage for 20			ne 13. column (f))		17	%
18 Investment income percentage from 2			-,		18	%
19a 33 1/3% support tests - 2019. If the			on line 14, and line	e 15 is more than 3	<u> </u>	
more than 33 1/3%, check this box an						▶ □
b 33 1/3% support tests - 2018. If the		=				nd P
line 18 is not more than 33 1/3%, che	-					.
					-	
20 Private foundation. If the organizatio	n did not check a	DOX OF HITE 14, 19	a, or 190, theck th	iis uux aiiu see ins	uructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a dass already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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4b		
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Hes the organization accepted a gift or contribution from any of the following persons?		t IV Supporting Organizations (continued)	7031		age 5
11 Has the organization accepted a git to contribution from any of the following persons? A parison who dereitly or indirectly controls, where allowed relieve to regularly appeared to granization? 12 A family member do a person described in (a) authorized organization? 13 A family member do a person described in (a) above? 5. A 35% controlled antity of a person described in (a) at over 8 / "Yes" to a. b. or c. provide detail on Part VI. 11 To be discovered to the discovered organizations are supported organizations in the discovered organization or requirity appoint or elect at least a majority of the organization are discovered organizations. 1. Did the directors, mustees, or membership of one or more supported organizations have the power to requirity appoint or elect at least a majority of the organization of the supported organizations are supported organizations or controlled the organization and what conditions or restrictions it am are supported organization, describe no with the powers to appoint endfor remove directors or trustees were allocated among the supported organization and what conditions or restrictions it any appelled to supported powers during that surpersed. 2. Did the organization operate for the benefit of any supported organization other than the supported organization and what conditions or restrictions it any appelled to supported organizations of the supported organization of the than the supported organization of the supported organization of the supported organization of the than the supported organization of		· Copporting organizations (continued)		Vac	No
a A person who directly or indirectly controls, ether alone or together with persons described in (k) and (c) below, the governing body of a supported organization? b A family mention of a person described in (gl above? If "Yes" to a, b, or c, provide detail in Part VI. 5 ection B. Type I Supporting Organizations 1 Did the directors, instees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or finateless at all simes during the tax year? If No. I describe the Part VI how the supported organization defectively operated, supervised, or controlled the organizations or subsported organization and and conditions or restrictors, I sim, applied to such powers during the tax year and controlled the organization or the supported organization or describe how the powers to appoint and/or remove decides or intelligent ever ablocated among the supported organizations and what conditions or restrictors, I sim, applied to such powers during the tax year. 2 Did the organization operated, supervised, or controlled the supported organization? If "Yes," explain in Part VI how the powers to appoint and/or remove guipported organization? If "Yes," explain in Part VI how provings such heart carevist out the purposes of the supported organization? If "Yes," explain in Part VI how the supporting Organizations. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations, by the last day of the fifth month of the organization stay year, (i) a virtual respective organization is supported organization or trustees of each of the organization's under the supported organization's powering documents intelled or the date of notification, and (ii) copies of the organization stay year, (ii) a copy of the form 950 that was most recently filed as of the date of notification, and di	11	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>	163	110
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Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents ineffect on the date of notification, to the extent not previously provided? 2. Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If *No,* explain in Part VI how the organization(s) or (ii) serving on the governing body of a supported organization? If *No,* explain in Part VI how the organization(s) or (ii) serving on the governing body of a supported organization in Part VI how the organization(s) or (ii) electronically integrated organization is investment policies and in directing the use of the organization(s) or income or assets at all times during the tax year? If *Yes,* describe in Part VI the role the organization's supported organizations played in this repard. Section E. Type III Functionally Integrated Supporting Organizations 1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a. The organization is the parent of each of its supported organizations. Complete line 3 below or the organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2. Activities Test Answer (a) and (b) below. a. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization's involvement, one or more of the organization's supported organizati	-			Yes	No
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		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b_		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting			3-0396319 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov 20, 1970 (explain in P	art VI) See instructions. /
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	ctions A through E	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			•
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		• •	
	instructions for short tax year or assets held for part of year)	`	•	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other		• ;	, ,
	factors (explain in detail in Part VI)		F . V	21 9 1 + 13
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		•	
	see instructions)	4		
5	Net value of non-exempt use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount		•	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	· .	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4	•	
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orgai	nization (see

Schedule A (Form 990 or 990-EZ) 2019

	edule A (Form 990 or 990 EZ) 2019 DAV DEPT OF W		8	33-0596519 Page 7
	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	Т
	ion D - Distributions		· · · · · · · · · · · · · · · · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe			<u> </u>
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported	!	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	š!	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		· ·	
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			-
8	Distributions to attentive supported organizations to which the	ne organization is responsive	!	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			<u>'</u>
10	Line 8 amount divided by line 9 amount	φ	,	
Sect	non E - Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2019	(III) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-	PARTIES AND		THE PERSON OF THE PROPERTY OF
	able cause required explain in Part VI) See instructions			经验验的证明
3.	Excess distributions carryover, if any, to 2019			SUPPLY REAL PROPERTY.
	From 2014	检验检验的现在分词	24.89 4147335555555432	(农村)经验经验的证据
	From 2015	AND	2.4.9%。2.4.6%。2.6.4.2%。2.6.4.2%。2.6.4.2%。2.6.4.2%。2.6.4.2%。2.6.4.2%。2.6.4.2%。2.6.4.2%	建落建约4署等约35 %
	From 2016	E POWER SERVICE TO	学者等人会处理等等的发生	
	From 2017		MARKET STATES	《西班里斯》
	From 2018	ALFORMATIONS	NAMES OF STREET	A MARKET AND A MAR
f	Total of lines 3a through e		WHEN THE WAS ARRESTED.	心理的特殊的特殊的。
g	Applied to underdistributions of prior years	MANAGE AND		· 通知包含的高速性的原因。
	Applied to 2019 distributable amount		CONTRACTOR OF THE STATE OF THE	
i	Carryover from 2014 not applied (see instructions)		到2000年的基本的	经实验 该是最近最后的
1	Remainder Subtract lines 3g, 3h, and 3i from 3f		NAME OF THE PARTY	· 在2000年1000年1000年1000年100日
4	Distributions for 2019 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years	89 20 40 40 40 40 40 40 40 40 40 40 40 40 40		ALEXANDER PROPERTY
	Applied to 2019 distributable amount		75/68/89/90/00/20/20/20/20/20/20/20/20/20/20/20/20	
	Remainder Subtract lines 4a and 4b from 4		305033888888443	宣书游传播3000000000000000000000000000000000000
5	Remaining underdistributions for years prior to 2019, if			\$444 (\$40.5 K5)
-	any Subtract lines 3g and 4a from line 2 For result greater		!	
	than zero, explain in Part VI. See instructions		!	
6	Remaining underdistributions for 2019 Subtract lines 3h			,
-	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3			THE WAR THE WAR
•	and 4c	!		
8	Breakdown of Ine 7			MARKAGERA
	Excess from 2015	WAY YOU WAY TO SAIL		THE SECOND PROPERTY OF THE
	Excess from 2016		771 (A. 20 A.	
-	Excess from 2017			
			<u> </u>	

Schedule A (Form 990 or 990-EZ) 2019

d Excess from 2018

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

DAV DEPT OF WI FOUNDATION

Employer identification number 83-0596519

DAV DEPT OF WI FOUNDATION	83-0596519
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
OFFICE SUPPLIES	1,052.
DONATIONS	500.
TOTAL TO FORM 990-EZ, LINE 16	1,552.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE FOUND CHARITABLE "GIVING ARM" OF THE DEPARTMENT, PROVIDING FINE RESOURCES FOR PROJECTS AND PROGRAMS DIRECTLY SUPPORTING	ANCIAL
THEIR FAMILIES THROUGHOUT WISCONSIN. THE FOUNDATION SHALL	
COLLECT, AND OTHERWISE RAISE FUNDS TO ENSURE THE PERPETURE	ATION FO THE
GRANT FUNDS TO PROJECTS AND CAUSES THAT ADVANCE THE MISS	ION OF THE DAV
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLIS	SHMENTS:
THE FOUNDATION ACTS AS THE CHARITABLE "GIVING ARM" OF THE	E
DEPARTMENT, PROVIDING FINANCIAL RESOURCES FOR PROJECTS A	ND
PROGRAMS DIRECTLY SUPPORTING VETERANS AND THEIR FAMILIES	
THROUGHOUT WISCONSIN. THE FOUNDATION SHALL SOLICIT, COLL	ECT, AND
OTHERWISE RAISE FUNDS TO ENSURE THE PERPETUATION FO THE	SERVICES AND
PROGRAMOF THE DEPARTMENT. ADDITIONALLY, THE FOUNDATION M	AY GRANT FUNDS
TO PROJECTS AND CAUSES THAT ADVANCE THE MISSION OF THE DA	AV THROUGH
ACTION OF THE BOARD OF DIRECTORS	

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization	Employer identification number
DAV DEPT OF WI FOUNDATION	83-0596519
THE 'ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN	DS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTR	ACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIU	MS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
	•

	MANAGEMENT (1980)
	•