

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2020

Open to Public
Inspection

2106

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

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.

A For the 2020 calendar year, or tax year beginning July 1, 2020, and ending June 30, 2021

B Check if applicable	C Name of organization Adam Klein Chapter #3, Disabled American Veterans		D Employer identification number 45-6017340
<input type="checkbox"/> Address change	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
<input type="checkbox"/> Name change	City or town, state or province, country, and ZIP or foreign postal code Bismarck, ND 58502-0915		F Group Exemption Number ► 0557
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

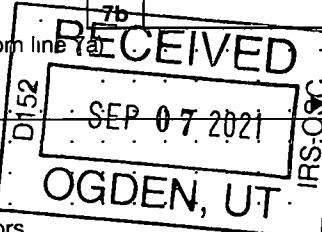
G Accounting Method Cash Accrual Other (specify) ►I Website: ► <http://www.davmembersportal.org/chapters/nd03>J Tax-exempt status (check only one) — 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other

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 23,979
2 Program service revenue including government fees and contracts	2 0	
3 Membership dues and assessments	3 2,368	
4 Investment income	4 461	
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	
b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 0	
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 45	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 26,853	
10 Grants and similar amounts paid (list in Schedule O)	10 21,289	
11 Benefits paid to or for members	11 2,147	
12 Salaries, other compensation, and employee benefits	12 2,400	
13 Professional fees and other payments to independent contractors	13 0	
14 Occupancy, rent, utilities, and maintenance	14 6,700	
15 Printing, publications, postage, and shipping	15 1,721	
16 Other expenses (describe in Schedule O)	16 6,051	
17 Total expenses. Add lines 10 through 16	17 40,308	
18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	
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	
20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	



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

Schedule O: The organization used Schedule O to respond to any question in this Part IV.			
	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	102,561	22	89,106
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	5,000	24	8,000
25 Total assets	107,561	25	97,106
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)	107,561	27	97,106

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 academic scholarships to veterans and family members, assisting them with attaining their educational goals. 18 scholarships were awarded.		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	11,000
29	Administered veterans aid fund to assist veterans with basic necessities, including housing, food, utilities. Provided individual grants to 10 veterans.		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	5,975
30	Provided assistance to veterans with post traumatic stress disorder, offsetting costs of maintaining service dogs. Three veterans received this assistance.		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	1,500
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	0
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	18,475

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.

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 Yes No
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 Yes No
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)? Yes No
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 Yes No
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 Yes No
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 Yes No
36 ✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** Yes No
37b ✓

b Did the organization file Form 1120-POL for this year? Yes No
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? Yes No
38b ✓

39 Section 501(c)(7) organizations. Enter: Yes No
39a ✓

a Initiation fees and capital contributions included on line 9 Yes No
39b ✓

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ Yes No
40b ✓

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 Yes No
40c ✓

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 Yes No
40d ✓

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization Yes No
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 ► **4023 State St., Suite 20, Bismarck ND** ZIP + 4 ► **58503** Yes No
42b ✓

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). Yes No
42c ✓

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 ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here Yes No
 and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** Yes No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
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 Yes No
44b ✓

c Did the organization receive any payments for indoor tanning services during the year? Yes No
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 Yes No
44d ✓

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes No
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 Yes No
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	<p>► Signature of officer Mark J. Landis, Treasurer</p> <p>► Type or print name and title</p>	 Date 8/31/2021
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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

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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Name of the organization

Adam Klein Chapter #3, Disabled American Veterans

Employer identification number

45-6017340

LINE 8: Other Revenue

DAV Merchandise Sales \$45

TOTAL OTHER REVENUE: \$45

LINE 10: Grants and Similar Amounts Paid

Academic Scholarships \$11,000

Individual Grants to 10 Needy Veterans \$5,975

VA Voluntary Service \$1,514

Service Dog Support for PTSD Veterans \$1,500

North Dakota Veterans Home \$500

North Dakota Veterans Cemetery \$500

Wreaths Across America \$300

TOTAL GRANTS & SIMILAR AMOUNTS PAID: \$21,289

Name of the organization	Employer identification number
<u>Adam Klein Chapter #3, Disabled American Veterans</u>	45-6017340

LINE 16: Other Expenses

Vehicle Expenses	\$2,411
Advertising/Promotional	\$2,081
Meeting Expenses	\$555
General Liability Insurance	\$350
Moving Expense	\$216
Community Service Project	\$208
DAV Honor Guard	\$200
ND Secretary of State Annual Filing Fees	\$20
Bank Service Charges	\$10
TOTAL OTHER EXPENSES:	\$6,051

Line 24: Other Assets

2007 Ford Econolone Van	
Estimated Value on July 1, 2020	\$5,000
Estimated Value on July 1, 2021	\$4,500
John Deere Riding Mower w/Trailer	
Estimated Value on July 1, 2020	\$3,500
Estimated Value on July 1, 2021	\$3,500
TOTAL OTHER ASSETS:	\$8,000