

Return of Organization Exempt From Income Tax

2012

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 7/1/2012, and ending 6/30/2013

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization Disabled American Veterans Department of Minnesota
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
State Veterans Service Building
 City, town or post office, state, and ZIP code
Saint Paul MN 55155

D Employer identification number 41-0641627

E Telephone number 651-291-1212

G Gross receipts \$ 2,317,505

F Name and address of principal officer:
STEPHEN WHITEHEAD, ADJUTANT STATE VETERANS SERVICE BU

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.davmn.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: _____

M State of legal domicile: MN

H(c) Group exemption number ▶ _____

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>To assist in providing for the rehabilitation and continuing welfare of America's disabled veterans, their families, dependents and survivors.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>10</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>10</u>
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<u>5</u>	<u>0</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
7b	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<u>376,131</u>	<u>216,978</u>
	9	Program service revenue (Part VIII, line 2g)	<u>19,810</u>	<u>22,603</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>3,489</u>	<u>372</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>470,377</u>	<u>472,900</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>869,807</u>	<u>712,853</u>
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>703,000</u>
14		Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>247,264</u>	<u>246,729</u>
16a		Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
17		Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>		
18		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>268,586</u>	<u>268,395</u>
19	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>1,218,850</u>	<u>995,124</u>	
Net Assets or Fund Balances	20	Revenue less expenses. Subtract line 18 from line 12	<u>-349,043</u>	<u>-282,271</u>
	20	Total assets (Part X, line 16)	<u>812,066</u>	<u>531,876</u>
	21	Total liabilities (Part X, line 26)	<u>37,696</u>	<u>39,777</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>774,370</u>	<u>492,099</u>

Part II Signature Block

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: STEPHEN WHITEHEAD, ADJUTANT Date: 11/15/13

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: WILLIAM KOPISCHKE Preparer's signature: _____ Date: 11/5/2013 Check if self-employed PTIN: P00620640

Firm's name ▶ WILLIAM A KOPISCHKE, CPA, LTD Firm's EIN ▶ 26-1758303

Firm's address ▶ 4617 EXCELSIOR BOULEVARD, MINNEAPOLIS, MN 55416 Phone no. (952) 925-9102

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII.

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 39,781				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 72,121				
	e	Government grants (contributions)	1e 94,676				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 10,400				
	g	Noncash contributions included in lines 1a-1f: \$ 10,400					
	h	Total. Add lines 1a-1f		216,978			
	Program Service Revenue	2a	FEES	Business Code	17,603		
b		SUBSIDY FROM DAV OF MN FOUNDATION		5,000			
c				0			
d				0			
e				0			
f		All other program service revenue		0			
g		Total. Add lines 2a-2f		22,603			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		372			
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross rents	(i) Real				
			(ii) Personal				
				0	0		
					0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	0	0		
			(ii) Other				
				0	0		
				0	0		
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a	0			
			b	0			
					0		
					0		
9a	Gross income from gaming activities. See Part IV, line 19	a	0				
		b	0				
				0			
10a	Gross sales of inventory, less returns and allowances	a	2,077,552				
		b	1,604,652				
				472,900			
Miscellaneous Revenue		Business Code					
11a			0				
b			0				
c			0				
d	All other revenue		0				
e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions		712,853	0	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX.

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	480,000	480,000		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	200,332	145,900	54,432	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	28,309		28,309	
10	Payroll taxes	18,088	14,475	3,613	
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	25,948		25,948	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,416		4,416	
12	Advertising and promotion	5,459		5,459	
13	Office expenses	9,780		9,780	
14	Information technology	5,207	2,603	2,604	
15	Royalties	0			
16	Occupancy	0			
17	Travel	44,673	34,674	9,799	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	27,925	27,925		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	9,781	0	9,781	0
23	Insurance	8,299		8,299	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	VETERANS' SERVICES / OUTREACH	94,824	94,824		
b	PRINTING	6,129	4,503	1,626	
c	POSTAGE	11,617	8,586	3,031	
d	TELEPHONE	8,129		8,129	
e	All other expenses	6,208		6,208	
25	Total functional expenses. Add lines 1 through 24e	995,124	813,490	181,434	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X.

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	625,166	2	355,377
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	148,984	4	151,532
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	22,800	9	3,800
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 157,816		
	b	Less: accumulated depreciation	10b 136,649	10c	21,167
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)	812,066	16	531,876	
Liabilities	17	Accounts payable and accrued expenses	37,696	17	39,777
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	37,696	26	39,777
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	774,370	27	492,099
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	774,370	33	492,099	
34	Total liabilities and net assets/fund balances	812,066	34	531,876	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	712,853
2	Total expenses (must equal Part IX, column (A), line 25)	2	995,124
3	Revenue less expenses. Subtract line 2 from line 1	3	-282,271
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	774,370
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	492,099

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	X	
2b	X	
2c	X	
3a		X
3b		

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning 7/1, 2012, and ending 6/30, 20 13

2012

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

Name of exempt organization DISABLED AM. VET'S OF MINNESOTA FOUNDATION, INC.	Employer identification number 41-1721688
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Name and title of officer STEPHEN WHITEHEAD- EXEC DIRECTOR	Date 11/15/13
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Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>724,759</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize WILLIAM A KOPISCHKE, CPA, LTD to enter my PIN 98765 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

41651155416

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 11/15/2013

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**