

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 8780198
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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/Form990 for instructions and the latest information.

2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C Name of organization: DISABLED AMERICAN VETERANS DEPARTMENT OF MINNESOTA, INC.
D Employer identification number: 41-0641627
E Telephone number: (651) 291-1212
G Gross receipts \$: 6,714,792.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3) 501(c)(4)
J Website: WWW.DAVMN.ORG
K Form of organization: Corporation
L Year of formation: 1925
M State of legal domicile: MN

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature of officer: STEPHEN WHITEHEAD, ADJUTANT, Date: 1/10/2026
Signature of preparer: ANN NEIL, Date: 01/09/26
Preparer: ANN NEIL, Preparer's signature: ANN NEIL, Date: 01/09/26, PTIN: P01817922
Firm's name: CLIFTONLARSONALLEN LLP, Firm's EIN: 41-0746749
Firm's address: 220 S 6TH STREET, SUITE 300, MINNEAPOLIS, MN 55402, Phone no. 612-376-4500

May the IRS discuss this return with the preparer shown above? See instructions Yes No

DISABLED AMERICAN VETERANS DEPARTMENT  
OF MINNESOTA, INC.

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:  
**TO ASSIST IN PROVIDING FOR THE REHABILITATION AND CONTINUING WELFARE OF AMERICA'S DISABLED VETERANS, THEIR FAMILIES, DEPENDENTS AND SURVIVORS.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,293,077. including grants of \$ 400,230. ) (Revenue \$ 30,753. )

**VETERANS SERVICES:**  
**AS VETERANS OF THE WARS OF THE 20TH CENTURY AGE, THEY REQUIRE MORE SERVICES AND MEDICAL ATTENTION THAN EVER. PROVIDING FREE, PROFESSIONAL ASSISTANCE TO VETERANS AND THEIR FAMILIES IN OBTAINING BENEFITS AND SERVICES EARNED THROUGH MILITARY SERVICE AND PROVIDED BY THE DEPARTMENT OF VETERANS AFFAIRS (VA) AND OTHER AGENCIES OF GOVERNMENT. REPRESENTING THE INTERESTS OF DISABLED VETERANS, THEIR FAMILIES, THEIR WIDOWED SPOUSES AND THEIR ORPHANS BEFORE CONGRESS, THE WHITE HOUSE AND THE JUDICIAL BRANCH, AS WELL AS STATE AND LOCAL GOVERNMENT. THESE SERVICES INCLUDE DISABLED VETERANS PARTICIPATING THE RECREATIONAL THERAPY OPPORTUNITIES, CONNECTING DISABLED VETERANS WITH DONATED MEDICAL EQUIPMENT. THE DAV MN DEVELOPS FINANCIAL RESOURCES FOR THE ASSISTANCE,**

4b (Code: ) (Expenses \$ 497,781. including grants of \$ 75,863. ) (Revenue \$ 0. )

**TRANSPORTATION PROGRAM:**  
**ONE OF THE KEY DELIVERABLES THAT DAV PROVIDES NATIONALLY IS TRANSPORTATION. EACH DAY, A CADRE OF VOLUNTEERS DRIVE VETERANS FROM THEIR HOME TO MEDICAL APPOINTMENTS AT NO COST TO THE VETERAN.'**

4c (Code: ) (Expenses \$ 168,800. including grants of \$ 0. ) (Revenue \$ 0. )

**DSO:**  
**DEPARTMENT SERVICE OFFICERS ARE STAFF MEMBERS WHO ASSIST DISABLED VETERANS WITH THEIR CLAIMS. AS SERVICEMEMBERS WHO HAVE BEEN DISABLED IN OUR NATION'S DEFENSE THEMSELVES, OUR DSO'S HAVE HAD SPECIAL TRAINING TO ALLOW THEM TO ASSIST VETERANS AND THEIR FAMILIES. THIS FREE SERVICE HAS HELPED THOUSANDS OF VETERANS APPLY FOR VA DISABILITY COMPENSATION, EDUCATION PROGRAMS, DEATH BENEFITS, REHABILITATION PROGRAMS, PENSIONS, AND EMPLOYMENT TRAINING PROGRAMS.**

4d Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,959,658.

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DISABLED AMERICAN VETERANS DEPARTMENT OF MINNESOTA, INC.

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Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational status, lobbying, and financial reporting.

DISABLED AMERICAN VETERANS DEPARTMENT OF MINNESOTA, INC.

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Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding.

DISABLED AMERICAN VETERANS DEPARTMENT OF MINNESOTA, INC.

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 columns: Question, Yes, No. Rows include 2a (employees: 26), 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 7a-7h, 8, 9, 9a, 9b, 10, 10a, 10b, 11, 11a, 11b, 12a, 12b, 13, 13a, 13b, 13c, 14a, 14b, 15, 16, 17.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (9), 1b (9), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b (X), 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MN
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

DISABLED AMERICAN VETERANS DEPARTMENT  
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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title                             | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |   |  |   |
| (1) STEPHEN WHITEHEAD<br>ADJUTANT                 | 40.00<br>3.00   |   |                       | X       |              |                              | 108,475. | 0.  | 17,356.  |   |
| (2) ELLSWORTH FIELDS<br>PAST DEPARTMENT COMMANDER | 10.00<br>4.00   | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (3) OATHER MARTIN<br>DEPARTMENT COMMANDER         | 5.00<br>4.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (4) SCOTT BERNDT<br>TREASURER                     | 10.00<br>10.00  |   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (5) JOHN WALKER<br>SENIOR VICE COMMANDER          | 5.00<br>3.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (6) MIKE MEDHAUG<br>1ST JUNIOR VICE COMMANDER     | 5.00<br>0.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (7) SANDI BRAUNSTEIN<br>2ND JUNIOR VICE COMMANDER | 5.00<br>0.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (8) RICH BATCHO<br>3RD JUNIOR VICE COMMANDER      | 5.00<br>0.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (9) RICK JARVIS<br>JUDGE ADVOCATE                 | 3.00<br>0.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (10) BOB HEINZ<br>CHAPLAIN                        | 3.00<br>0.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (11) WILLIAM GORDON<br>4TH JUNIOR VICE COMMANDER  | 5.00<br>0.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (12) JOSEPH LITZINGER<br>INSPECTOR GENERAL        | 5.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
|   |   |   |                       |         |              |                              |          |   |  |   |
|   |   |   |                       |         |              |                              |          |   |  |   |
|   |   |   |                       |         |              |                              |          |   |  |   |
|   |   |   |                       |         |              |                              |          |   |  |   |
|   |   |   |                       |         |              |                              |          |   |  |   |
|   |   |   |                       |         |              |                              |          |   |  |   |
|   |   |   |                       |         |              |                              |          |   |  |   |
|   |   |   |                       |         |              |                              |          |   |  |   |
|   |   |   |                       |         |              |                              |          |   |  |   |
|   |   |   |                       |         |              |                              |          |   |  |   |
|   |   |   |                       |         |              |                              |          |   |  |   |
|   |   |   |                       |         |              |                              |          |   |  |   |
|   |   |   |                       |         |              |                              |          |   |  |   |
|   |   |   |                       |         |              |                              |          |   |  |   |



**DISABLED AMERICAN VETERANS DEPARTMENT  
OF MINNESOTA, INC.**

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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|   |   |                      | (A)            | (B)                                | (C)                        | (D)  |  |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
|   |   |                      | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>   | <b>1 a</b> Federated campaigns .....  | <b>1a</b>            |                |                                    |                            |  |  |
|   | <b>b</b> Membership dues .....  | <b>1b</b>            |                |                                    |                            |  |  |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>            |                |                                    |                            |  |  |
|   | <b>d</b> Related organizations .....  | <b>1d</b>            | 32,695.        |                                    |                            |  |  |
|   | <b>e</b> Government grants (contributions) .....  | <b>1e</b>            | 321,023.       |                                    |                            |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>            | 256,529.       |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                      | <b>1g</b> \$         |                |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f .....   |                      |                | 610,247.                           |                            |  |  |
| <b>Program Service Revenue</b>  | <b>2 a</b> REGISTRATION FEES  | <b>Business Code</b> |                |                                    |                            |  |  |
|   |   | 900099               | 30,753.        | 30,753.                            |                            |  |  |
|   | <b>b</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>c</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>d</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>e</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>f</b> All other program service revenue .....  |                      |                |                                    |                            |  |  |
| <b>g Total.</b> Add lines 2a-2f .....   |   |                      | 30,753.        |                                    |                            |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) ..... |                      | 41,954.        |                                    |                            | 41,954.  |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds                                 |                      |                |                                    |                            |  |  |
|   | <b>5</b> Royalties .....  |                      |                |                                    |                            |  |  |
|   | <b>6 a</b> Gross rents .....  | <b>6a</b>            | (i) Real       |                                    |                            |  |  |
|   |   |                      | (ii) Personal  |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   | <b>b</b> Less: rental expenses ...  | <b>6b</b>            |                |                                    |                            |  |  |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>            |                |                                    |                            |  |  |
|   | <b>d</b> Net rental income or (loss) .....  |                      |                |                                    |                            |  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory                           | <b>7a</b>            | (i) Securities |                                    |                            |  |  |
|   |   |                      | (ii) Other     |                                    |                            |  |  |
|   |   |                      |                | 1,172,998.                         |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   | <b>b</b> Less: cost or other basis and sales expenses .....                                 | <b>7b</b>            | 1,162,886.     |                                    |                            |  |  |
|   | <b>c</b> Gain or (loss) .....   | <b>7c</b>            | 10,112.        |                                    |                            |  |  |
| <b>d</b> Net gain or (loss) .....   |   |                      | 10,112.        |                                    | 10,112.                    |  |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses .....  | <b>8b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....   |   |                      |                |                                    |                            |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....  | <b>9a</b>   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses .....  | <b>9b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities .....  |   |                      |                |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....   | <b>10a</b>  |                      | 4,776,116.     |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   |   |                      | 2,784,712.     |                                    |                            |  |  |
| <b>b</b> Less: cost of goods sold .....   | <b>10b</b>  |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory .....   |   |                      | 1,991,404.     |                                    | 1991404.                   |  |  |
| <b>Miscellaneous Revenue</b>  | <b>11 a</b> MISCELLANEOUS INCOME  | <b>Business Code</b> |                |                                    |                            |  |  |
|   |   | 900099               | 82,724.        |                                    |                            | 82,724.  |  |
|   | <b>b</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>c</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>d</b> All other revenue .....  |                      |                |                                    |                            |  |  |
| <b>e Total.</b> Add lines 11a-11d .....   |   |                      | 82,724.        |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions .....   |   |                      | 2,767,194.     | 30,753.                            | 0.                         | 2126194.   |  |

**DISABLED AMERICAN VETERANS DEPARTMENT  
OF MINNESOTA, INC.**

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**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 or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 476,093.              | 476,093.                        |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 118,566.              | 71,140.                         | 47,426.                                |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | 647,869.              | 569,294.                        | 78,575.                                |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| <b>9</b> Other employee benefits   | 95,052.               | 81,599.                         | 13,453.                                |                             |
| <b>10</b> Payroll taxes  | 62,137.               | 52,135.                         | 10,002.                                |                             |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   | 193.                  |                                 | 193.                                   |                             |
| <b>c</b> Accounting  | 62,141.               |                                 | 62,141.                                |                             |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)  | 170,651.              | 62,244.                         | 108,407.                               |                             |
| <b>12</b> Advertising and promotion  | 225,387.              | 190,062.                        | 35,325.                                |                             |
| <b>13</b> Office expenses  | 41,673.               | 27,014.                         | 14,659.                                |                             |
| <b>14</b> Information technology   | 12,245.               | 9,981.                          | 2,264.                                 |                             |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  |                       |                                 |  |                             |
| <b>17</b> Travel   | 91,221.               | 73,513.                         | 17,708.                                |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | 95,756.               | 95,756.                         |  |                             |
| <b>20</b> Interest   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 25,338.               | 21,418.                         | 3,920.                                 |                             |
| <b>23</b> Insurance  | 44,030.               | 42,770.                         | 1,260.                                 |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)                                    |                       |                                 |  |                             |
| <b>a</b> <b>SUPPLIES</b>   | 104,038.              | 104,038.                        |  |                             |
| <b>b</b> <b>MEMBERSHIP DUES</b>  | 47,099.               | 47,099.                         |  |                             |
| <b>c</b> <b>MISCELLANEOUS</b>  | 26,117.               | 10,945.                         | 15,172.                                |                             |
| <b>d</b> <b>REPAIRS &amp; MAINTENANCE</b>  | 18,508.               | 18,370.                         | 138.                                   |                             |
| <b>e</b> All other expenses  | 22,733.               | 6,187.                          | 16,546.                                |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 2,386,847.            | 1,959,658.                      | 427,189.                               | 0.                          |
| <b>26</b> 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) |                       |                                 |  |                             |

**DISABLED AMERICAN VETERANS DEPARTMENT  
OF MINNESOTA, INC.**

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**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |          |
|---|--|--------------------------|------------|--------------------|----------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 585,085.                 | <b>1</b>   | 740,794.           |          |
|   | <b>2</b> Savings and temporary cash investments .....  |                          | <b>2</b>   |                    |          |
|   | <b>3</b> Pledges and grants receivable, net .....  | 119,284.                 | <b>3</b>   | 0.                 |          |
|   | <b>4</b> Accounts receivable, net .....  | 294,514.                 | <b>4</b>   | 495,078.           |          |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>   |                    |          |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>   |                    |          |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>   |                    |          |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>   |                    |          |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 78,399.                  | <b>9</b>   | 50,256.            |          |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 294,715.      |            |                    |          |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 142,433.      | 162,630.   | <b>10c</b>         | 152,282. |
|   | <b>11</b> Investments - publicly traded securities .....   | 844,596.                 | <b>11</b>  | 1,068,031.         |          |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>  |                    |          |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>  |                    |          |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>  |                    |          |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 374,947.                 | <b>15</b>  | 331,393.           |          |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 2,459,455.   | <b>16</b>                | 2,837,834. |                    |          |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 178,839.                 | <b>17</b>  | 189,938.           |          |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>  |                    |          |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b>  |                    |          |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>  |                    |          |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>  |                    |          |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>  |                    |          |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>  |                    |          |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>  |                    |          |
|   | <b>25</b> 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 .....  | 384,294.                 | <b>25</b>  | 346,457.           |          |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 563,133.                 | <b>26</b>  | 536,395.           |          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |            |                    |          |
|   | <b>27</b> Net assets without donor restrictions .....  | 1,886,587.               | <b>27</b>  | 2,264,789.         |          |
|   | <b>28</b> Net assets with donor restrictions .....   | 9,735.                   | <b>28</b>  | 36,650.            |          |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |            |                    |          |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>  |                    |          |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>  |                    |          |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>  |                    |          |
|   | <b>32</b> Total net assets or fund balances .....  | 1,896,322.               | <b>32</b>  | 2,301,439.         |          |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 2,459,455.   | <b>33</b>                | 2,837,834. |                    |          |

Form **990** (2024)

**DISABLED AMERICAN VETERANS DEPARTMENT  
OF MINNESOTA, INC.**

Form 990 (2024)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 2,767,194. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 2,386,847. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 380,347.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 1,896,322. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 24,770.    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0.         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 2,301,439. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

|           |   | Yes      | No       |
|-----------|---|----------|----------|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |          |          |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |          | <b>X</b> |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | <b>X</b> |          |
| <b>c</b>  | 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   | <b>X</b> |          |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____   |          | <b>X</b> |
| <b>b</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 on Schedule O and describe any steps taken to undergo such audits _____  |          |          |

Form **990** (2024)

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

|   |   |
|---|---|
| Name of the organization<br><b>DISABLED AMERICAN VETERANS DEPARTMENT<br/>OF MINNESOTA, INC.</b> | Employer identification number<br><b>41-0641627</b> |
|---|---|

Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( 4 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

|   |   |
|---|---|
| Name of organization<br><b>DISABLED AMERICAN VETERANS DEPARTMENT OF MINNESOTA, INC.</b> | Employer identification number<br><b>41-0641627</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|-------------------|-----------------------------------|----------------------------|---|
| 1                 | <hr/> <hr/> <hr/>                 | \$ <u>144,219.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2                 | <hr/> <hr/> <hr/>                 | \$ <u>118,595.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3                 | <hr/> <hr/> <hr/>                 | \$ <u>201,279.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4                 | <hr/> <hr/> <hr/>                 | \$ <u>10,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| Name of organization<br><b>DISABLED AMERICAN VETERANS DEPARTMENT<br/>                 OF MINNESOTA, INC.</b> | Employer identification number<br><b>41-0641627</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |

|  |   |
|--|---|
| Name of organization<br><b>DISABLED AMERICAN VETERANS DEPARTMENT<br/>                 OF MINNESOTA, INC.</b> | Employer identification number<br><b>41-0641627</b> |
|--|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|--|---------------------|---|-------------------------------------|
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization **DISABLED AMERICAN VETERANS DEPARTMENT OF MINNESOTA, INC.** Employer identification number **41-0641627**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds      | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year .....   |                              |                              |
| 2 Aggregate value of contributions to (during year) .....   |                              |                              |
| 3 Aggregate value of grants from (during year) .....  |                              |                              |
| 4 Aggregate value at end of year .....  |                              |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included on line 2a .....   | 2c                              |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) (Rev. 12-2024)

DISABLED AMERICAN VETERANS DEPARTMENT

Schedule D (Form 990) (Rev. 12-2024) OF MINNESOTA, INC.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations?   | 3a(i)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                  |                                      |                                 |                              |                |
| b Buildings              |                                      |                                 |                              |                |
| c Leasehold improvements |                                      |                                 |                              |                |
| d Equipment              |                                      | 294,715.                        | 142,433.                     | 152,282.       |
| e Other                  |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 152,282.

DISABLED AMERICAN VETERANS DEPARTMENT

Schedule D (Form 990) (Rev. 12-2024) OF MINNESOTA, INC.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                 |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B)) |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B)) |                |   |

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) RIGHT OF USE ASSET  | 331,393.       |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 331,393.       |

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) LEASE LIABILITY   | 346,457.       |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 346,457.       |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

DISABLED AMERICAN VETERANS DEPARTMENT

Schedule D (Form 990) (Rev. 12-2024) OF MINNESOTA, INC.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |   |    |         |            |
|---|---|----|---------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1       | 2,844,798. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |         |            |
| a | Net unrealized gains (losses) on investments                                    | 2a | 24,770. |            |
| b | Donated services and use of facilities  | 2b | 52,834. |            |
| c | Recoveries of prior year grants   | 2c |         |            |
| d | Other (Describe in Part XIII.)  | 2d |         |            |
| e | Add lines 2a through 2d   | 2e |         | 77,604.    |
| 3 | Subtract line 2e from line 1  | 3  |         | 2,767,194. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |         |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |         |            |
| b | Other (Describe in Part XIII.)  | 4b |         |            |
| c | Add lines 4a and 4b   | 4c |         | 0.         |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  |         | 2,767,194. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |  |    |         |            |
|---|--|----|---------|------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1       | 2,439,681. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |         |            |
| a | Donated services and use of facilities   | 2a | 52,834. |            |
| b | Prior year adjustments   | 2b |         |            |
| c | Other losses   | 2c |         |            |
| d | Other (Describe in Part XIII.)   | 2d |         |            |
| e | Add lines 2a through 2d  | 2e |         | 52,834.    |
| 3 | Subtract line 2e from line 1   | 3  |         | 2,386,847. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |         |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |         |            |
| b | Other (Describe in Part XIII.)   | 4b |         |            |
| c | Add lines 4a and 4b  | 4c |         | 0.         |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  |         | 2,386,847. |

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

DISABLED AMERICAN VETERANS DEPARTMENT OF MINNESOTA, INC. IS EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE AND IS ONLY SUBJECT TO FEDERAL INCOME TAXES ON NET UNRELATED BUSINESS INCOME. SINCE THE ORGANIZATION HAD NO UNRELATED BUSINESS TAXABLE INCOME IN FISCAL YEAR 2024 OR 2023, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT INCLUDE ANY PROVISION FOR FEDERAL INCOME TAXES.

THE ORGANIZATION HAS NOT BEEN RECENTLY AUDITED; AND ACCORDINGLY, THE INFORMATION TAX RETURNS FOR THE PAST THREE YEARS ARE OPEN TO EXAMINATION. MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT THEY DO NOT RESULT IN ANYTHING THAT WOULD REQUIRE EITHER RECORDING OR DISCLOSURE IN THE FINANCIAL STATEMENTS BASED ON THE CRITERIA SET FORTH IN ASC 740.

DISABLED AMERICAN VETERANS DEPARTMENT

Schedule D (Form 990) (Rev. 12-2024) OF MINNESOTA, INC.

**Part XIII** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I**  
**(Form 990)**  
(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **DISABLED AMERICAN VETERANS DEPARTMENT  
OF MINNESOTA, INC.** Employer identification number  
**41-0641627**

**Part I** General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| DAV CHAPTER 1 MINNEAPOLIS.<br>PO BOX 17037<br>MINNEAPOLIS, MN 55417    | 41-0220880 | 501(C)(4)                       | 12,000.                  | 0.                               |   |                                       | DAVA PARTNERSHIP                   |
| DAV CHAPTER 10 LYLE C. PEARSON SR.<br>PO BOX 735<br>MANKATO, MN 56002  | 41-6059502 | 501(C)(4)                       | 7,660.                   | 0.                               |   |                                       | VETERAN SUPPORT                    |
| DAV CHAPTER 11 AITKIN<br>34462 320TH ST<br>AITKIN, MN 56431            | 41-6059503 | 501(C)(4)                       | 7,000.                   | 0.                               |   |                                       | VETERAN SUPPORT                    |
| DAV CHAPTER 12 MORRISON COUNTY<br>PO BOX 504<br>LITTLE FALLS, MN 56345 | 41-6059504 | 501(C)(4)                       | 7,649.                   | 0.                               |   |                                       | VETERAN SUPPORT                    |
| DAV CHAPTER 13 ITASCA CO.<br>PO BOX 5025<br>GRAND RAPIDS, MN 55744     | 38-6143139 | 501(C)(4)                       | 7,750.                   | 0.                               |   |                                       | VETERAN SUPPORT                    |
| DAV CHAPTER 14 CROOKSTON<br>25804 310TH ST SE<br>MCINTOSH, MN 56556    | 41-6059505 | 501(C)(4)                       | 7,000.                   | 0.                               |   |                                       | VETERAN SUPPORT                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5.
- 3 Enter total number of other organizations listed in the line 1 table 32.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)

**DISABLED AMERICAN VETERANS DEPARTMENT  
OF MINNESOTA, INC.**

41-0641627

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                      | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| DAV CHAPTER 15 NEW ULM<br>1522 SOUTH VALLEY STREET<br>NEW ULM, MN 56073 | 41-6059506 | 501(C)(4)                     | 7,000.                   | 0.                               |   |  | VETERAN SUPPORT                    |
| DAV CHAPTER 16 GLAYDON IVERSON<br>PO BOX 53<br>ALBERT LEA, MN 56007     | 41-6028166 | 501(C)(4)                     | 7,548.                   | 0.                               |   |  | VETERAN SUPPORT                    |
| DAV CHAPTER 17 WASH. COUNTY<br>PO BOX 314<br>HUGO, MN 55038             | 41-6049170 | 501(C)(4)                     | 7,000.                   | 0.                               |   |  | VETERAN SUPPORT                    |
| DAV CHAPTER 18 CARLTON CTY<br>PO BOX 294<br>CLOQUET, MN 55720           | 41-6059507 | 501(C)(4)                     | 7,626.                   | 0.                               |   |  | VETERAN SUPPORT                    |
| DAV CHAPTER 2 ST. PAUL<br>PO BOX 16116<br>SAINT PAUL, MN 55116          | 41-0220875 | 501(C)(4)                     | 7,000.                   | 0.                               |   |  | VETERAN SUPPORT                    |
| DAV CHAPTER 20 FAIRBAULT<br>PO BOX 1186<br>FAIRBAULT, MN 55021          | 41-6059508 | 501(C)(4)                     | 8,500.                   | 0.                               |   |  | VETERAN SUPPORT                    |
| DAV CHAPTER 22 CROW WING CTY.<br>PO BOX 85<br>BRAINERD, MN 56401        | 41-6059509 | 501(C)(4)                     | 8,700.                   | 0.                               |   |  | VETERAN SUPPORT                    |
| DAV CHAPTER 23 KOLSTAD<br>PO BOX 719<br>VIRGINIA, MN 55792              | 41-6036753 | 501(C)(4)                     | 7,000.                   | 0.                               |   |  | VETERAN SUPPORT                    |
| DAV CHAPTER 24 WESTERN<br>1213 WILLIAMS AVE<br>MONTEVIDEO, MN 56265     | 41-1504507 | 501(C)(4)                     | 7,000.                   | 0.                               |   |  | VETERAN SUPPORT                    |

Schedule I (Form 990)

**DISABLED AMERICAN VETERANS DEPARTMENT  
OF MINNESOTA, INC.**

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| DAV CHAPTER 25 FERGUS FALLS.<br>116 EAST EVERETT AVE<br>FERGUS FALLS, MN 56537 | 41-6059511 | 501(C)(4)                     | 8,700.                   | 0.                               |   |  | VETERAN SUPPORT                    |
| DAV CHAPTER 27 ARNOLD BRANDT.<br>1915 5TH AVE NE<br>AUSTIN, MN 55912           | 41-6042428 | 501(C)(4)                     | 7,000.                   | 0.                               |   |  | VETERAN SUPPORT                    |
| DAV CHAPTER 28 MAYO SOUTHEAST<br>PO BOX 6226<br>ROCHESTER, MN 55903-6226       | 23-7098885 | 501(C)(4)                     | 7,698.                   | 0.                               |   |  | VETERAN SUPPORT                    |
| DAV CHAPTER 3 HIBBING<br>122 2ND STREET S<br>VIRGINIA, MN 55792                | 41-6039876 | 501(C)(4)                     | 8,800.                   | 0.                               |   |  | VETERAN SUPPORT                    |
| DAV CHAPTER 31 LAKELAND.<br>500 WASHINGTON AVE<br>DETROIT LAKES, MN 56501      | 23-7352616 | 501(C)(4)                     | 7,000.                   | 0.                               |   |  | VETERAN SUPPORT                    |
| DAV CHAPTER 32 SOUTH CENTRAL.<br>PO BOX 654<br>FAIRMONT, MN 56032              | 23-7429233 | 501(C)(4)                     | 7,645.                   | 0.                               |   |  | VETERAN SUPPORT                    |
| DAV CHAPTER 33 SOUTHWEST.<br>504 EAST MAIN STREET<br>MARSHALL, MN 56258        | 23-7429232 | 501(C)(4)                     | 7,000.                   | 0.                               |   |  | VETERAN SUPPORT                    |
| DAV CHAPTER 34 WEST CENTRAL<br>PO BOX 1361<br>WILLMAR, MN 56201                | 31-0922738 | 501(C)(4)                     | 7,000.                   | 0.                               |   |  | VETERAN SUPPORT                    |
| DAV CHAPTER 37 HUTCHINSON<br>177 3RD AVE NW<br>HUTCHINSON, MN 55350            | 31-1056318 | 501(C)(4)                     | 16,250.                  | 0.                               |   |  | VETERAN SUPPORT, CHAPTER INSURANCE |

Schedule I (Form 990)

**DISABLED AMERICAN VETERANS DEPARTMENT  
OF MINNESOTA, INC.**

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                     |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| DAV CHAPTER 38 PARK RAPIDS<br>PO BOX 526<br>PARK RAPIDS, MN 56470                 | 31-1056319 | 501(C)(4)                     | 9,741.                   | 0.                               |   |  | VETERAN SUPPORT  |
| DAV CHAPTER 39 ANOKA<br>3443 136TH AVENUE NW<br>ANDOVER, MN 55304                 | 31-1429959 | 501(C)(4)                     | 9,329.                   | 0.                               |   |  | VETERAN SUPPORT  |
| DAV CHAPTER 4 CLOVERLEAF.<br>PO BOX 537<br>HINCKLEY, MN 55037                     | 41-6059498 | 501(C)(4)                     | 5,200.                   | 0.                               |   |  | VETERAN SUPPORT  |
| DAV CHAPTER 40 SOUTH METRO<br>837 GREENING DRIVE<br>APPLE VALLEY, MN 55124        | 61-1904433 | 501(C)(4)                     | 9,264.                   | 0.                               |   |  | VETERAN SUPPORT  |
| DAV CHAPTER 41 NORTHWEST MN<br>50554 350TH STREET<br>SALOL, MN 56756              | 90-1305230 | 501(C)(4)                     | 7,000.                   | 0.                               |   |  | VETERAN SUPPORT  |
| DAV CHAPTER 6 GILBERT NORDMANN<br>PO BOX 16142<br>DULUTH, MN 55816-6142           | 41-6059500 | 501(C)(4)                     | 7,000.                   | 0.                               |   |  | VETERAN SUPPORT  |
| DAV CHAPTER 7 NORTH CENTRAL.<br>PO BOX 564<br>BEMIDJI, MN 56619                   | 41-6059501 | 501(C)(4)                     | 8,125.                   | 0.                               |   |  | VETERAN SUPPORT  |
| DAV CHAPTER 9 SAINT CLOUD<br>PO BOX 5155<br>ST. CLOUD, MN 56302                   | 41-6026113 | 501(C)(4)                     | 7,000.                   | 0.                               |   |  | VETERAN SUPPORT  |
| DAV NATIONAL SERVICE FOUNDATION<br>3725 ALEXANDRIA PIKE<br>COLD SPRINGS, KY 41076 | 52-1516071 | 501(C)(3)                     | 65,514.                  | 0.                               |   |  | NATIONAL CONVENTION, GOLF CLINIC, WINTER SPORTS CLINIC |

Schedule I (Form 990)

**DISABLED AMERICAN VETERANS DEPARTMENT  
OF MINNESOTA, INC.**

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| DISABLED AMERICAN VETERANS OF MINNESOTA FOUNDATION, INC. - STATE VETERANS SERVICE BUILDING - ST PAUL, MN 55155 | 41-1721688 | 501(C)(3)                     | 8,969.                   | 0.                               |   |  | UTV MATCH FOR ST CLOUD             |
| MINNESOTA VETERANS FOOD PANTRY 4979 OLSON MEMORIAL HWY. SUITE 101 GOLDEN VALLEY, MN 55422                      | 33-1882026 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | FOOD PANTRY AT MINNEAPOLIS VA      |
| MN VETERANS OUTDOORS 576 CONCORD DR CHASKA, MN 55318   | 33-2496252 | 501(C)(3)                     | 10,198.                  | 0.                               |   |  | DONATED BOAT LIFT                  |
| MINNEAPOLIS VA HEALTH CARE 1 VETERANS DR MINNEAPOLIS, MN 55417   |            | GOVERNMENT                    | 0.                       | 69,863.                          | FMV   | VEHICLE                                | VEHICLE                            |
|  |            |                               |                          |                                  |   |  |                                    |
|  |            |                               |                          |                                  |   |  |                                    |
|  |            |                               |                          |                                  |   |  |                                    |
|  |            |                               |                          |                                  |   |  |                                    |
|  |            |                               |                          |                                  |   |  |                                    |
|  |            |                               |                          |                                  |   |  |                                    |
|  |            |                               |                          |                                  |   |  |                                    |

DISABLED AMERICAN VETERANS DEPARTMENT

Schedule I (Form 990) (Rev. 12-2024) OF MINNESOTA, INC.

41-0641627

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

THE DISABLED AMERICAN VETERANS, DEPARTMENT OF MINNESOTA CONSIDERS GRANT REQUESTS ON AN INDIVIDUAL BASIS. THE ORIGINAL BUDGETING OF ANY FUNDS TO BE DEDICATED FOR POTENTIAL GRANT REQUESTS IS FIRST RECOMMENDED BY THE DEPARTMENT FINANCE COMMITTEE AS PART OF THE ANNUAL BUDGET, THAT RECOMMENDATION IS THEN SUBJECT TO APPROVAL BY THE EXECUTIVE COMMITTEE, AND THE ANNUAL BUDGET MUST BE APPROVED BY THE ORGANIZATION'S MEMBERSHIP IN CONVENTION.

EACH REQUEST IS SUBJECT TO REVIEW BY THE DEPARTMENT ADJUTANT AND MUST BE APPROVED BY A VOTE FROM THE FULL EXECUTIVE COMMITTEE. THE REQUESTS MUST CONTAIN A SPECIFIC PURPOSE FOR THE FUNDS, A DESCRIPTION OF THE USE OF FUNDS, AND ALL REQUESTS MUST ADHERE WITH THE MISSION OF THE DAV MN, AS A VETERANS SERVICE ORGANIZATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **DISABLED AMERICAN VETERANS DEPARTMENT OF MINNESOTA, INC.** Employer identification number **41-0641627**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               | X                          |   | 1,186,557.   | PRICE PER POUND   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               |                            |   |  |   |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( )   |                            |   |  |   |
| 26 Other ( )   |                            |   |  |   |
| 27 Other ( )   |                            |   |  |   |
| 28 Other ( )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  |     | X  |
| 32a | X   |    |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2024

DISABLED AMERICAN VETERANS DEPARTMENT

Schedule M (Form 990) 2024

OF MINNESOTA, INC.

41-0641627

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**Part II**

**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE M, PART I, LINE 32B:**

THE DAV MN HAS AN EXCLUSIVE AGREEMENT WITH TVI, DBA SAVERS, INC., WHERE TVI ACTS AS A PROFESSIONAL FUNDRAISER ON BEHALF OF DAV MN. DAV MN SELLS USED CLOTHING AND HOUSEHOLD GOODS IN BULK TO SAVERS, INC. AT A CONTRACTED PRICE BASED ON THE FAIR MARKET VALUE OF THE BULK GOODS. DAV MN RECEIVES THE USED GOODS THROUGH TWO PRIMARY CHANNELS. DAV MN DELIVERED-GOODS OPERATION DIRECTLY SOLICITS USED CLOTHING AND HOUSEHOLD GOODS FROM THE PUBLIC AND, USING DAV MN EMPLOYEES AND TRUCKS, PICKS UP THE USED GOODS AND DELIVERS THE ITEMS TO SAVERS STORES WHERE THE USED GOODS ARE PURCHASED IN BULK. SAVERS STORES ARE ALSO EQUIPPED TO RECEIVE DONATIONS OF USED GOODS THAT ARE DROPPED OFF BY THE GENERAL PUBLIC; THOSE GOODS ARE RECEIVED ON BEHALF OF DAV MN AND SOLD "ON THE SPOT" BY DAV MN TO SAVERS, INC. NO PAYMENT IS MADE BY DAV MN TO SAVERS; SAVERS' RIGHT TO PURCHASE USED GOODS IS REQUIRED BY THE PARTIES AGREEMENT. THE AGREEMENT'S TRANSACTIONAL RESULTS ARE REPORTED ON PART VIII, LINES 10 A-C. DAV MN DOES COMPLY WITH THE REPORTING REQUIREMENTS FOR PROFESSIONAL FUNDRAISERS. THE DAV MN FUNDRAISING PROGRAM IS APPROVED AS A SALVAGE PROGRAM THROUGH OUR NATIONAL ORGANIZATION WHERE AS THE DAV MN IS A WHOLE SALER OF BULK ITEMS THAT HAS NO INVOLVMENT OF SALES TRANSACTIONS OF RETAIL OR DISPOSAL OF INDIVIDUAL ITEMS.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

|                          |   |                                |                   |
|--------------------------|---|--------------------------------|-------------------|
| Name of the organization | <b>DISABLED AMERICAN VETERANS DEPARTMENT<br/>OF MINNESOTA, INC.</b> | Employer identification number | <b>41-0641627</b> |
|--------------------------|---|--------------------------------|-------------------|

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
AID, MAINTENANCE, CARE, SUPPORT AND REHABILITATION OF SICK AND INJURED  
VETERANS AND THEIR DEPENDENTS, EITHER DIRECTLY OR BY CONTRIBUTIONS TO  
THE SERVICE PROGRAMS OFFERED THROUGH OTHER NONPROFIT ORGANIZATIONS.**

**FORM 990, PART VI, SECTION A, LINE 1A:  
THE DEPARTMENT EXECUTIVE COMMITTEE SHALL CONSIST OF THE DEPARTMENT ELECTED  
OFFICERS, THE IMMEDIATE PAST DEPARTMENT COMMANDER AND TREASURER (WHO IS THE  
APPOINTED CHAIRMAN OF THE FINANCE COMMITTEE). THE DEPARTMENT ADJUTANT, OR  
DESIGNEE, SHALL SERVE AS SECRETARY TO ALL EXECUTIVE COMMITTEE MEETINGS. AS  
APPOINTED OFFICERS, THE DEPARTMENT ADJUTANT AND TREASURER SHALL PARTICIPATE  
IN ALL EXECUTIVE COMMITTEE MEETINGS AS EX OFFICIO ADVISORY MEMBERS WITHOUT  
VOTE.**

**THE EXECUTIVE COMMITTEE MAY EXERCISE SUCH POWER SPECIFICALLY GRANTED A  
STATE DEPARTMENT EXECUTIVE COMMITTEE BY THE TERMS OF THE CONSTITUTION AND  
BYLAWS OF THE NATIONAL ORGANIZATION NOW EXISTING OR THEREAFTER AMENDED,  
EXCEPT SUCH POWERS AS MAY BE EXPRESSLY WITHHELD, LIMITED BY OR INCONSISTENT  
WITH THE NATIONAL CONSTITUTION AND BYLAWS, THESE BYLAWS, OR ANY MANDATE OF  
THE LAST PRECEDING DEPARTMENT CONVENTION.**

**FORM 990, PART VI, SECTION A, LINE 6:  
ANY MAN OR WOMAN, WHO WAS WOUNDED, GASSED, INJURED OR DISABLED IN LINE OF  
DUTY DURING TIME OF WAR, WHILE IN THE SERVICE OF EITHER THE MILITARY OR  
NAVAL FORCES OF THE UNITED STATES OF AMERICA, AND WHO HAS NOT BEEN  
DISHONORABLY DISCHARGED OR SEPARATED FROM SUCH SERVICE, OR WHO MAY STILL BE  
IN ACTIVE SERVICE IN THE ARMED FORCES OF THE UNITED STATES OF AMERICA AS  
ALLIES DURING ANY OF ITS WAR PERIODS, WHO ARE AMERICAN CITIZENS AND WHO ARE  
HONORABLY DISCHARGED, ARE ALSO ELIGIBLE.**

**FORM 990, PART VI, SECTION A, LINE 7A:  
OFFICERS OF THE DEPARTMENT CONSIST OF A DEPARTMENT COMMANDER, SENIOR VICE  
COMMANDER, FOUR JUNIOR VICE COMMANDERS, CHAPLAIN AND JUDGE  
ADVOCATE/INSPECTOR GENERAL, EACH OF WHOM ARE ELECTED AT THE REGULAR ANNUAL  
CONVENTION BY THE DELEGATES AND SERVE UNTIL THEIR RESPECTIVE SUCCESSORS ARE  
ELECTED AND INSTALLED.**

**FORM 990, PART VI, SECTION A, LINE 7B:  
ELECTION OF NEW DEPARTMENT OFFICERS, APPROVAL OF THE ANNUAL BUDGET, ANY AND  
ALL CHANGES TO THE DEPARTMENT CONSTITUTION AND BYLAWS, AND OTHER  
RESOLUTIONS THAT ARE BROUGHT UP AT THE DEPARTMENT'S ANNUAL CONVENTION  
REQUIRES APPROVAL FROM MEMBERS OF THE ORGANIZATION. DELEGATES ARE MEMBERS  
THAT REPRESENT CHAPTERS THAT ARE LOCATED THROUGHOUT THE STATE OF MN. EACH  
CHAPTER RECEIVES A SET NUMBER OF VOTES PER OUR NATIONAL CONSTITUTION AND  
BYLAWS AND IS REPRESENTED BY THEIR DELEGATE ATTENDING THE ANNUAL  
CONVENTION.**

**FORM 990, PART VI, SECTION B, LINE 11B:  
THE FORM 990 IS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM USING  
INFORMATION PROVIDED BY THE ORGANIZATION. ONCE A DRAFT OF THE RETURN IS  
READY, IT IS REVIEWED BY THE DEPARTMENT TREASURER AND ADJUTANT AND  
FORWARDED TO THE FINANCE COMMITTEE FOR FINAL REVIEW.**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

|  |   |
|--|---|
| Name of the organization <b>DISABLED AMERICAN VETERANS DEPARTMENT<br/>OF MINNESOTA, INC.</b> | Employer identification number<br><b>41-0641627</b> |
|--|---|

FORM 990, PART VI, SECTION B, LINE 12C:  
 OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY,  
 IN WRITING, ANY POTENTIALLY CONFLICTING RELATIONSHIPS OR TRANSACTIONS. THE  
 BOARD AND KEY EMPLOYEES ADDRESS ANY CONFLICTS OF INTEREST AS THEY ARISE AT  
 THE BOARD LEVEL. SHOULD A CONFLICT PRESENT ITSELF, BOARD MEMBERS WITH A  
 CONFLICT WILL ABSTAIN FROM VOTING.

FORM 990, PART VI, SECTION B, LINE 15A:  
 DURING THE ANNUAL BUDGET PROCESS, THE EXECUTIVE DIRECTOR AND ADJUTANT OF  
 THE DEPARTMENT AND THE DEPARTMENT BOARD REVIEW COMPARATIVE DATA TO  
 DETERMINE APPROPRIATE LEVELS OF COMPENSATION AND MAKE RECOMMENDATIONS TO  
 THE BOARD OF DIRECTORS. MINUTES ARE MAINTAINED AND MADE AVAILABLE TO ALL  
 MEMBERS. THIS PROCESS WAS LAST CONDUCTED IN 2024.

FORM 990, PART VI, SECTION C, LINE 19:  
 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS  
 AVAILABLE TO THE PUBLIC ON ITS WEBSITE.

FORM 990, PART XII, LINE 2C:  
 NEITHER THE PROCESS FOR SELECTING AN INDEPENDANT ACCOUNTANT NOR THE  
 OVERSIGHT PROCESS HAS CHANGED FROM PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

OMB No. 1545-0047

**Open to Public  
Inspection**

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

Name of the organization **DISABLED AMERICAN VETERANS DEPARTMENT  
OF MINNESOTA, INC.** Employer identification number **41-0641627**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity                | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |          |
|--|--|---|-------------------------------|---|-------------------------------------|--|----------|
|  |  |   |                               |   |                                     | Yes  | No       |
| DISABLED AMERICAN VETERANS OF MINNESOTA<br>FOUNDATION, INC. - 41-1721688, STATE<br>VETERANS SERVICE BUILDING, SAINT PAUL, MN | SUPPORT AMERICA'S DISABLED<br>VETERANS | MINNESOTA   | 501(C)(3)                     | LINE 7  | N/A                                 |  | <b>X</b> |
|  |  |   |                               |   |                                     |  |          |
|  |  |   |                               |   |                                     |  |          |
|  |  |   |                               |   |                                     |  |          |
|  |  |   |                               |   |                                     |  |          |
|  |  |   |                               |   |                                     |  |          |
|  |  |   |                               |   |                                     |  |          |
|  |  |   |                               |   |                                     |  |          |
|  |  |   |                               |   |                                     |  |          |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) (Rev. 1-2025)

**SEE PART VII FOR CONTINUATIONS**



DISABLED AMERICAN VETERANS DEPARTMENT

Schedule R (Form 990) (Rev. 1-2025) OF MINNESOTA, INC.

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|  | Yes | No |
|--|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                 | X   |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                               | X   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                      |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                      |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                    |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  | X   |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   | X   |    |
| <b>o</b> Sharing of paid employees with related organization(s) .....  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                      |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                      | X   |    |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                 |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1)                                 |                               |                        |  |
| (2)                                 |                               |                        |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |



DISABLED AMERICAN VETERANS DEPARTMENT

Schedule R (Form 990) (Rev. 1-2025) OF MINNESOTA, INC.

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

DISABLED AMERICAN VETERANS OF MINNESOTA FOUNDATION, INC.

EIN: 41-1721688

STATE VETERANS SERVICE BUILDING

SAINT PAUL, MN 55155-2002