

Form **990**

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization DISABLED AMERICAN VETERANS DEPARTMENT OF MINNESOTA, INC. Doing business as		<b>D</b> Employer identification number 41-0641627
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite STATE VETERANS SERVICE BLDG 300		<b>E</b> Telephone number (651) 291-1212
	City or town, state or province, country, and ZIP or foreign postal code SAINT PAUL, MN 55155		<b>G</b> Gross receipts \$ 4,382,463.
	<b>F</b> Name and address of principal officer: STEPHEN WHITEHEAD SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b)</b> Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) (insert no.) 4947(a)(1) or 527			
<b>J</b> Website: WWW.DAVMN.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1925
			<b>M</b> State of legal domicile: MN

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: ASSIST IN PROVIDING FOR THE REHABILITATION AND CONTINUING WELFARE OF AMERICA'S DISABLED VETERANS		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	7
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	7
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	24
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	850
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	547,668.	509,637.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,488.	22,368.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,013.	-329.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,707,315.	2,057,727.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	218,291.	330,442.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	600,974.	671,682.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	381,294.	586,332.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,200,559.	1,588,456.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	506,756.	469,271.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	1,807,401.	2,007,600.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	431,472.	192,803.
		1,375,929.	1,814,797.

**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.

<b>Sign Here</b>	Signature of officer		Date		
	STEPHEN WHITEHEAD, ADJUTANT				
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	HEIDI GRINDE	HEIDI GRINDE	11/10/22	<input type="checkbox"/>	P02163937
	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

Form 990 (2021)

**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 \$ 789,949. Including grants of \$ 245,437. ) (Revenue \$ 22,368. )  
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.

**4b** (Code: ) (Expenses \$ 412,541. Including grants of \$ 82,005. ) (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 \$ 3,000. Including grants of \$ 3,000. ) (Revenue \$ 0. )  
CONTRIBUTION PROGRAM:  
THE DAV MN DEVELOPS FINANCIAL RESOURCES FOR THE ASSISTANCE, 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.

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

**4e** Total program service expenses 1,205,490.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
24d			
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
25b			X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28a			X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28b			X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
35b			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

Note: All Form 990 filers are required to complete Schedule O

**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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	
1c		X	

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

Table with columns for question numbers (2a-17), descriptions, and Yes/No columns. Includes questions about employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

**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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**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.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 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  
**STEPHEN WHITEHEAD - 651-291-1212**  
**STATE VETERANS SERVICE BUILDING, NO. 300, ST. PAUL, MN 55155**







**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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	322,332.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	187,305.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	<b>Total.</b> Add lines 1a-1f			509,637.			
Program Service Revenue	2 a	REGISTRATION FEES	Business Code	900099	22,368.	22,368.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f			22,368.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			7,762.		7,762.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securitles	(ii) Other				
			7a		3,500.			
			7b		11,591.			
	c	Gain or (loss)	7c		-8,091.			
	d	Net gain or (loss)			-8,091.		-8,091.	
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a	3,835,170.					
		b	Less: cost of goods sold	10b	2,313,145.			
		c	Net income or (loss) from sales of inventory		1,522,025.		1,522,025.	
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	Business Code	900099	4,026.		4,026.	
	b							
	c							
	d	All other revenue						
	e	<b>Total.</b> Add lines 11a-11d			4,026.			
12	<b>Total revenue.</b> See instructions			2,057,727.	22,368.	0.	1,525,722.	

**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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	330,442.	330,442.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	202,617.	136,324.	66,293.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	378,189.	329,456.	48,733.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,734.	18,970.	6,764.	
9 Other employee benefits .....	16,092.	12,194.	3,898.	
10 Payroll taxes .....	49,050.	38,638.	10,412.	
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	1,288.		1,288.	
c Accounting .....	38,653.		38,653.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	61,100.	10,051.	51,049.	
12 Advertising and promotion .....	213,060.	119,210.	93,850.	
13 Office expenses .....	29,537.	18,192.	11,345.	
14 Information technology .....	5,388.	4,765.	623.	
15 Royalties .....				
16 Occupancy .....				
17 Travel .....	46,527.	11,245.	35,282.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	59,136.	59,136.		
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	12,785.	9,955.	2,830.	
23 Insurance .....	17,679.	14,267.	3,412.	
24 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.)				
a MEMBERSHIP DUES	38,602.	38,602.		
b OUTDOOR EVENTS SUPPLY	35,055.	34,947.	108.	
c MISCELLANEOUS EXPENSES	18,815.	10,389.	8,426.	
d REPAIRS & MAINTENANCE	8,707.	8,707.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,588,456.	1,205,490.	382,966.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing .....	0.	1	809,153.
	2 Savings and temporary cash investments .....	1,150,471.	2	152,628.
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	208,877.	4	183,133.
	5 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 .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	13,696.	9	21,950.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 234,373.		
	b Less: accumulated depreciation .....	10b 77,070.		
	11 Investments - publicly traded securities .....	351,324.	11	628,587.
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	9,624.	15	54,846.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,807,401.	16	2,007,600.	
Liabilities	17 Accounts payable and accrued expenses .....	211,372.	17	192,803.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to 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 .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....	220,100.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	431,472.	26	192,803.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> <b>X</b> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions .....	1,372,230.	27	1,804,297.
	28 Net assets with donor restrictions .....	3,699.	28	10,500.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
32 <b>Total net assets or fund balances</b> .....	1,375,929.	32	1,814,797.	
33 <b>Total liabilities and net assets/fund balances</b> .....	1,807,401.	33	2,007,600.	

Form 990 (2021)

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,057,727.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,588,456.
3	Revenue less expenses. Subtract line 2 from line 1	3	469,271.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,375,929.
5	Net unrealized gains (losses) on investments	5	-30,403.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,814,797.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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 (2021)

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

Name of the organization

DISABLED AMERICAN VETERANS DEPARTMENT  
OF MINNESOTA, INC.

Employer identification number

41-0641627

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 <b>DISABLED AMERICAN VETERANS DEPARTMENT OF MINNESOTA, INC.</b>	Employer identification number <b>41-0641627</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 220,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 126,196.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 102,232.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 38,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DISABLED AMERICAN VETERANS DEPARTMENT OF MINNESOTA, INC.	Employer identification number 41-0641627
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	BOAT _____ _____ _____	\$ 38,000.	10/05/21
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

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 for instructions and the latest information.

OMB No. 1545-0047

2021

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Question number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

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

Schedule D (Form 990) 2021

132051 10-28-21

**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 on 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(i), 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		234,373.	77,070.	157,303.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				157,303.

**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, col. (B) line 12.) ▶		

**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, col. (B) line 13.) ▶		

**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) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**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) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 ...

**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	2,078,626.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-30,403.	
b	Donated services and use of facilities	2b	51,302.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	20,899.	
3	Subtract line 2e from line 1	3	2,057,727.	
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	2,057,727.	

**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	1,639,758.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	51,302.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	51,302.	
3	Subtract line 2e from line 1	3	1,588,456.	
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	1,588,456.	

**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 2022,

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



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

**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 the latest information.

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 non-cash 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, SUITE 300 - ST. PAUL, MN 55155	41-1721688	501(C)(3)	100,000.	0.	N/A	N/A	GENERAL SUPPORT
MINNEAPOLIS VAMC 1 VETERANS DRIVE MINNEAPOLIS, MN 55417		GOVERNMENT	0.	84,814.	FMV	BUS PROJECT AND TWO VEHICLES	BUS PROJECT AND TWO VEHICLES
DAV NATIONAL SERVICE FOUNDATION 3725 ALEXANDRIA PIKE COLD SPRINGS, KY 41076	52-1516071	501(C)(3)	15,000.	0.	N/A	N/A	DAV NATIONAL CONVENTION
DAV CHAPTER 37 HUTCHINSON 177 3RD AVE NW HUTCHINSON, MN 55350	31-1056318	501(C)(4)	11,863.	0.	N/A	N/A	MEAL PACKING AND HELPING VETERANS IN NEED

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

3 Enter total number of other organizations listed in the line 1 table 4.

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

Schedule I (Form 990) 2021

**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 BUDGETTING 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.

**Part IV** Supplemental Information

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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ 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 Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) 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		30,275,146.	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** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three 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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

**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, 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)**

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 the latest information.

OMB No. 1545-0047

**2021**  
Open to Public  
Inspection

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

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

Schedule O (Form 990) 2021

132211 11-11-21

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

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.

Name of the organization DISABLED AMERICAN VETERANS DEPARTMENT OF MINNESOTA, INC.	Employer identification number 41-0641627
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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 2020.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS  
 AVAILABLE TO THE PUBLIC ON ITS WEBSITE.





**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.

	Yes	No
<b>1</b> 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?		
<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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DISABLED AMERICAN VETERANS OF MINNESOTA FOUNDATION, INC.	B	100,000.FMV	
(2) DISABLED AMERICAN VETERANS OF MINNESOTA FOUNDATION, INC.	Q	86,448.FMV	
(3) DISABLED AMERICAN VETERANS OF MINNESOTA FOUNDATION, INC.	C	38,000.FMV	
(4)			
(5)			
(6)			





**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