

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

2020

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 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

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. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite STATE VETERANS SERVICE BLDG 300 City or town, state or province, country, and ZIP or foreign postal code SAINT PAUL, MN 55155	D Employer identification number 41-0641627 E Telephone number (651) 291-1212
I Tax-exempt status: 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527		G Gross receipts \$ 3,482,602.
J Website: ▶ WWW.DAVMN.ORG		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		H(c) Group exemption number ▶
L Year of formation: 1925		M State of legal domicile: MN

Part I Summary

1	Briefly describe the organization's mission or most significant activities: ASSIST IN PROVIDING FOR THE REHABILITATION AND CONTINUING WELFARE OF AMERICA'S DISABLED VETERANS		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	25
6	Total number of volunteers (estimate if necessary)	6	850
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	396,904.	547,668.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,057.	9,488.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,994.	1,013.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	832,017.	1,149,146.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,237,972.	1,707,315.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	184,991.	218,291.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	37,050.	600,974.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	640,856.	381,294.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	862,897.	1,200,559.
19 Revenue less expenses. Subtract line 18 from line 12	375,075.	506,756.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,195,181.	1,807,401.
	22 Net assets or fund balances. Subtract line 21 from line 20	328,972.	431,472.
		866,209.	1,375,929.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer STEPHEN WHITEHEAD, ADJUTANT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name HEIDI GRINDE	Preparer's signature HEIDI GRINDE
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Date 03/09/22
	Firm's address ▶ 220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402	Check if self-employed <input type="checkbox"/> PTIN P02163937
		Firm's EIN ▶ 41-0746749
		Phone no. 612-376-4500

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

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 \$ 569,999. including grants of \$ 209,800.) (Revenue \$ 9,488.)
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

4b (Code:) (Expenses \$ 333,118. including grants of \$ 3,841.) (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 \$ 4,650. including grants of \$ 4,650.) (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 **907,767.**

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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>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2	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>	3	X
4 Section 501(c)(3) organizations. 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>	4	
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	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>	6	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>	7	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>	8	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>	9	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>	10	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>	11a	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>	11b	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>	11c	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>	11d	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>	11e	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>	11f	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>	12a	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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	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>	17	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>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21	X

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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>	22	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>	23	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>	24a	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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>	25a	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>	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>	26	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>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see 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>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	
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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	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	3
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		25
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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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

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.	9	
1b	Enter the number of voting members included on line 1a, above, who are independent	9	
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	The governing body?	X	
8b	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 in 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	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in 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	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

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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 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 and/or Box 7 of Form 1099-MISC) 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 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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 ADJUTANT	40.00 0.00			X				101,500.	0.	8,120.
(2) TRENT DILKS ADJUTANT - PART YEAR	12.00 28.00			X				81,415.	0.	6,514.
(3) RONALD HAUGEN DEPARTMENT COMMANDER	10.00 4.00	X		X				0.	0.	0.
(4) MICK AGUIRRE SENIOR VICE COMMANDER	10.00 4.00	X		X				0.	0.	0.
(5) ELLSWORTH FIELDS 1ST JUNIOR VICE COMMANDER	10.00 0.00	X		X				0.	0.	0.
(6) OATHER MARTIN 2ND JUNIOR VICE COMMANDER	10.00 0.00	X		X				0.	0.	0.
(7) BRUCE PEDERSON 3RD JUNIOR VICE COMMANDER	1.00 0.00	X		X				0.	0.	0.
(8) ASHLEIGH LAGANIERE 4TH JUNIOR VICE COMMANDER	5.00 0.00	X		X				0.	0.	0.
(9) SCOTT BERNDT PAST DEPT. COMMANDER	10.00 0.00	X		X				0.	0.	0.
(10) RICK JARVIS JUDGE ADVOCATE	10.00 0.00	X		X				0.	0.	0.
(11) ROBERT SADDORIS CHAPLAIN	10.00 0.00	X		X				0.	0.	0.
(12) JOHN WALKER TREASURER	10.00 10.00	X		X				0.	0.	0.

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

Form 990 (2020)

41-0641627 Page **9**

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	383,240.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	164,428.				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f			547,668.			
Program Service Revenue	2 a FEES	Business Code					
		900099	9,488.	9,488.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			9,488.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,013.			1,013.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
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		2,913,222.				
		b Less: cost of goods sold	10b	1,775,287.			
		c Net income or (loss) from sales of inventory		1,137,935.			1,137,935.
Miscellaneous Revenue	11 a MISCELLANEOUS REVENUE	Business Code					
		900099	11,211.			11,211.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			11,211.				
12 Total revenue. See instructions			1,707,315.	9,488.	0.	1,150,159.	

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

Form 990 (2020)

41-0641627 Page **10**

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 ...	218,291.	218,291.		
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	100,148.	60,089.	40,059.	
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	400,259.	339,121.	61,138.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	58,956.	35,001.	23,955.	
10 Payroll taxes	41,611.	33,661.	7,950.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	39,933.	85.	39,848.	
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.)	96,372.	46,952.	49,420.	
12 Advertising and promotion	41,133.	34,628.	6,505.	
13 Office expenses	39,256.	10,819.	28,437.	
14 Information technology	4,716.	1,109.	3,607.	
15 Royalties				
16 Occupancy				
17 Travel	20,117.	4,504.	15,613.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	22,963.	22,963.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,438.	13,575.	3,863.	
23 Insurance	27,410.	21,339.	6,071.	
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	37,460.	37,460.		
b OUTDOOR EVENTS SUPPLY	13,857.	13,857.		
c MISCELLANEOUS EXPENSES	12,420.	6,309.	6,111.	
d REPAIRS & MAINTENANCE	8,219.	8,004.	215.	
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	1,200,559.	907,767.	292,792.	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)

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

Form 990 (2020)

41-0641627 Page **11**

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		1		
	2 Savings and temporary cash investments	965,745.	2	1,150,471.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	96,353.	4	208,877.	
	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	21,443.	9	13,696.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 139,373.			
	b Less: accumulated depreciation	10b 65,964.	77,192.	10c	73,409.
	11 Investments - publicly traded securities	0.	11	351,324.	
	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	34,448.	15	9,624.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,195,181.	16	1,807,401.		
Liabilities	17 Accounts payable and accrued expenses	108,872.	17	211,372.	
	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	220,100.	
	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 Total liabilities. Add lines 17 through 25	328,972.	26	431,472.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	858,178.	27	1,372,230.	
	28 Net assets with donor restrictions	8,031.	28	3,699.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	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 Total net assets or fund balances	866,209.	32	1,375,929.	
	33 Total liabilities and net assets/fund balances	1,195,181.	33	1,807,401.	

Form **990** (2020)

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

Form 990 (2020)

41-0641627 Page **12**

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	1,707,315.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,200,559.
3	Revenue less expenses. Subtract line 2 from line 1	3	506,756.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	866,209.
5	Net unrealized gains (losses) on investments	5	464.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	2,500.
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	1,375,929.

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 in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <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 type="checkbox"/> Separate basis <input checked="" 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** (2020)

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

2020

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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? (Yes/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? (Yes/No)

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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 (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 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? (Yes/No), 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 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.

Table with 2 columns: Revenue, Assets. Rows include: 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

Schedule D (Form 990) 2020

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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 <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange program |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 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(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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		12,500.		12,500.
b Buildings				
c Leasehold improvements				
d Equipment		126,873.	65,964.	60,909.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				73,409.

Schedule D (Form 990) 2020

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

Schedule D (Form 990) 2020

41-0641627 Page **3**

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)		
Total. (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)		
Total. (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)	
Total. (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)	
Total. (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 ...

Schedule D (Form 990) 2020

**DISABLED AMERICAN VETERANS DEPARTMENT
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 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
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	
5 Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
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	
5 Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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 2021 AND 2020, 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 B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization DISABLED AMERICAN VETERANS DEPARTMENT OF MINNESOTA, INC.	Employer identification number 41-0641627
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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	\$ 163,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 145,583.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	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.)
		\$	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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

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

**SCHEDULE I
(Form 990)**

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 for the latest information.

OMB No. 1545-0047

2020

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DAV CHAPTER 1 MINNEAPOLIS PO BOX 17037 MINNEAPOLIS, MN 55417	41-0220880	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 10 LYLE C. PEARSON SR. PO BOX 735 MANKATO, MN 56002	41-6059502	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 11 AITKIN 34462 320TH ST AITKIN, MN 56431	41-6059503	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 12 MORRISON COUNTY PO BOX 504 LITTLE FALLS, MN 56345	41-6059504	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 13 ITASCA CO. PO BOX 5025 GRAND RAPIDS, MN 55744	38-6143139	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 14 CROOKSTON 25855 STATE HWY 32 S RED LAKE FALLS, MN 54750	41-6059505	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 0.

3 Enter total number of other organizations listed in the line 1 table ▶ 32.

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

Schedule I (Form 990) 2020

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

Schedule I (Form 990)

41-0641627

Page 1

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 non-cash 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 1021 NORTH GARDEN, APT 201 NEW ULM, MN 56073	82-0934966	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 16 GLAYDON IVERSON 17489 US HWY 65 ALBERT LEA, MN 56007	41-6028166	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 17 WASH. COUNTY PO BOX 314 HUGO, MN 55038	41-6049170	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 18 CARLTON CTY PO BOX 294 CLOQUET, MN 55720	41-6059507	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 2 ST. PAUL PO BOX 16116 SAINT PAUL, MN 55116	41-0220875	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 20 FARIBAULT PO BOX 1186 FARIBAULT, MN 55021	41-6059508	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 22 CROW WING CTY. PO BOX 85 BRainerd, MN 56401	41-6059509	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 23 KOLSTAD PO BOX 719 VIRGINIA, MN 55792	41-6036753	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 24 WESTERN 1213 WILLIAMS AVE MONTEVIDEO, MN 56265	41-1504507	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES

Schedule I (Form 990)

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

Schedule I (Form 990)

41-0641627

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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 non-cash 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 116 E EVERETT AVE FERGUS FALLS, MN 56537	41-6059511	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 27 ARNOLD BRANDT 1915 5TH AVE NE AUSTIN, MN 55912	41-6042428	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 28 MAYO SOUTHEAST PO BOX 6226 ROCHESTER, MN 55903	41-0641627	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 3 HIBBING 122 2ND STREET S VIRGINIA, MN 55792	41-6039876	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 31 LAKELAND 16515 BIRD DOG RD AUDUBON, MN 56511	23-7352616	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 32 SOUTH CENTRAL PO BOX 654 FAIRMONT, MN 56032	23-7429233	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 33 SOUTHWEST 504 EAST MAIN STREET MARSHALL, MN 56258	23-7429232	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 34 WEST CENTRAL PO BOX 1361 WILLMAR, MN 56201	31-0922738	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 37 HUTCHINSON 177 3RD AVE NW HUTCHINSON, MN 55350	31-1056318	501(C)(4)	9,841.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES

Schedule I (Form 990)

DISABLED AMERICAN VETERANS DEPARTMENT
OF MINNESOTA, INC.

Schedule I (Form 990)

41-0641627

Page 1

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 non-cash 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 PO BOX 526 PARK RAPIDS, MN 56470	31-1056319	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 39 ANOKA 3443 136TH AVENUE NW ANDOVER, MN 55304	31-1429959	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 4 CLOVERLEAF PO BOX 537 HINCKLEY, MN 55037	41-6059498	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 40 SOUTH METRO PO BOX 162 HASTINGS, MN 55033	61-1904433	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 41 NORTHWEST MN 32719 STATE HWY 89 ROSEAU, MN 56751	90-1305230	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 6 GILBERT NORDMANN PO BOX 16142 DULUTH, MN 55816	41-6059500	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 7 NORTH CENTRAL PO BOX 564 BEMIDJI, MN 56619	41-6059501	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES
DAV CHAPTER 9 SAINT CLOUD PO BOX 5155 ST. CLOUD, MN 56302	41-6026113	501(C)(4)	6,000.	0.	N/A	N/A	COVID-19 VETERAN OUTREACH AND VETERANS SERVICES

Schedule I (Form 990)

DISABLED AMERICAN VETERANS DEPARTMENT
OF MINNESOTA, INC.

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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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 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		14,418,895.	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**

- 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.

	Yes	No
30a		X
31		X
32a	X	

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

Schedule M (Form 990) 2020

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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

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 III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EQUIPMENT.

FORM 990, PART VI, SECTION A, LINE 1:

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 4:

THE DISABLED AMERICAN VETERANS, DEPARTMENT OF MINNESOTA CONSTITUTION AND BYLAWS WERE AMENDED AT OUR 2021 CONVENTION. SINCE WE WERE UNABLE TO CONDUCT A CONVENTION IN 2020 DUE TO PANDEMIC RESTRICTIONS, A MAJORITY OF THE AMENDMENTS REFLECTED CHANGES TO ORGANIZATIONAL OPERATIONS AND FUNCTIONS OVER THE LAST TWO YEARS THAT NEEDED TO BE ADDRESSED SINCE THE PREVIOUS UPDATE TO THE BYLAWS AT CONVENTION IN 2019. THE MOST SIGNIFICANT CHANGES

Name of the organization	DISABLED AMERICAN VETERANS DEPARTMENT OF MINNESOTA, INC.	Employer identification number	41-0641627
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WERE REGARDING CHECK WRITING PROCEDURES DUE TO THE IMPLEMENTATION OF US UTILIZING AN ONLINE SOFTWARE AT THE SUGGESTION OF OUR AUDITORS AND UPDATING THE BYLAWS TO MATCH THE RECENTLY IMPLEMENTED DAV OF MN FOUNDATION BYLAWS SINCE THE FOUNDATION WAS CONVERTED TO A 501C3. THESE ITEMS RESULTED IN CHANGES TO SOME OF THE OFFICER DUTIES AND RESPONSIBILITIES. ALL OF THE CHANGES WERE READ AND UNANIMOUSLY APPROVED BY DAV OF MINNESOTA REGISTERED DELEGATES IN CONVENTION ON MAY, 1ST 2021.

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

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

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

Name of the organization **DISABLED AMERICAN VETERANS DEPARTMENT
OF MINNESOTA, INC.**

Employer identification number
41-0641627

AVAILABLE TO THE PUBLIC ON ITS WEBSITE.

Multiple horizontal lines for additional information.

**SCHEDULE R
(Form 990)**

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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

Schedule R (Form 990) 2020

SEE PART VII FOR CONTINUATIONS

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

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**DISABLED AMERICAN VETERANS DEPARTMENT
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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s 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
DISABLED AMERICAN VETERANS OF MINNESOTA (1) FOUNDATION, INC.	Q	116,354.	FMV
(2)			
(3)			
(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