

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DISABLED AMERICAN VETERANS DEPARTMENT OF MINNESOTA, INC.		D Employer identification number 41-0641627
	Doing business as		E Telephone number (651) 291-1212
	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		G Gross receipts \$ 5,897,435.
F Name and address of principal officer: STEPHEN WHITEHEAD SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.DAVMN.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1925 M State of legal domicile: MN

Part I Summary

Activities & Governance	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 2023 (Part V, line 2a)	5	27
	6 Total number of volunteers (estimate if necessary)	6	800
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b 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 368,871.	Current Year 347,843.
	9 Program service revenue (Part VIII, line 2g)	24,537.	26,508.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,943.	34,321.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,630,128.	1,965,502.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,020,593.	2,374,174.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	418,451.	438,530.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	837,960.	875,020.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	773,908.	1,002,002.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,030,319.	2,315,552.
19 Revenue less expenses. Subtract line 18 from line 12	-9,726.	58,622.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,405,291.	End of Year 2,459,455.
	21 Total liabilities (Part X, line 26)	571,792.	563,133.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,833,499.	1,896,322.

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	Signed by: Stephen Whitehead		Date: 12/30/2024	
	Signature of officer		Date	
Paid Preparer Use Only	Print/Type preparer's name ANN NEIL		Preparer's signature ANN NEIL	Date 12/29/24
	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN 41-0746749	
Firm's address 220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402		Phone no. 612-376-4500		

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

DISABLED AMERICAN VETERANS DEPARTMENT
OF MINNESOTA, INC.

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Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 1,215,723. including grants of \$ 374,174.) (Revenue \$ 26,508.)

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

4b (Code:) (Expenses \$ 502,164. including grants of \$ 64,356.) (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 \$ 193,739. including grants of \$ 0.) (Revenue \$ 0.)

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

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

4e Total program service expenses 1,911,626.

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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>		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 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>		
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 <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
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	

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Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, foreign accounts, and various IRS forms.

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

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

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and joint ventures.

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.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

DISABLED AMERICAN VETERANS DEPARTMENT
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Part 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	63,500.				
	e	Government grants (contributions)	1e	130,284.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	154,059.				
	g	Noncash contributions included in lines 1a-1f	1g \$					
	h	Total. Add lines 1a-1f		347,843.				
Program Service Revenue	2 a	REGISTRATION FEES	Business Code	900099	26,508.	26,508.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		26,508.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		32,395.		32,395.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	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	(i) Securities	(ii) Other				
			7a	888,257.				
			b	Less: cost or other basis and sales expenses	7b	886,331.		
			c	Gain or (loss)	7c	1,926.		
	d	Net gain or (loss)		1,926.		1,926.		
	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	4,601,002.					
		b	Less: cost of goods sold	10b	2,636,930.			
		c	Net income or (loss) from sales of inventory		1,964,072.		1964072.	
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	Business Code	900099	1,430.	1,430.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		1,430.				
12	Total revenue. See instructions		2,374,174.	26,508.	0.	1999823.		

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

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) 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 ...	438,530.	438,530.		
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	107,029.	64,218.	42,811.	
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	629,938.	557,760.	72,178.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	79,732.	69,753.	9,979.	
10 Payroll taxes	58,321.	49,615.	8,706.	
11 Fees for services (nonemployees):				
a Management				
b Legal	123.		123.	
c Accounting	59,414.		59,414.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	552.		552.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	162,604.	39,144.	123,460.	
12 Advertising and promotion	301,761.	276,608.	25,153.	
13 Office expenses	6,704.	6,121.	583.	
14 Information technology	36,713.	24,892.	11,821.	
15 Royalties				
16 Occupancy				
17 Travel	72,801.	46,456.	26,345.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	105,161.	105,161.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,577.	21,686.	3,891.	
23 Insurance	28,306.	26,234.	2,072.	
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 OUTDOOR EVENTS SUPPLY	103,408.	103,408.		
b MEMBERSHIP DUES	44,400.	44,400.		
c MISCELLANEOUS	25,871.	17,110.	8,761.	
d PRINTING & POSTAGE	21,088.	13,011.	8,077.	
e All other expenses	7,519.	7,519.		
25 Total functional expenses. Add lines 1 through 24e	2,315,552.	1,911,626.	403,926.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**DISABLED AMERICAN VETERANS DEPARTMENT
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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	635,449.	1	585,085.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	71,000.	3	119,284.
	4 Accounts receivable, net	339,123.	4	294,514.
	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	37,368.	9	78,399.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	268,344.		
	10a			
	b Less: accumulated depreciation	105,714.		
	10b			
	11 Investments - publicly traded securities	806,626.	11	844,596.
	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	321,124.	15	374,947.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,405,291.	16	2,459,455.	
Liabilities	17 Accounts payable and accrued expenses	247,203.	17	178,839.
	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		24	
	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	324,589.	25	384,294.
	26 Total liabilities. Add lines 17 through 25	571,792.	26	563,133.
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	1,818,999.	27	1,886,587.
	28 Net assets with donor restrictions	14,500.	28	9,735.
	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	1,833,499.	32	1,896,322.
33 Total liabilities and net assets/fund balances	2,405,291.	33	2,459,455.	

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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	2,374,174.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,315,552.
3	Revenue less expenses. Subtract line 2 from line 1	3	58,622.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,833,499.
5	Net unrealized gains (losses) on investments	5	4,201.
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	1,896,322.

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		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 (2023)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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 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	\$ 119,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 63,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 130,284.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 23,988.	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 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

2023

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, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor informed status.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, and monitoring details.

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, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

DISABLED AMERICAN VETERANS DEPARTMENT
OF MINNESOTA, INC.

Schedule D (Form 990) 2023

41-0641627 Page 2

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		268,344.	105,714.	162,630.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				162,630.

Schedule D (Form 990) 2023

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

Schedule D (Form 990) 2023

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, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET	374,947.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	374,947.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	384,294.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	384,294.

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

DISABLED AMERICAN VETERANS DEPARTMENT
OF MINNESOTA, INC.

Schedule D (Form 990) 2023

41-0641627 Page 4

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	2,634,993.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	4,201.	
b	Donated services and use of facilities	2b	256,618.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	260,819.	
3	Subtract line 2e from line 1	3	2,374,174.	
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	2,374,174.	

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	2,572,170.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	256,618.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	256,618.	
3	Subtract line 2e from line 1	3	2,315,552.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,315,552.	

Part XIII Supplemental Information

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

PART X, LINE 2:

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

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

DISABLED AMERICAN VETERANS DEPARTMENT
OF MINNESOTA, INC.

Schedule D (Form 990) 2023

41-0641627 Page 5

Part XIII Supplemental Information *(continued)*

IN THE FINANCIAL STATEMENTS BASED ON THE CRITERIA SET FORTH IN ASC 740.

Multiple horizontal lines for supplemental information.

**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
2023
Open to Public
Inspection

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

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DAV NATIONAL SERVICE FOUNDATION 3725 ALEXANDRIA PIKE COLD SPRINGS, KY 41076	52-1516071	501(C)(3)	55,000.	0.			NATIONAL CONVENTION, GOLF CLINIC, WINTER SPORTS CLINIC
DISABLED AMERICAN VETERANS OF MINNESOTA FOUNDATION, INC. - STATE VETERANS SERVICE BUILDING - ST PAUL, MN 55155	41-1721688	501(C)(3)	50,000.	0.			GENERAL
MINNEAPOLIS VA HEALTH CARE 1 VETERANS DR MINNEAPOLIS, MN 55417		OTHER	0.	59,356.	FMV	VEHICLE	VEHICLE
DAV CHAPTER 24 WESTERN 1213 WILLIAMS AVE MONTEVIDEO, MN 56265	41-1504507	501(C)(4)	7,000.	0.			VETERAN SUPPORT
DAV CHAPTER 31 LAKELAND. 500 WASHINGTON AVE DETROIT LAKES, MN 56501	23-7352616	501(C)(4)	7,000.	0.			VETERAN SUPPORT
DAV CHAPTER 32 SOUTH CENTRAL. PO BOX 654 FAIRMONT, MN 56032	23-7429233	501(C)(4)	7,000.	0.			VETERAN SUPPORT

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2023**

DISABLED AMERICAN VETERANS DEPARTMENT
OF MINNESOTA, INC.

41-0641627 Page 1

Schedule I (Form 990) 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 17 WASH. COUNTY PO BOX 314 HUGO, MN 55038	41-6049170	501(C)(4)	7,000.	0.			VETERAN SUPPORT
DAV CHAPTER 33 SOUTHWEST. 504 EAST MAIN STREET MARSHALL, MN 56258	23-7429232	501(C)(4)	7,000.	0.			VETERAN SUPPORT
DAV CHAPTER 20 FAIRBAULT PO BOX 1186 FAIRBAULT, MN 55021	41-6059508	501(C)(4)	7,000.	0.			VETERAN SUPPORT
DAV CHAPTER 22 CROW WING CTY. PO BOX 85 BRAINERD, MN 56401	41-6059509	501(C)(4)	7,000.	0.			VETERAN SUPPORT
DAV CHAPTER 23 KOLSTAD PO BOX 719 VIRGINIA, MN 55792	41-6036753	501(C)(4)	7,000.	0.			VETERAN SUPPORT
DAV CHAPTER 25 FERGUS FALLS. 116 EAST EVERETT AVE FERGUS FALLS, MN 56537	41-6059511	501(C)(4)	7,000.	0.			VETERAN SUPPORT
DAV CHAPTER 4 CLOVERLEAF. PO BOX 537 HINCKLEY, MN 55037	41-6059498	501(C)(4)	7,000.	0.			VETERAN SUPPORT
DAV CHAPTER 2 ST. PAUL PO BOX 16116 SAINT PAUL, MN 55116	41-0220875	501(C)(4)	7,000.	0.			VETERAN SUPPORT
DAV CHAPTER 11 AITKIN 34462 320TH ST AITKIN, MN 56431	41-6059503	501(C)(4)	7,000.	0.			VETERAN SUPPORT

Schedule I (Form 990)

DISABLED AMERICAN VETERANS DEPARTMENT

OF MINNESOTA, INC.

41-0641627

Page 1

Schedule I (Form 990) 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 41 NORTHWEST MN 50554 350TH STREET SALOL, MN 56756	90-1305230	501(C)(4)	7,000.	0.			VETERAN SUPPORT
DAV CHAPTER 27 ARNOLD BRANDT. 1915 5TH AVE NE AUSTIN, MN 55912	41-6042428	501(C)(4)	7,000.	0.			VETERAN SUPPORT
DAV CHAPTER 6 GILBERT NORDMANN PO BOX 16142 DULUTH, MN 55816-6142	41-6059500	501(C)(4)	7,000.	0.			VETERAN SUPPORT
DAV CHAPTER 15 NEW ULM 1522 SOUTH VALLEY STREET NEW ULM, MN 56073	41-6059506	501(C)(4)	7,000.	0.			VETERAN SUPPORT
DAV CHAPTER 9 SAINT CLOUD PO BOX 5155 ST. CLOUD, MN 56302	41-6026113	501(C)(4)	7,000.	0.			VETERAN SUPPORT
DAV CHAPTER 16 GLAYDON IVERSON PO BOX 53 ALBERT LEA, MN 56007	41-6028166	501(C)(4)	7,548.	0.			VETERAN SUPPORT, BUS FOR VDOH
DAV CHAPTER 34 WEST CENTRAL PO BOX 1361 WILLMAR, MN 56201	31-0922738	501(C)(4)	7,550.	0.			VETERAN SUPPORT, BUS FOR VDOH
DAV CHAPTER 39 ANOKA 3443 136TH AVENUE NW ANDOVER, MN 55304	31-1429959	501(C)(4)	7,573.	0.			VETERAN SUPPORT, BUS FOR VDOH
DAV CHAPTER 1 MINNEAPOLIS. PO BOX 17037 MINNEAPOLIS, MN 55417	41-0220880	501(C)(4)	7,750.	0.			VETERAN SUPPORT, MIDWINTER TRAVEL

Schedule I (Form 990)

DISABLED AMERICAN VETERANS DEPARTMENT

OF MINNESOTA, INC.

41-0641627 Page 1

Schedule I (Form 990) 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 13 ITASCA CO. PO BOX 5025 GRAND RAPIDS, MN 55744	38-6143139	501(C)(4)	7,850.	0.			VETERAN SUPPORT, NATIONAL CONVENTION TRAVEL
DAV CHAPTER 3 HIBBING 122 2ND STREET S VIRGINIA, MN 55792	41-6039876	501(C)(4)	7,900.	0.			VETERAN SUPPORT, BUS FOR VDOH
DAV CHAPTER 7 NORTH CENTRAL. PO BOX 564 BEMIDJI, MN 56619	41-6059501	501(C)(4)	8,050.	0.			VETERAN SUPPORT, BUS FOR VDOH
DAV CHAPTER 10 LYLE C. PEARSON SR. PO BOX 735 MANKATO, MN 56002	41-6059502	501(C)(4)	8,254.	0.			VETERAN SUPPORT, BUS FOR VDOH
DAV CHAPTER 28 MAYO SOUTHEAST PO BOX 6226 ROCHESTER, MN 55903-6226	23-7098885	501(C)(4)	8,285.	0.			VETERAN SUPPORT, VV COMMEMORATION
DAV CHAPTER 40 SOUTH METRO 837 GREENING DRIVE APPLE VALLEY, MN 55124	61-1904433	501(C)(4)	8,357.	0.			VETERAN SUPPORT, BUS FOR VDOH
DAV CHAPTER 12 MORRISON COUNTY PO BOX 504 LITTLE FALLS, MN 56345	41-6059504	501(C)(4)	8,450.	0.			VETERAN SUPPORT, NATIONAL CONVENTION TRAVEL
DAV CHAPTER 14 CROOKSTON 25804 310TH ST SE MCINTOSH, MN 56556	41-6059505	501(C)(4)	8,620.	0.			VETERAN SUPPORT, BUS FOR VDOH
DAV CHAPTER 38 PARK RAPIDS PO BOX 526 PARK RAPIDS, MN 56470	31-1056319	501(C)(4)	11,150.	0.			VETERAN SUPPORT, NATIONAL CONVENTION TRAVEL

Schedule I (Form 990)

DISABLED AMERICAN VETERANS DEPARTMENT
OF MINNESOTA, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 18 CARLTON CITY PO BOX 294 CLOQUET, MN 55720	41-6059507	501(C)(4)	12,947.	0.			VETERAN SUPPORT, OUTREACH
DAV CHAPTER 37 HUTCHINSON 177 3RD AVE NW HUTCHINSON, MN 55350	31-1056318	501(C)(4)	16,000.	0.			VETERAN SUPPORT, INSURANCE, FOOD PACKING

Schedule I (Form 990)

DISABLED AMERICAN VETERANS DEPARTMENT

OF MINNESOTA, INC.

41-0641627

Page 2

Schedule I (Form 990) 2023

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.

DISABLED AMERICAN VETERANS DEPARTMENT
OF MINNESOTA, INC.

Schedule I (Form 990)

41-0641627 Page 2

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

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		7,218,098.	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**

	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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

DISABLED AMERICAN VETERANS DEPARTMENT

Schedule M (Form 990) 2023 OF MINNESOTA, INC.

41-0641627 Page 2

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 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

DISABLED AMERICAN VETERANS DEPARTMENT
OF MINNESOTA, INC.

Employer identification number
41-0641627

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AID, MAINTENANCE, CARE, SUPPORT AND REHABILITATION OF SICK AND INJURED
VETERANS AND THEIR DEPENDENTS, EITHER DIRECTLY OR BY CONTRIBUTIONS TO
THE SERVICE PROGRAMS OFFERED THROUGH OTHER NONPROFIT ORGANIZATIONS.

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

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

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

FORM 990, PART VI, SECTION A, LINE 4:

ADDED POSITION OF THE 'DEPARTMENT INSPECTOR GENERAL' TO THE BODY OF THE
BYLAWS.

FORM 990, PART VI, SECTION A, LINE 6:

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization DISABLED AMERICAN VETERANS DEPARTMENT OF MINNESOTA, INC.	Employer identification number 41-0641627
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ANY MAN OR WOMAN, WHO WAS WOUNDED, GASSED, INJURED OR DISABLED IN LINE OF DUTY DURING TIME OF WAR, WHILE IN THE SERVICE OF EITHER THE MILITARY OR NAVAL FORCES OF THE UNITED STATES OF AMERICA, AND WHO HAS NOT BEEN DISHONORABLY DISCHARGED OR SEPARATED FROM SUCH SERVICE, OR WHO MAY STILL BE IN ACTIVE SERVICE IN THE ARMED FORCES OF THE UNITED STATES OF AMERICA AS ALLIES DURING ANY OF ITS WAR PERIODS, WHO ARE AMERICAN CITIZENS AND WHO ARE HONORABLY DISCHARGED, ARE ALSO ELIGIBLE.

FORM 990, PART VI, SECTION A, LINE 7A:

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

FORM 990, PART VI, SECTION A, LINE 7B:

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

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM USING INFORMATION PROVIDED BY THE ORGANIZATION. ONCE A DRAFT OF THE RETURN IS

Name of the organization DISABLED AMERICAN VETERANS DEPARTMENT OF MINNESOTA, INC.	Employer identification number 41-0641627
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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 2024.

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

**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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

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.

	Yes	No
1a	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1d	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1e	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1f	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1g	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1h	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1i	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1j	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1k	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1l	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1m	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1n	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1o	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1p	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1q	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1r	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1s	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved.
DISABLED AMERICAN VETERANS OF MINNESOTA FOUNDATION, INC.	C	63,500.FMV	
DISABLED AMERICAN VETERANS OF MINNESOTA FOUNDATION, INC.	B	50,000.FMV	
DISABLED AMERICAN VETERANS OF MINNESOTA FOUNDATION, INC.	Q	174,189.FMV	
(4)			
(5)			
(6)			



DISABLED AMERICAN VETERANS DEPARTMENT
OF MINNESOTA, INC.

Schedule R (Form 990) 2023

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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

