

Return of Organization Exempt From Income Tax

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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: <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 WISCONSIN, INC.		D Employer identification number 39-0244255
	Doing business as		E Telephone number 920-338-8620
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1253 SCHEURING ROAD, SUITE A	G Gross receipts \$ 566,832.	
	City or town, state or province, country, and ZIP or foreign postal code DE PERE, WI 54115		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 H(c) Group exemption number 0557
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.DAV-WI.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: 1942
M State of legal domicile: WI			

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FULFILLING OUR PROMISES TO THE MEN AND WOMEN WHO SERVED		
	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	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	150
	7 a 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	Current Year
	9 Program service revenue (Part VIII, line 2g)	500,340.	425,961.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,187.	119,005.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,081.	10,249.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,097.	1,608.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	606,705.	556,823.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	56,227.	32,006.
	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)	203,331.	208,806.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	316,938.	137,992.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	576,496.	378,804.
19 Revenue less expenses. Subtract line 18 from line 12	30,209.	178,019.	
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)	1,485,487.	1,784,954.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,545.	5,784.
		1,479,942.	1,779,170.

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	Date
	RICHARD MARBES, TREASURER	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	TERRI REXRODE CPA, MST	TERRI REXRODE CPA, M	01/10/22		P00096513
	Firm's name	Firm's EIN		Phone no.	
	WIPFLI LLP	39-0758449		920.662.0016	
	Firm's address				
	PO BOX 12237				
	GREEN BAY, WI 54307-2237				

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