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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department	of the Treasury	► The organization	may have to use a co	st or private four	-	reporting requirem	ents	Open to Public Inspection
		dar year, or tax year beg					09	Inspection
B Check if		Name of organization	9_ ООН 1,	2000	und chang (D Employer ide		n number
applicab	le Please use IRS	Traine or organization				D Zimpioyer ide		
Addre	ess label or print or D	ISABLED AMERI	CAN VETERAN	S, CHAPT	ER 25			
Name	type	Doing Business As				7 06	-6099	9423
Initial	1 1	Number and street (or P.0), box if mail is not delive	red to street addres	s) Room/suite	1		
Termi	I Connected			reet				3-3013
Amer	I F	City or town, state or cou	- 1	 -		¢G Gross receipts \$		79,647.
Appli	ענו ו	ANBURY, CT 0	681 % - 00	041		I(a) Is this a gro	up return	
pend	F Name	and address of principal o	officer ROBERT R	RILEY		for affiliates	?	Yes X No
	25 L	EE HARTELL, P	O BOX 41, I	ANBURY,	CT UOO.	⊥ு ⊣(b) Are all affiliate	es included	l? ☐ Yes ☐ No
I Tax-ex	empt status	X 501(c) (4) ◀	(insert no.) 494	17(a)(1) or	527	If "No," atta	ch a list ((see instructions)
J Websi	te: ► N/A					H(c) Group exen		
	organization:		ust Association	X Other ► T	AX ELYea	r of formation: 197	2 M Stat	te of legal domicile: ${f CT}$
Part I	Summar	•						
_{වූ} 1	Briefly descr	ibe the organization's mis	sion or most significar	nt activities: AS	SIST DI	SABLED VET	ERANS	<u> </u>
Governance								
E 2	Check this b	=	zation discontinued its		sposed of mor	e than 25% of its a		300
§ 3		oting members of the gov	• • •	•	461		3	300
		ndependent voting memb		ody (Part VI, line	10)		4	
Activities & 2 9 2 4		r of employees (Part V, lin					5	25
) 6 		r of volunteers (estimate i	• •	O column (C)	•		7a	0.
	•	unrelated business revenu d business taxable incom	o from Form 900 T lin	2, column (C)	u.		7b	0.
- 6	ivet uniterate	J Dusilless taxable incom	e nom rom 990-1, mi	CATUTAN		Prior Year	170	Current Year
a) 8	Contribution	s and grants (Part VIII, line	a 1h\	2, column (C) e 34 STATUTE IV RECEIV	`,	Frior real		905.
Revenue		vice revenue (Part VIII, lin	e 2a)	1 2	2014	114,85	0.	3,725.
ə 10	-	ncome (Part VIII, column	-9/	NW. J.	·	35		76.
æ 10				and 11e) 🔊 🗘	MICH			-4,996.
12	Total revenu	e - add lines 8 through 11	(must equal Part VIII.	column (A), Inc.	3EW	115,20	4.	-290.
1.0	Grants and s	ue (Part VIII, column (A), li e - add lines 8 through 11 similar amounts paid (Part	IX, column (A), lines 1	-3)				
왕 기 14 기 :-		d to or for members (Part		,				
	Salaries, oth	er compensation, employ	ee benefits (Part IX, et	olumn (A), lines 5	10)			
Secusion 15	Professional	fundraising fees (Part IX,	column (A), line V 16+	L. Q				
Ž Š b		ising expenses (Part IX, co		<u> </u>				
⊔ 1 <i>/</i>	Other expen	ses (Part IX. column (Å). li	nes 11a-11d, 11f-24f).	18° AR		109,15	3.	1,299.
7 18	Total expens	ses Add lines 13-17 (mus	t aqual Rart IXOcolum	n (A), line (25)		109,15	3.	1,299.
19	Revenue les	s expenses Subtract line	Sym from line 12			6,05	1.	<u>-1,589.</u>
Salances Balances			OGDEN			Beginning of Yea		End of Year
20 gg gg		(Part X, line 16)	1 OGUL		<u> </u>	40,50	8.	38,919.
S		es (Part X, line 26)	-		-			—— വ
호텔 <u>22</u>		or fund balances Subtrac	l line 21 from line 20			40,50	8.	38,9199 0
Part II		re Block	and the sales and the sales		lee eed statements	and to the best of my ke	ovledge ond	i belief, it is true, correct, 20
	and complete	s of perjury, I declare that I have ex Declaration of preparer (other than	officer) is based on all inform	ation of which prepare	has any knowledg	e	owiedae and	
_	, ~	T 0 1	D Ì			1	day	Ogden Ogden
Sign	Signatu	ure of officer	Mey			Date	454	
Here	1		משמחום גשו			Dato		- 6
		ERT RILEY, TF r print name and title	REASURER				-	
	+	print name and the		Dat	e, IC	heck if	Preparer's ide	entifying number
Paid	Preparer's signature) (Asi/		6	$\cdot I_{i}II_{i} \cap I_{si}$	elf- mployed > [seé instruction	ons)
Preparer's	Firm's name (or	א מייז ארוק	RNHAAS & CO		<u> </u>	EIN >		
Use Only	yours if self-employed)		IILL AVENUE	,, E	-	Lin		
	address, and ZIP + 4		T 06810			Phone no.	▶ 203-	- <u>790-1040</u> 2
May the		his return with the prepare		instructions)				X Yes Not
832001 12-		For Privacy Act and Pa			ne separate in	structions.		Form 990 (2008)

	rt III Statement of Program		shments (see instructions)	PTER 25 06-60	99423 Page 2						
1	Briefly describe the organization's mission. ASSIST DISABLED VETERANS										
2	Did the organization undertake any the prior Form 990 or 990-EZ?	significant program servi	ces during the year which wer	re not listed on	Yes X 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? If "Yes", describe these changes on Schedule O.										
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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) (Expens ASSIST DISABLED VETERANS	ETERANS AND T)(Revenue \$ 5. FOSTER FELLOWS RATERNAL ACTIVITI							
4b	(Code) (Expens	es\$	including grants of \$) (Revenue \$)						
4c	(Code.) (Expens	es \$ 	including grants of \$) (Revenue \$							
4d	Other program services. (Describe (Expenses \$	in Schedule O) including grants of \$) (Reven	ue \$)							
4e	Total program service expenses	>s	299. (Must equal Part IX,	Line 25, column (B).)							

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		<u> X</u>
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8_		<u>X</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	_		77
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u> _
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?		v	
10	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	<u>X</u>	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>x</u>
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u> X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	_20		<u>X</u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		<u> </u>
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? If "Yes," answer questions 24b-24d and complete Schedule K.			v
	If "No", go to question 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
·	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			 _
	prior year? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u> </u>
		Earm.	99A /	2000

			Yes	_No_
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an	:		
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	<u> </u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

orm	990 (2008) DISABLED AMERICAN VETERANS, CHAPTER 25 06-6099	423	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
-	(gambling) winnings to prize winners?	1c		X
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	0		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			\vdash
44	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X_
_	If "Yes," enter the name of the foreign country.	70	<u> </u>	
D	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
		5a		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	30		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	Ea		
_	Tax Shelter Transaction?	5c		X
	Did the organization solicit any contributions that were not tax deductible?	6a	-	┾┸
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۵.		
_	were not tax deductible?	_6b		
7	Organizations that may receive deductible contributions under section 170(c).		1	
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		+-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l _		v
	to file Form 8282?	7c	_	X
	If "Yes," indicate the number of Forms 8282 filed during the year	┨		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		\ 3 F
	benefit contract?	7e	-	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>	-	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year?	8		┼
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		+
10	Section 501(c)(7) organizations. Enter N/A			
	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter: N/A	1	1	ſ

Form **990** (2008)

12a

11a

a Gross income from members or shareholders

amounts due or received from them.)

b Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

 000	(2008)

Page 6

Form 990 (2008) DISABLED AMERICAN VETERANS, CHAPTER 25 06-6099423 Pa
Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sec	tion A. Governing Body and Management							
			Yes	No				
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,							
	processes, or changes in Schedule O. See instructions							
1a	Enter the number of voting members of the governing body 1a 300							
b	Enter the number of voting members that are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		<u> </u>				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u> X</u>				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X				
6								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the							
	governing body?	7a		<u>X</u>				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
	by the following.							
а	The governing body?	8a	х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
	Does the organization have local chapters, branches, or affiliates?	9a		<u>x</u>				
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must							
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	х					
11	Is there any officer, director or 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 in Schedule O	11		X				
Sec	tion B. Policies							
			Yes	No				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise							
	to conflicts?	12b						
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	ın Schedule O how this is done	12c						
13	Does the organization have a written whistleblower policy?	13		<u>X</u>				
14	Does the organization have a written document retention and destruction policy?	14		<u>X</u>				
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.							
а	The organization's CEO, Executive Director, or top management official?	15a		X				
b	Other officers or key employees of the organization?	15b		_X_				
	Describe the process in Schedule O (see instructions)							
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?	16a		X				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for						
	public inspection. Indicate how you make these available. Check all that apply.							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, as	nd fina	incial					
_	statements available to the public.							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	. _					
	THOMAS GAFFNEY - 203-743-3013							
	54 GREENLAWN DRIVE DANBURY CT 06810							

		-		
Form 990 (2008)	DISABLED	AMERICAN	VETERANS	C

06-6099423

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter 0 in columns (D), (E), and (F) if no compensation was paid
- 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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours	(c	Position Reportable (check all that apply) compensation		Reportable compensation	Estimated amount of				
	per week		Institutional trustee		Key employee	Highest compensated complete complete complete complete complete compensated c		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
FRANK MARLIN			1				ļ			
COMMANDER	0.00		ļ	X		_		0.	0.	0
DALE HARRIS									•	•
SR. VICE COMMANDER	0.00		├	X	\vdash	\vdash	 - 	0.		0 .
GEORGE SMITH	0.00		Ì	v				0.	0.	^
1ST JR. VICE COMMANDER	0.00	-	+-	X	-	-		U •	U •	0.
THOMAS GAFFNEY TREASURER	0.00			X			1	0.	0.	0
PATRICK WALDRON	0.00			^		\vdash		0.	0.	
SERVICE OFFICER	0.00			x				0.	0.	0
						-				

	(A) Name and title	(B) (C) Average Position							(D) (E) Reportable Reportab			(F) le Estimated		
		hours per week	Individual trustee or director	hech trustee		Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	s	other compensation		
													_	
					-									
						_		-						
1b Tot	al			j		1	<u> </u>		0.		0.		0.	
	al number of individuals (including those npensation from the organization	e in 1a) who re	ceiv	ed n	nore	tha	ın \$1	00,	000 in reportable		•		0	
											1	Ye		
	the organization list any former officer, 1a? If "Yes," complete Schedule J for s		stee	e, ke	y en	olqr	yee,	or t	nighest compensated er	nployee on		3	x	
	any individual listed on line 1a, is the su related organizations greater than \$15	•							•	the organization		4	x_	
5 Did	any person listed on line 1a receive or a	accrue compe	nsat	tion 1						ices rendered to				
	organization? If "Yes," complete Sched B. Independent Contractors	ule J for such	pers	son								5	<u> x</u>	
	nplete this table for your five highest co organization NONE	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pens	ation from		
	the organization NONE (A) Name and business address Description of services							ervices	с	(C) compensa	tion			
									<u> </u>			· · · · · ·		
					-									
	al number of independent contractors (in the organization	including those	ın	1) w	ho r	ecei	ved	mor	re than \$100,000 in com	pensation				

		(2008) DISAE	LED AME	RICAN VET	ERANS, CHA	PTER 25	06-6099	423 Page 9
	rt VI	II Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total, Add lines 1a-1f	ts, and ve	905.	905.			
Program Service Revenue		PROGRAM SERVICE		Business Code 722210	3,725.	3,725.		
Prog		All other program service reve	enue					
Other Revenue	3	I Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tall		•	3,725. 76.	76.		
	o d 7 a b	Royalties (i) Real		(ii) Other				
	8 a	Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	of 1c) See					
	9 a	Dess direct expenses Net income or (loss) from fund Gross income from gaming act Part IV, line 19 Less direct expenses	ctivities. See	>				
	10 a	Ret income or (loss) from games Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	returns a b s of inventory	79,937.	-4,996.	-4,996.		
;	11 a)		Business Code				
		Total Revenue Add lines 1h 2g 3	4 5 8d 7d 8c 0c :	Moc and the	-290.	-1,195.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. ations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp	nete column (A) but are		ete doilainina (D); (O); di	
	not include amounts reported on lines 6b, 3b, 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 governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,		:		
	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				_
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			·	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	<u> </u>			
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				<u> </u>
	Legal				
	Accounting				
	Lobbying Professional fundraising services. See Part IV, line 17		-		
f	Investment management fees				-
	Other				
12	Advertising and promotion				
13	Office expenses	1,299.	1,299.		
14	Information technology			-	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а					
þ					
С					
d					
е			-		<u> </u>
f	All other expenses	1 000	1 000		-
25_	Total functional expenses. Add lines 1 through 24f	1,299.	1,299.	0.	0,
26	Joint Costs. Check here Jif following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	EUULAUVIIAI VAIIIDAIVII AITU TUITOTAISINO SOIICITATINN	1	1	ı	1

_	•			_
DISABLED	AMERICAN	VETERANS.	CHAPTER	25

	990 (CAN VETERANS, CHA	APTER 25	06-	6099423	Page 11
Par	t X	Balance Sheet					
				(A) Beginning of year		(B) End of y	year
	1	Cash - non-interest-bearing		4,966.	1		1,395.
	2	Savings and temporary cash investments	L	25,542.	2	2	<u>7,524.</u>
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, di					
		employees, or other related parties. Complete P		5			
	6	Receivables from other disqualified persons (as	defined under section				
		4958(f)(1)) and persons described in section 495	58(c)(3)(B) Complete				
		Part II of Schedule L			6		
ts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
Ä	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment cost basis	10a 95,700.				
	b	Less accumulated depreciation Complete					
		Part VI of Schedule D	10b 85,700.	10,000.	10c	10	0,000.
	11	Investments - publicly traded securities			11		
	12	Investments other securities See Part IV, line	11		12		•
	13	Investments - program-related See Part IV, line	Г		13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	40,508.	16	31	8,919.
	17	Accounts payable and accrued expenses			17		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
ģ	21	Escrow account liability. Complete Part IV of Sc		21			
Liabilities	22	Payables to current and former officers, director	rs, trustees, key employees,				
abi		highest compensated employees, and disqualifi					
=		of Schedule L			22_		
	23	Secured mortgages and notes payable to unrela	ated third parties		23		
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	0.	26		0.	
		Organizations that follow SFAS 117, check h	ere X and complete				
S		lines 27 through 29, and lines 33 and 34.					
ĕ	27	Unrestricted net assets		40,508.	27	3!	<u>8,919.</u>
lala	28	Temporarily restricted net assets			28		
Net Assets or Fund Balances	29	Permanently restricted net assets			29		
Ē		Organizations that do not follow SFAS 117, c	heck here and				
<u></u>		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds	L		30		
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipment fund		31		
et/	32	Retained earnings, endowment, accumulated in	come, or other funds		32		
Z	33	Total net assets or fund balances	40,508.		1	<u>8,919.</u>	
	34	Total liabilities and net assets/fund balances		40,508.	34	3	<u>8,919.</u>
Pa	rt XI	Financial Statements and Reporting		<u> </u>			
				1			Yes No
1	Acco	Accounting method used to prepare the Form 990 X Cash Accrual Other					
2a		Were the organization's financial statements compiled or reviewed by an independent accountant?					X
		e the organization's financial statements audited	•			2b	X
С		es" to lines 2a or 2b, does the organization have			e audıt	ſ ,	
		w, or compilation of its financial statements and				. 2c	_
3a	As a	result of a federal award, was the organization re	quired to undergo an audit or aud	its as set forth in the Sin	gle Au	dıt l	
		and OMB Circular A-133?			. 3a	<u> </u>	
<u>b</u>	If "Y	es," did the organization undergo the required au	dit or audits?	···		3b	

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		<u>VETERANS, CHAPTER 2</u>		06-6099423
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fur	nds or Ad	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate 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 ac	dvised fund	ds
	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 a	dvisors in writing that grant funds may	be used o	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor or other impermissible	private be	enefit? Yes No
Par				
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or p		historically	y important land area
	Protection of natural habitat	Preservation of ce	•	•
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a c	conservatio	on easement on the last day
	of the tax year			,
				Held at the End of the Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements		Ī	2b
c	Number of conservation easements on a certified historic str	ucture included in (a)		2c
ď	Number of conservation easements included in (c) acquired	• •	· [2d
3	Number of conservation easements modified, transferred, re		the organi	
-	year >	,	Ū	· ·
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe		 s, and	
-	enforcement of the conservation easements it holds?	3, 1		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	nd enforcing easements during the ve	ar 🕨	
7	Amount of expenses incurred in monitoring, inspecting, and			
8	Does each conservation easement reported on line 2(d) above)(i)
•	and section 170(h)(4)(B)(ii)?	,		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expe	ense staten	nent, and balance sheet, and
•	include, if applicable, the text of the footnote to the organiza	·		
	conservation easements		J	..
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or	r Other S	Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement an	d balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of	public ser	vice, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		•	,,
b	If the organization elected, as permitted under SFAS 116, to		alance shee	et works of art, historical treasures,
_	or other similar assets held for public exhibition, education, of			
	these items.		, ,	5
	(i) Revenues included in 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 tre	asures, or other similar assets for final	ncial dain i	
-	the following amounts required to be reported under SFAS 1			r -
а	Revenues included in Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			► \$ ► \$
_				· · ·

Sche	dule D (Form 990) 2008 DISABLE	<u>D AMERICAN</u>	<u>VET</u>	<u>'ERANS,</u>	CHAPT	<u>ER 25</u>	06	<u>-609942</u>	13 Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	or Other	Similar A	Assets (cor	tinued)
3	Using the organization's accession and other	r records, check any	of the f	following tha	t are a signif	icant use o	of its collect	on items (che	ck all
	that apply):			-	_				
а	Public exhibition	c		Loan or exc	hange progra	ams			
b	Scholarly research	€			• • •				
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how th	hev further t	he organizati	on's exem	pt purpose	ın Part XIV.	
5	During the year, did the organization solicit of								
•	to be sold to raise funds rather than to be ma				· ·			Yes	☐ No
Par	t IV Trust, Escrow and Custodial					ered "Yes"	to Form 99		
	reported an amount on Form 990, Par		, oop					-, ,	,
12	Is the organization an agent, trustee, custodi	_	tiany for	contribution	s or other as	sets not in	ncluded		
10	on Form 990, Part X?	and other intermet	alary IOI	Continuation	is or other as	13613 1101 11	iciaaca	Yes	☐ No
L		and complete the fe	llouma	table				res	
D	If "Yes," explain the arrangement in Part XIV	and complete the it	nowing	lable				Amou	
	Dominion halons						1-1-	Amou	н
	Beginning balance						1c		
	Additions during the year						1d		
e	Distributions during the year						1e		
	Ending balance		040				1f		
	Did the organization include an amount on Fo	orm 990, Part X, line	217					Yes	L No
	If "Yes," explain the arrangement in Part XIV	<u> </u>			200 5 404				
Par	t V Endowment Funds. Complete r								
	_	(a) Current year	(b) F	Prior year	(c) Two yea	rs back (c) Three years	s back (e) For	ur years back
1a	Beginning of year balance								
b	Contributions								
С	Investment earnings or losses								
d	Grants or scholarships		ļ						
е	Other expenditures for facilities								
	and programs		<u> </u>						
f	Administrative expenses								
g	End of year balance				<u> </u>				
2	Provide the estimated percentage of the year	r end balance held a	as.						
а	Board designated or quasi-endowment		%						
b	Permanent endowment >	<u></u> %							
С	Term endowment ▶	%							
За	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	ind administe	ered for the	organizatio	on	
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sche	dule R?				3b	
4									
Par	t VI Investments - Land, Building	s, and Equipm	ent. s	ee Form 990	, Part X, line	10.			
	Description of investment	(a) Cost or o		, , ,	or other (other)	(c) De	oreciation	(d) Bo	ok value
4-	Land	223.0 (00.1	,		0,000.				10,000.
	Land				0,000.		80,000		0.
	Buildings .			 °	0,000.		00,000	•	
	Leasehold improvements	-		 	5,700.		5,700		0.
	Equipment			-	3,700.		3,100		
	Other		/D'	h== 404-11				 	0 000
<u>ı ota</u>	. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, col	umn (B),	ипе 1U(C))				' -	<u>10,000.</u>

Schedule D (Form 990) 2008

(a) Description of security or category (including name of security)	(b) Book value	C	(c) Method of valua Cost or end-of-year mar	
Financial derivatives and other financial products				
Closely-held equity interests				
Other				
Other				
				-
				
<u> </u>				
			 -	
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)	<u> </u>			
Part VIII Investments - Program Related	See Form 990, Part X, lin-	e 13		
(a) Description of investment type	(b) Book value		(c) Method of valua	
(-)	<u> </u>		Cost or end-of-year mar	ket value
				_
			<u> </u>	
			···	
			<u> </u>	· · · · · · · · · · · · · · · · · · ·
				
Table (Califb) abouted agual Form COO, Dort V. act (D) line 12.)			······································	
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X,	line 15			
	(a) Description		-	(b) Book value
	(a) Description		· · · · · · · · · · · · · · · · · · ·	(5) 2 5 5 1 1 1 1 2 5
	· 			
Total. (Column (b) should equal Form 990, Part X, col (i	B) line 15)		>	
Part X Other Liabilities. See Form 990, Par				
(a) Description of liability		(b) Amount		
Federal income taxes				
rederal income taxes				
			=	
		 .	\dashv	
			_	
			_	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)			
In Part XIV, provide the text of the footnote to the orga		ents that reports the	organization's liability for	or uncertain tax position
In Part XIV, provide the text of the footnote to the orga	nization's financial stateme	ents that reports the o	organization's liability fo	or uncertain tax pos

Schedule D (Form 990) 2008

06-6099423 Page 3

-	rdule D'(Form 990) 2008 DISABLED AMERICAN VETERAN rt XI Reconciliation of Change in Net Assets from Form 990			06-609	9423 Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)	to i manoiai ota	1		-290.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,299.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		-1,589.
4	Net unrealized gains (losses) on investments	• •	4		
5	Donated services and use of facilities		5	•	
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net) Add lines 4-8		9		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10		-1,589.
Par	t XII Reconciliation of Revenue per Audited Financial Stater	ments With Reve	enue per	Return	
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				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c		_	
d	Other (Describe in Part XIV)	2d		_	
е	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:]	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIV)	4b		_	
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			1_5	
Pai	rt XIII Reconciliation of Expenses per Audited Financial State	ments With Exp	enses pe	r Return	
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.	F 1			
а	Donated services and use of facilities	2a		-	
	Prior year adjustments	2b			
	Losses reported on Form 990, Part IX, line 25	2c		-	
	Other (Describe in Part XIV)			-	
_	Add lines 2a through 2d Subtract line 2e from line 1			2e	
3	Amounts included on Form 990, Part IX, line 25, but not on line 1			3	
•	Investment expenses not included on Form 990, Part VIII, line 7b	40			
	Other (Describe in Part XIV)	4a 4b		⊣	
	Add lines 4a and 4b	40		4c	
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	1		5	
	rt XIV Supplemental Information	I			-
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pai art XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b	rt III, lines 1a and 4, P	Part IV, lines	1b and 2b, Pa	rt V, line 4; Part
		· · · · · · · · · · · · · · · · · · ·			

ŞCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

OMB No 1545-0047

Employer identification number 06-6099423

FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE:

TAX EXEMPT

FORM 990, PART VI, SECTION A, LINE 10: FORM 990 IS PREPARED AND REVIEWED

BY THE OFFICERS OF THE ORGANIZATION BEFORE FILING OCCURS.

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL INFORMATION IS AVAILABLE

UPON WRITTEN REQUEST