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Form **990**Department of the Treasury
Internal Revenue Service**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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2008

Open to Public Inspection

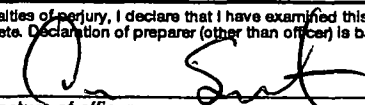
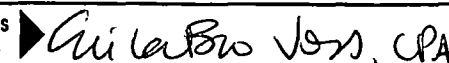
A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

| | | | | |
|--|--|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization THE DISABLED AMERICAN VETERANS PORTLAND, OREGON CHAPTER NO. 1 Doing Business As | | D Employer identification number 93-0256275 |
| | | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8725 NE SANDY BOULEVARD | | E Telephone number (503) 255-5385 |
| | | City or town, state or country, and ZIP + 4 PORTLAND, OR 97220 | | G Gross receipts \$ 3,224,970. |
| | | F Name and address of principal officer: DON SMITH SAME AS C ABOVE | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see Instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | |
| J Website: ▶ N/A | | | | |
| K Type 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: OR | | | | |

Part I Summary

| | | | | | |
|-----------------------------|--|---|---|---------------------------|-------------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: TO BUILD BETTER LIVES FOR ALL OF OUR NATION'S DISABLED VETERANS AND THEIR FAMILIES AND, IN | | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. | | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 8 | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 7 | |
| | 5 | Total number of employees (Part V, line 2a) | 5 | 32 | |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 7 | |
| | 7a | Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | -48,857. | |
| | 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | -48,857. | |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1b) | Prior Year 4,740. | Current Year 54,178. |
| | | 9 | Program service revenue (Part VIII, line 2g) | | |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 7,463. | 5,509. | |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 528,127. | 527,364. | |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 540,330. | 587,051. | |
| Expenses | | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | |
| | | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 221,113. | 227,146. |
| | | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | | 16b | Total fundraising expenses (Part IX, column (D), line 25) | | |
| Net Assets or Fund Balances | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 187,044. | 314,454. | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 408,157. | 541,600. | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 132,173. | 45,451. | |
| | 20 | Total assets (Part X, line 16) | Beginning of Year 1,260,631. | End of Year 1,242,403. | |
| | 21 | Total liabilities (Part X, line 26) | 63,678. | | |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 1,196,953. | 1,242,403. | | |

Part II Signature Block

| | | | | |
|--------------------------|---|--|---|---|
| Sign Here | 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. | | | |
| | Signature of officer  | | Date 3/11/10 | |
| Paid Preparer's Use Only | Preparer's signature  | | Date 3/10/10 | Check if self-employed <input type="checkbox"/> |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 DELAP LLP 4500 SW KRUSE WAY, NO 200 LAKE OSWEGO, OR 97035 | | Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ 503-697-4118 | |
| | May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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PORTLAND, OREGON CHAPTER NO. 1

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Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION TO BUILD BETTER LIVES FOR ALL OF OUR NATION'S DISABLED VETERANS AND THEIR FAMILIES AND, IN FURTHERANCE OF THAT PURPOSE, TO SUPPORT THE PROGRAMS OF THE DISABLED AMERICAN VETERANS AS PROVIDED IN THE NATIONAL CONSTITUTION AND BYLAWS AND REGULATIONS OF THE NATIONAL EXECUTIVE**
- 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 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:) (Expenses \$ 300,614 . including grants of \$) (Revenue \$)
VARIOUS COMMUNITY PROJECTS AND PROGRAMS THAT PROVIDE LOCAL ASSISTANCE TO VETERANS AND WIDOWS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ► \$ 300,614 . (Must equal Part IX, Line 25, column (B).)

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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 Schedule B, Schedule of Contributors? | 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? <i>If "Yes," complete Schedule C, Part II</i> | | |
| 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? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 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? <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; 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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> | X | |
| 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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> | X | |
| 13 Is the organization a school as 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 U.S.? | | X |
| b 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.? <i>If "Yes," complete Schedule F, Part I</i> | | 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? <i>If "Yes," complete Schedule F, Part II</i> | | 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? <i>If "Yes," complete Schedule F, Part III</i> | | X |
| 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | X | |
| 20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | | X |
| 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |
| 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a 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? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 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? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 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? <i>If "Yes," complete Schedule L, Part III</i> | | X |

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Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----------|
| 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | |
| a 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)? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c 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? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | | X |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |

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Part 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 | 11 | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 11 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 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 | 32 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | X | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | X |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | 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? | | |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: N/A | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: N/A | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A | 12b | |

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

| | | Yes | No |
|--|---|-----|----|
| <i>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.</i> | | | |
| 1a | Enter the number of voting members of the governing body | 8 | |
| b | Enter the number of voting members that are independent | 7 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | X |
| 6 | Does the organization have members or stockholders? | X | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | X | |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9a | Does the organization have local chapters, branches, or affiliates? | X | |
| 9b | 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? | X | |
| 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 | X | |
| 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 | | X |

Section B. Policies

| | | Yes | No |
|-----|--|-----|----|
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | | X |
| 12b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | |
| 12c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | | |
| 13 | Does the organization have a written whistleblower policy? | | X |
| 14 | Does the organization have a written document retention and destruction policy? | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: | | |
| 15a | The organization's CEO, Executive Director, or top management official? | X | |
| 15b | Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) | | X |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| 16b | If "Yes," 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? | | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **OR**

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 ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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 organization: **DON SMITH - (503)255-5385**
8725 NE SANDY BOULEVARD, PORTLAND, OR 97220

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

Section A. 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.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| DON SMITH EXECUTIVE DIREC | 60.00 | X | | X | | | | 100,000. | 0. | 4,317. |
| HENRY ODUM OFFICER | 5.00 | X | | | | | | 0. | 0. | 0. |
| WALTER BROPHY OFFICER | 5.00 | X | | | | | | 0. | 0. | 0. |
| MICHAEL E. BLUNK OFFICER | 5.00 | X | | | | | | 0. | 0. | 0. |
| GREG GEORGOFF OFFICER | 5.00 | X | | | | | | 0. | 0. | 0. |
| BRUCE YOUNG TREASURER | 5.00 | X | | | | | | 0. | 0. | 0. |
| DOUG GLENN OFFICER | 5.00 | X | | | | | | 0. | 0. | 0. |
| WANDA JANUS OFFICER | 5.00 | X | | | | | | 0. | 0. | 0. |
| DON BECK OFFICER | 5.00 | X | | | | | | 0. | 0. | 0. |
| PATRICIA FARRELL-HURSEY OFFICER | 5.00 | X | | | | | | 0. | 0. | 0. |
| SALINA NORTIN OFFICER | 5.00 | X | | | | | | 0. | 0. | 0. |
| JAY WOODBURY OFFICER | 5.00 | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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**THE DISABLED AMERICAN VETERANS
PORTLAND, OREGON CHAPTER NO. 1**

Form 990 (2008)

93-0256275 Page **8**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Total | | | | | | | | 100,000. | 0. | 4,317. |

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

| | Yes | No |
|---|-----|----------|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

**THE DISABLED AMERICAN VETERANS
PORTLAND, OREGON CHAPTER NO. 1**

Form 990 (2008)

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Part VIII Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|--|---|---|---------------|----------------------|---|---|--|
| Contributions, gifts, grants and other similar amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 54,178. | | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | | | | | |
| | h Total. Add lines 1a-1f | | | 54,178. | | | |
| Program Service Revenue | Business Code | | | | | | |
| | 2 a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 5,509. | | | 5,509. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross Rents | (i) Real | (ii) Personal | | | | |
| | | 336195. | 50,056. | | | | |
| | | b Less: rental expenses | | | | | |
| | | 180192. | | | | | |
| | c Rental income or (loss) | 156003. | 50,056. | | | | |
| | d Net rental income or (loss) | | | 206,059. | 50,056. | 156,003. | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | | | | | | |
| | | b Less: cost or other basis and sales expenses | | | | | |
| | | c Gain or (loss) | | | | | |
| | d Net gain or (loss) | | | | | | |
| | 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | | b Less: direct expenses | b | | | | |
| | | c Net income or (loss) from fundraising events | | | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | 2,320,065. | | | | |
| | | b Less: direct expenses | b | 1,900,372. | | | |
| | | c Net income or (loss) from gaming activities | | 419,693. | | 419,693. | |
| 10 a Gross sales of inventory, less returns and allowances | a | 458442. | | | | | |
| | b Less: cost of goods sold | b | 557355. | | | | |
| | c Net income or (loss) from sales of inventory | | -98,913. | -98,913. | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11 a REBATES AND REFUNDS | | 900099 | 525. | | | 525. | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 525. | | | | |
| 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | | | 587,051. | 0. | -48,857. | 581,730. | |

**THE DISABLED AMERICAN VETERANS
PORTLAND, OREGON CHAPTER NO. 1**

Form 990 (2008)

93-0256275 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| 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 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 U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 60,000. | 20,000. | 40,000. | |
| 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 | 122,346. | 30,130. | 92,216. | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 26,527. | 6,758. | 19,769. | |
| 10 Payroll taxes | 18,273. | 4,947. | 13,326. | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 35,571. | 4,538. | 31,033. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | 3,401. | | 3,401. | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 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 | 85. | 5. | 80. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 6,996. | 389. | 6,607. | |
| 23 Insurance | 2,576. | 143. | 2,433. | |
| 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.) | | | | |
| a DONATIONS | 142,700. | 142,700. | | |
| b CONVENTIONS | 86,685. | 86,685. | | |
| c ENTERTAINMENT | 22,980. | 11,490. | 11,490. | |
| d UTILITIES | 9,373. | 521. | 8,852. | |
| e AUTOMOBILE | 4,816. | 2,408. | 2,408. | |
| f All other expenses | -729. | -10,100. | 9,371. | |
| 25 Total functional expenses. Add lines 1 through 24f | 541,600. | 300,614. | 240,986. | 0. |
| 26 Joint Costs. Check here <input type="checkbox"/> if 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 .. | | | | |

**THE DISABLED AMERICAN VETERANS
PORTLAND, OREGON CHAPTER NO. 1**

Form 990 (2008)

93-0256275 Page 11

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 501,629. | 1 | 435,383. |
| | 2 Savings and temporary cash investments | | 2 | 55,437. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 253. | 4 | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 22,233. | 8 | 19,461. |
| | 9 Prepaid expenses and deferred charges | 3,670. | 9 | |
| | 10a Land, buildings, and equipment: cost basis ... 10a | 1,311,661. | | |
| | b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b | 579,539. | | |
| | | 732,846. | 10c | 732,122. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 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 | | 15 | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 1,260,631. | 16 | 1,242,403. | |
| Liabilities | 17 Accounts payable and accrued expenses | 63,678. | 17 | |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated 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 | 63,678. | 26 | 0. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 1,098,029. | 27 | 1,143,479. |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | 98,924. | 29 | 98,924. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 1,196,953. | 33 | 1,242,403. |
| 34 Total liabilities and net assets/fund balances | 1,260,631. | 34 | 1,242,403. | |

Part XI Financial Statements and Reporting

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| b | Were the organization's financial statements audited by an independent accountant? | X | |
| c | If "Yes" to lines 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? | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| b | If "Yes," did the organization undergo the required audit or audits? | | |

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

2008

Open to Public
Inspection

Name of the organization **THE DISABLED AMERICAN VETERANS
PORTLAND, OREGON CHAPTER NO. 1**

Employer identification number
93-0256275

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (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 advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

| | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

| | |
|--|------------|
| (i) 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

| | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ |
| b Assets included in Form 990, Part X | ▶ \$ |

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

3 Using the organization's accession and other records, check any of the following that are a 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 programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:

| | Amount |
|----------------------------------|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to 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 | 98,924. | | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | 1,098. | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | -1,098. | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 98,924. | | | | |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ %
b Permanent endowment ☒ 100.00 %
c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------|----------------|
| 1a Land | | 300,000. | | 300,000. |
| b Buildings | | 670,176. | 389,680. | 280,496. |
| c Leasehold improvements | | | | |
| d Equipment | | 341,485. | 189,859. | 151,626. |
| e Other | | | | |
| Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 732,122. |

Schedule D (Form 990) 2008

**THE DISABLED AMERICAN VETERANS
PORTLAND, OREGON CHAPTER NO. 1**

Schedule D (Form 990) 2008

93-0256275 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|----|--|----|----------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 587,051. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 541,600. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 45,451. |
| 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 | -59,758. |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net). Add lines 4-8 | 9 | -59,758. |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | -14,307. |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 3,224,970. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | 2,637,919. |
| e | Add lines 2a through 2d | 2e | 2,637,919. |
| 3 | Subtract line 2e from line 1 | 3 | 587,051. |
| 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 XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) | 5 | 587,051. |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 3,239,277. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Losses reported on Form 990, Part IX, line 25 | 2c | |
| d | Other (Describe in Part XIV) | 2d | 2,637,919. |
| e | Add lines 2a through 2d | 2e | 2,637,919. |
| 3 | Subtract line 2e from line 1 | 3 | 601,358. |
| 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 XIV) | 4b | -59,758. |
| c | Add lines 4a and 4b | 4c | -59,758. |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | 5 | 541,600. |

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GAMING ACTIVITIES EXPENSES REPORTED ON PART VIII LINE 9B: 1900372.

RENTAL EXPENSES REPORTED ON PART VIII LINE 6B: 180192.

COST OF GOODS SOLD REPORTED ON PART VIII LINE 10B: 557355.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

GAMING ACTIVITIES EXPENSES REPORTED ON PART VIII LINE 9B: 1900372.

Part XIV Supplemental Information (continued)

RENTAL EXPENSES REPORTED ON PART VIII LINE 6B: 180192.

COST OF GOODS SOLD REPORTED ON PART VIII LINE 10B: 557355.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

EFFECT OF ACCRUAL TO CASH CHANGE IN ACCOUNTING METHOD: -59758.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Open To Public Inspection

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization THE DISABLED AMERICAN VETERANS
PORTLAND, OREGON CHAPTER NO. 1

Employer identification number
93-0256275

| | |
|---------------|---|
| Part I | Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. |
|---------------|---|

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ **Yes**☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

[illegible]

Total

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

THE DISABLED AMERICAN VETERANS

Schedule G (Form 990 or 990-EZ) 2008

PORTLAND, OREGON CHAPTER NO. 1

93-0256275 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events (Add col. (a) through col. (c)) |
|---|---|--------------|--------------|------------------|--|
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | | | | |
| | 2 Less: Charitable contributions | | | | |
| | 3 Gross revenue (line 1 minus line 2) | | | | |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Non-cash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Other direct expenses | | | | |
| | 8 Direct expense summary. Add lines 4 through 7 in column (d) | | | | () |
| 9 Net income summary. Combine lines 3 and 8 in column (d) | | | | | |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col. (a) through col. (c)) |
|-----------------|--|--|---|---|---|
| | | | | | |
| Revenue | 1 Gross revenue | 2,320,065. | | | 2,320,065. |
| | 2 Cash prizes | 1,631,784. | | | 1,631,784. |
| | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | 123,681. | | | 123,681. |
| | 5 Other direct expenses | 144,908. | | | 144,908. |
| Direct Expenses | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | (1,900,373) |
| | 8 Net gaming income summary. Combine lines 1 and 7 in column (d) | | | | 419,692. |

9 Enter the state(s) in which the organization operates gaming activities: OR

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

| | Yes | No |
|-----|-----|----|
| 9a | X | |
| 10a | | X |
| 11 | X | |
| 12 | | X |

13 Indicate the percentage of gaming activity operated in:

| | |
|--------------------------------------|----------------------------|
| a The organization's facility | 13a 100.00 % |
| b An outside facility | 13b .00 % |

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

| | | |
|------------|------------|-----------|
| 15a | Yes | No |
| | | X |

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ **KIMBERLY BIRD**

Gaming manager compensation ▶ \$ **42,276.**

Description of services provided ▶ **RECORDKEEPING, MNOEY COUNTING, MAKING BANK DEPOSITS**

☐ Director/officer

☒ Employee

☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? _____

| | | |
|------------|------------|-----------|
| 17a | Yes | No |
| | X | |

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ **116,003.**

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► 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.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE DISABLED AMERICAN VETERANS
PORTLAND, OREGON CHAPTER NO. 1

Employer identification number
93-0256275

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FURTHERANCE OF THAT PURPOSE, TO SUPPORT THE PROGRAMS OF THE DISABLED
AMERICAN VETERANS AS PROVIDED IN THE NATIONAL CONSTITUTION AND BYLAWS
AND REGULATIONS OF THE NATIONAL EXECUTIVE COMMITTEE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: THE GOVERNING BODY CONSISTS OF A
COMMANDER AND NINE OFFICERS WHICH ARE ELECTED BY THE GENERAL MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 7B: AMENDMENT OF THE BYLAWS IS SUBJECT
TO TWO THIRDS MAJORITY OF THE MEMBERS.

FORM 990, PART VI, SECTION A, LINE 10: THE EXECUTIVE COMMITTEE REVIEWS AND
APPROVES THE 990 BEFORE SUBMITTING

FORM 990, PART VI, SECTION B, LINE 12C: WHILE THE ORGANIZATION DOES NOT
HAVE WRITTEN POLICIES, THE ORGANIZATION FOLLOWS OREGON AND NATIONAL CHAPTER
WRITTEN POLICY.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION DETERMINES
COMPENSATION OF THE EXECUTIVE DIRECTOR BY COMPARING JOB DESCRIPTIONS WITH
OTHER ORGANIZATIONS. THE COMMANDER AND CHAPTER COMMANDER APPROVE OF THE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE DISABLED AMERICAN VETERANS
PORTLAND, OREGON CHAPTER NO. 1

Employer identification number
93-0256275

COMPENSATION AMOUNT.

FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST

ACCOUNTING METHOD CHANGE

AS A RESULT OF REPORTING REQUIREMENTS ESTABLISHED BY THE NATIONAL
CONSTITUTION OF THE DISABLED AMERICAN VETERANS, A FEDERAL CORPORATION,
THE ORGANIZATION CHANGED ITS METHOD OF ACCOUNTING FROM THE ACCRUAL
METHOD TO MODIFIED CASH BASIS. THE EFFECT OF THE CHANGE IS BEING
RECOGNIZED IN REPORTABLE NET INCOME IN THE CURRENT YEAR FOR TAX
PURPOSES.

FORM 990, PART XI, LINE 2C: AUDIT OVERSIGHT

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

FORM 990 COGS

328111
04-25-08

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10

[illegible]



**The Disabled American Veterans,
Portland, Oregon Chapter No. 1**

**Financial Statements and
Supplemental Information**

**Year Ended
June 30, 2009**

The Disabled American Veterans, Portland, Oregon Chapter No. 1

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The Disabled American Veterans, Portland, Oregon Chapter No. 1

Chapter Officers

June 30, 2009

Greg Georgoff

Henry Odum

Wanda Janus

Walter Brophy

Bruce Young

Don Smith

Jay Woodbury

Don Beck

Michael E. Blunk

Patricia Farrell-Hursey

Commander

Sr. Vice Commander

Jr. Vice Commander

Chaplain

Treasurer

Judge Advocate

State Executive Committee

3 Year Chapter Executive Committee

2 Year Chapter Executive Committee

1 Year Chapter Executive Committee



503 697 4118 — DELAPCPA COM — 4500 SW KRUSE WAY, No. 200 — LAKE OSWEGO, OR 97035

Independent Auditors' Report

To the Chapter Officers of
The Disabled American Veterans,
Portland, Oregon Chapter No. 1

We have audited the accompanying statement of assets and net assets - modified cash basis of The Disabled American Veterans, Portland, Oregon Chapter No. 1 (the DAV) (a not-for-profit organization) as of June 30, 2009, and the related statement of revenues and expenses - modified cash basis for the year then ended. These financial statements are the responsibility of the DAV's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the DAV's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

As described in Note 1, these financial statements were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Disabled American Veterans, Portland, Oregon Chapter No. 1 as of June 30, 2009, and the changes in its net assets for the year then ended, on the basis of accounting described in Note 1.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying supplemental information, as listed in the table of contents, is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Delap LLP

September 30, 2009

The Disabled American Veterans, Portland, Oregon Chapter No. 1

Statement of Assets and Net Assets - Modified Cash Basis

June 30, 2009

Assets

Current Assets

| | |
|-------------------------------------|----------------------------|
| Cash and cash equivalents | \$ 336,459 |
| Investments | 55,437 |
| Inventories | <u>19,461</u> |
| Total Current Assets | 411,357 |
| Property and Equipment - Net | 732,122 |
| Cash - Restricted | <u>98,924</u> |
| Total Assets | <u>\$ 1,242,403</u> |

Net Assets

| | |
|-----------------------------------|----------------------------|
| Unrestricted net assets | \$ 1,143,479 |
| Permanently restricted net assets | <u>98,924</u> |
| Total Net Assets | <u>\$ 1,242,403</u> |

The accompanying notes are an integral part of the financial statements.

The Disabled American Veterans, Portland, Oregon Chapter No. 1

Statement of Revenues and Expenses - Modified Cash Basis

Year Ended June 30, 2009

Support and Revenue

| | |
|--------------------------------------|--------------|
| Bingo revenue | \$ 2,320,065 |
| Concession revenue | 458,442 |
| Donations | 54,178 |
| Facility rental income | 336,195 |
| Vending, ATM machines and pay phones | 50,056 |
| Investment income | 5,509 |
| Miscellaneous | 525 |

Total Support and Revenue

3,224,970

Expenses

| | |
|---------------------------------|-----------|
| Advertising | 26,972 |
| Automobile | 4,816 |
| Bank fees | 1,893 |
| Bingo payouts | 1,631,784 |
| Concession - cost of goods sold | 227,375 |
| Conventions | 86,685 |
| Depreciation | 45,724 |
| Donations | 142,700 |
| Dues and subscriptions | 1,050 |
| Employee benefits | 59,400 |
| Entertainment | 22,979 |
| Insurance | 16,839 |
| Interest | 624 |
| Janitorial services | 31,193 |
| Legal and professional | 54,943 |
| Licenses and fees | 29,404 |
| Miscellaneous | 3,042 |
| Payroll | 558,202 |
| Payroll taxes | 56,042 |
| Personal property taxes | 110 |
| Postage and delivery | 1,910 |

The accompanying notes are an integral part of the financial statements.

**The Disabled American Veterans,
Portland, Oregon Chapter No. 1**

Statement of Revenues and Expenses - Modified Cash Basis (Continued)

Year Ended June 30, 2009

Expenses (Continued)

| | |
|---------------------------------------|----------------------------|
| Printing and reproduction | \$ 279 |
| Repairs and maintenance | 20,302 |
| Security | 12,572 |
| Supplies | 112,946 |
| Telephone | 15,731 |
| Training and seminars | 3,164 |
| Utilities and garbage | <u>70,596</u> |
| Total Expenses | <u>3,239,277</u> |
| Change in Net Assets | (14,307) |
| Net Assets - Beginning of Year | <u>1,256,710</u> |
| Net Assets - End of Year | <u>\$ 1,242,403</u> |

The accompanying notes are an integral part of the financial statements.

The Disabled American Veterans, Portland, Oregon Chapter No. 1

Notes to Financial Statements

Year Ended June 30, 2009

1. Nature of Business and Summary of Significant Accounting Policies

a. General

The Disabled American Veterans, Portland, Oregon Chapter No. 1 (the DAV) was established within the state of Oregon by the National Constitution of the Disabled American Veterans, a Federal Corporation. The DAV assists worthy wartime disabled veterans along with their widows, orphans, and dependents. The DAV also promotes patriotism and strives for prevention against future wars. The DAV works with the United States Veterans Administration and other public and private agencies in improving and advancing the condition, health, and interest of all injured and disabled veterans. Specifically, the DAV operates volunteer programs in the state's veterans' hospitals and provides transportation services to veterans.

The business affairs of the DAV are managed by its Commander and nine officers who are elected by the general membership.

b. Basis of accounting

The DAV maintains its records and prepares its financial statements using the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Accordingly, revenue is recorded when received rather than when earned and expenses are recognized when paid rather than when the obligation is incurred. Modifications to the cash basis of accounting include recording inventory and depreciation on property and equipment.

Subsequent events have been evaluated through September 30, 2009, which is the date the financial statements were available to be issued.

c. Use of estimates

The preparation of the financial statements in accordance with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and disclosure of contingent assets at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates and may have an impact on future periods.

d. Financial statement presentation

The DAV reports information regarding its financial position and activities according to the recommendations of Statement of Financial Accounting Standards (SFAS) No. 117, *Financial Statements for Not-for-Profit Organizations*. Under SFAS No. 117, the DAV is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted, temporarily restricted and permanently restricted. Accordingly, the net assets of the DAV and changes therein are classified and reported as follows:

Unrestricted net assets - net assets are not subject to donor-imposed stipulations. The Board of Directors may designate unrestricted net assets for specific purposes.

The Disabled American Veterans, Portland, Oregon Chapter No. 1

Notes to Financial Statements

Year Ended June 30, 2009

1. Nature of Business and Summary of Significant Accounting Policies (Continued)

d. Financial statement presentation (continued)

Temporarily restricted net assets - net assets subject to donor-imposed stipulations that will be met either by actions of the DAV and/or the passage of time.

Permanently restricted net assets - net assets subject to donor-imposed stipulations that they be permanently maintained.

The DAV's primary source of support and revenue include bingo and concession revenue and rental income on the bingo and concession facility that it owns. All are available for unrestricted use. This revenue is used to support its ongoing operations and to support volunteer programs in the state's veterans' hospitals.

Expenses are reported as a decrease in unrestricted net assets. Gains and losses on investments and other assets are reported as increases or decreases in unrestricted net assets unless their use is restricted by explicit donor stipulation or by law. Expirations of temporary restrictions on net assets (i.e., the donor-stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as net assets released from restrictions. The DAV had no temporarily restricted net assets as of and during the year ended June 30, 2009.

e. Contributions

Contributions received are recorded as unrestricted, temporarily restricted or permanently restricted support depending on the existence and/or nature of any donor restrictions. Temporarily restricted net assets are reclassified to unrestricted net assets upon satisfaction of the time or purpose restrictions.

f. Contributed services

The DAV receives a substantial amount of services donated by its members in carrying out the DAV's mission. No amounts have been reflected in the financial statements for those services since they do not meet the criteria for recognition under accounting principles generally accepted in the United States of America.

g. Cash and cash equivalents and Investments

The DAV considers cash and cash equivalents to include checking, savings, money market accounts and all highly liquid investments with an initial maturity of three months or less. Investments consist of a certificate of deposit with an initial maturity of six months. Restricted cash represents permanently restricted funds that the DAV must maintain in perpetuity.

h. Inventories

Inventories consist of food, beverages, and miscellaneous items for the concession area and are valued at the lower of cost or market according to the first-in, first-out (FIFO) method.

The Disabled American Veterans, Portland, Oregon Chapter No. 1

Notes to Financial Statements

Year Ended June 30, 2009

1. Nature of Business and Summary of Significant Accounting Policies (Continued)

i. Property and equipment

The DAV capitalizes all expenditures for equipment at cost for amounts in excess of \$500. Depreciation is primarily computed on a straight-line basis on estimated useful lives ranging from three to forty years. When property and equipment are retired or otherwise disposed of, the cost and related accumulated depreciation are removed from the accounts with any resulting gain or loss reflected in revenue.

j. Income taxes

The DAV is a not-for-profit organization as described in Section 501(c)(4) of the Internal Revenue Code and is exempt from federal and state income taxes. The DAV's concession activity is subject to unrelated business income tax. The tax related to this income is insignificant and is expensed when paid.

The DAV has elected to defer the application of Financial Accounting Standards Board (FASB) Interpretation No. 48 (FIN 48), *Accounting for Uncertain Tax Positions*, in accordance with FASB Staff Position FIN 48-3, *Effective Date of FASB Interpretation No. 48 for Certain Nonpublic Enterprises*, which permits nonpublic enterprises to defer the effective date until fiscal years beginning after December 15, 2008. The DAV will continue to account for and evaluate its tax positions in accordance with SFAS No. 5, *Accounting for Contingencies*, until they adopt FIN 48.

k. Advertising costs

The DAV expenses advertising costs as they are incurred. Advertising costs were \$26,972 for the year ended June 30, 2009.

l. Functional expenses

Expenses are presented in the statement of revenues and expenses - modified cash basis according to their natural classification. The DAV did not incur any fundraising costs for the year ended June 30, 2009.

m. Change in accounting principle

As a result of reporting requirements established by the National Constitution of the Disabled American Veterans, a Federal Corporation, the DAV changed its method of accounting from the accrual method to the modified cash basis of accounting during fiscal year 2009. The effect of the change was to increase beginning net assets as of June 30, 2008 by \$59,757.

n. Reclassification

Permanently restricted cash has been reclassified and presented as a non-current asset as of June 30, 2009. In the prior year this amount was included in current cash and cash equivalents.

The Disabled American Veterans, Portland, Oregon Chapter No. 1

Notes to Financial Statements

Year Ended June 30, 2009

2. Property and Equipment

Property and equipment consists of the following as of June 30, 2009:

| | |
|-------------------------------------|--------------------------|
| Land | \$ 300,000 |
| Buildings | 671,117 |
| Furniture and equipment | <u>340,544</u> |
| Total Cost | 1,311,661 |
| Less accumulated depreciation | <u>(579,539)</u> |
| Property and Equipment - Net | <u>\$ 732,122</u> |

3. Concentrations of Credit Risk

Financial Instruments that potentially subject the DAV to concentrations of credit risk consist principally of cash and investments.

The DAV places its cash with a financial institution insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. Amounts in excess of FDIC coverage are not insured. The portion of the DAV's uninsured bank balance as of June 30, 2009 was approximately \$236,400.

Bingo revenue is approximately 72% of the DAV's total revenues for the year ended June 30, 2009. Bingo payouts are approximately 50% of the DAV's total expenses for the year ended June 30, 2009. Bingo operations are concentrated in the Portland, Oregon metro area.

4. Endowment

In August 2008, the FASB issued FASB Staff Position (FSP) No. 117-1, *Endowments of Not-for-Profit Organizations: Net Asset Classification of Funds Subject to an Enacted Version of the Uniform Prudent Management of Institutional Funds Act, and Enhanced Disclosures for All Endowment Funds* (FSP FAS 117-1). This FSP, among other things, provides guidance on the net asset classification of donor-restricted endowment funds for a not-for-profit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act of 2006 (UPMIFA) and additional disclosures about an organization's endowment funds. In 2008, the State of Oregon adopted UPMIFA. The adoption of UPMIFA had no effect on accounting for the DAV's endowment. The following disclosures are made as required by FSP FAS 117-1.

The DAV's permanently restricted net assets contain an endowment fund that consists of amounts held as cash and cash equivalents with the objective of preserving the corpus of the original gift. Investment interest earned on the endowment is unrestricted. Net assets associated with the endowment fund are classified and reported as permanently restricted, based on donor-imposed restrictions.

The Disabled American Veterans, Portland, Oregon Chapter No. 1

Notes to Financial Statements

Year Ended June 30, 2009

4. Endowment (Continued)

The Board of Directors of the DAV has interpreted the Oregon State Prudent Management of Institutional Funds Act (SPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the DAV classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument. The donor-restricted endowment fund is maintained in a manner consistent with the standard of prudence prescribed by SPMIFA. In accordance with SPMIFA, the DAV considers the following factors in making a determination to appropriate or accumulate donor-restricted funds:

- (1) The duration and preservation of the fund
- (2) The purposes of the DAV and the donor-restricted endowment fund
- (3) General economic conditions
- (4) The possible effect of inflation and deflation
- (5) The expected total return from income and the appreciation of investments
- (6) Other resources of the DAV
- (7) The investment policies of the DAV

The DAV has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding for its exempt purpose while seeking to maintain purchasing power of the endowment assets. The DAV relies on a total return strategy in which investment returns are achieved through current yield (interest and dividends). Endowment assets are predominantly invested in money market and short-term certificates. The DAV appropriates for spending the average yield earned on an annual basis.

Changes in endowment net assets consists of the following for the year ended June 30, 2009:

| | |
|---|-------------------------|
| Endowment Net Assets - Beginning of Year | \$ 98,924 |
| Investment income | 1,098 |
| Amounts appropriated for expenses | <u>(1,098)</u> |
| Endowment Net Assets - End of Year | <u>\$ 98,924</u> |

The Disabled American Veterans, Portland, Oregon Chapter No. 1

Schedule of Assets and Net Assets - Modified Cash Basis - Unrestricted Funds

June 30, 2009

| | <u>Operating Fund</u> | <u>Bingo Fund</u> | <u>Concession Fund</u> | <u>Total Unrestricted Funds</u> |
|-------------------------------------|---------------------------|---------------------|----------------------------|---|
| Assets | | | | |
| Current Assets | | | | |
| Cash and cash equivalents | \$ 232,633 | \$ 66,241 | \$ 37,585 | \$ 336,459 |
| Investments | 55,437 | - | - | 55,437 |
| Inventories | - | - | 19,461 | 19,461 |
| Due from (to) other funds | <u>(1,899,797)</u> | <u>1,884,209</u> | <u>15,588</u> | <u>-</u> |
| Total Current Assets | (1,611,727) | 1,950,450 | 72,634 | 411,357 |
| Property and Equipment - Net | <u>732,122</u> | <u>-</u> | <u>-</u> | <u>732,122</u> |
| Total Assets | <u>\$ (879,605)</u> | <u>\$ 1,950,450</u> | <u>\$ 72,634</u> | <u>\$ 1,143,479</u> |
| Net Assets | | | | |
| Unrestricted net assets | <u>\$ (879,605)</u> | <u>\$ 1,950,450</u> | <u>\$ 72,634</u> | <u>\$ 1,143,479</u> |
| Total Net Assets | <u>\$ (879,605)</u> | <u>\$ 1,950,450</u> | <u>\$ 72,634</u> | <u>\$ 1,143,479</u> |

The accompanying notes and independent auditors' report should be read with the supplemental schedules.

The Disabled American Veterans, Portland, Oregon Chapter No. 1

Schedule of Revenues, Expenses and Changes in Net Assets - Modified Cash Basis - Unrestricted Funds

Year Ended June 30, 2009

| | <u>Operating Fund</u> | <u>Bingo Fund</u> | <u>Concession Fund</u> | <u>Total Unrestricted Funds</u> |
|--------------------------------------|---------------------------|-------------------|----------------------------|---|
| Support and Revenue | | | | |
| Bingo revenue | \$ - | \$ 2,320,065 | \$ - | \$ 2,320,065 |
| Concession revenue | - | - | 458,442 | 458,442 |
| Donations | 54,178 | - | - | 54,178 |
| Facility rental income | 336,195 | - | - | 336,195 |
| Vending, ATM machines and pay phones | 50,058 | - | - | 50,058 |
| Investment income | 5,509 | - | - | 5,509 |
| Miscellaneous | 525 | - | - | 525 |
| Total Support and Revenue | <u>446,463</u> | <u>2,320,065</u> | <u>458,442</u> | <u>3,224,970</u> |
| Expenses | | | | |
| Advertising | 20,004 | 6,950 | 18 | 26,972 |
| Automobile | 4,816 | - | - | 4,816 |
| Bank fees | 1,893 | - | - | 1,893 |
| Bingo payouts | - | 1,631,784 | - | 1,631,784 |
| Concession - cost of goods sold | - | - | 227,375 | 227,375 |
| Conventions | 86,685 | - | - | 86,685 |
| Depreciation | 45,724 | - | - | 45,724 |
| Donations | 142,700 | - | - | 142,700 |
| Dues and subscriptions | 1,050 | - | - | 1,050 |
| Employee benefits | 40,044 | 5,448 | 13,908 | 59,400 |
| Entertainment | 22,979 | - | - | 22,979 |
| Insurance | 16,839 | - | - | 16,839 |
| Interest | 554 | 43 | 27 | 624 |
| Janitorial services | 21,593 | 9,600 | - | 31,193 |
| Legal and professional | 35,571 | 5,702 | 13,670 | 54,943 |
| Licenses and fees | 943 | 27,679 | 782 | 29,404 |
| Miscellaneous | 342 | 407 | 2,293 | 3,042 |
| Payroll | 282,604 | 103,252 | 172,346 | 558,202 |
| Payroll taxes | 28,167 | 10,772 | 17,103 | 56,042 |

The accompanying notes and independent auditors' report should be read with the supplemental schedules.

The Disabled American Veterans, Portland, Oregon Chapter No. 1

Schedule of Revenues, Expenses and Changes in Net Assets - Modified Cash Basis - Unrestricted Funds (Continued)

Year Ended June 30, 2009

| | <u>Operating Fund</u> | <u>Bingo Fund</u> | <u>Concession Fund</u> | <u>Total Unrestricted Funds</u> |
|---------------------------------------|---------------------------|---------------------|----------------------------|---|
| Expenses (Continued) | | | | |
| Personal property taxes | \$ 110 | \$ - | \$ - | \$ 110 |
| Postage and delivery | 1,910 | - | - | 1,910 |
| Printing and reproduction | 279 | - | - | 279 |
| Repairs and maintenance | 13,992 | 3,390 | 2,920 | 20,302 |
| Security | - | 12,572 | - | 12,572 |
| Supplies | 23,079 | 88,013 | 1,854 | 112,946 |
| Telephone | 13,942 | 729 | 1,060 | 15,731 |
| Training and seminars | 3,164 | - | - | 3,164 |
| Utilities and garbage | 61,262 | 9,334 | - | 70,596 |
| Total Expenses | <u>870,246</u> | <u>1,915,675</u> | <u>453,356</u> | <u>3,239,277</u> |
| Change in Net Assets | (423,783) | 404,390 | 5,086 | (14,307) |
| Net Assets - Beginning of Year | <u>(455,822)</u> | <u>1,546,060</u> | <u>67,548</u> | <u>1,157,786</u> |
| Net Assets - End of Year | <u>\$ (879,605)</u> | <u>\$ 1,950,450</u> | <u>\$ 72,634</u> | <u>\$ 1,143,479</u> |

The accompanying notes and independent auditors' report should be read with the supplemental schedules.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.****Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

| | | |
|------------------|---|---|
| Type or print | Name of Exempt Organization THE DISABLED AMERICAN VETERANS PORTLAND, OREGON CHAPTER NO. 1 | Employer identification number 93-0256275 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 8725 NE SANDY BOULEVARD | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, OR 97220 | |

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

DON SMITH• The books are in the care of ► **8725 NE SANDY BOULEVARD - PORTLAND, OR 97220**Telephone No. ► **(503) 255-5385**FAX No. ► **503-255-0216**• If the organization does not have an office or place of business in the United States, check this box ☐• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until
FEBRUARY 15, 2010, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

| | | |
|--|-----------|---------------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ N/A |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)