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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning July 1 , 2009, and ending June 30 , 20 10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Disabled American Veterans Chapter 21

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
8720 E. Colfax Ave.

City or town, state or country, and ZIP + 4
Denver, CO 80220-2234

D Employer identification number
23-7247415

E Telephone number
303-329-0381

F Group Exemption Number ►

• *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting Method: ☐ Cash ☑ Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) — ☑ 501(c) (19) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ► ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 43,888

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	9,524
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	34,277
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less: direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ► DAV Items sold)		8	87
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►		9	43,888
Expenses	10	Grants and similar amounts paid (attach schedule)		10	300
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	5,263
	14	Occupancy, rent, utilities, and maintenance		14	37,833
	15	Printing, publications, postage, and shipping		15	365
	16	Other expenses (describe ► See Attachment)		16	7,568
	17	**Total expenses.** Add lines 10 through 16 ►		17	51,329
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(7,441)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	204,818
	20	Other changes in net assets or fund balances (attach explanation)		20	3,100
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►		21	200,477

Part II **Balance Sheets.** If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	58,376	22	141,769
23	Land and buildings	144,515	23	143,682
24	Other assets (describe ► Receivables & Prepaid Expenses)	1,927	24	2,020
25	**Total assets**	204,818	25	287,471
26	**Total liabilities** (describe ► Unearned Rental Revenue)		26	86,994
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	204,818	27	200,477

19f

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	**To assist with VA claims, housing, food, clothing and other needs. Approximately 175 veterans assisted.** (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	
29	**To provide entertainment and comradship to veterans who are hospitalized or in state nursing homes. Approximately 250-300 veterans assisted.** (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	**To provide a chapter home for meetings and a gathering place for veterans to stay abreast of current issues affecting their benefits.** (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Ken Melcher **11499 E. Dakota Ave. Aurora, CO 80012**	**Commander 20 hours/week**	**0**	**0**	**0**
John Joffrion **1201 Pontiac St. Denver, CO 80220**	**Vice Commander 10 hours**	**0**	**0**	**0**
Richard Hogue **12045 W. Brand Pl. Littleton, CO 80127**	**Adjutant 10 hours/week**	**0**	**0**	**0**
Walter Curran **1171 Wheeling St. Aurora, CO 80011**	**Service Officer 20 hours/w**	**0**	**0**	**599**

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✓
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ **Michael Wiley** Telephone no. ▶ **303-699-0252**			
	Located at ▶ **5165 S. Lewiston Way Centennial, CO** ZIP + 4 ▶ **80015**			
b	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)?	42b		✓
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	**No**
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 . . ▶

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.

Ken Melcher — Signature of officer — Date: 10/27/10

Ken Melcher, Commander — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Michael R. Wiley	Date 10/27/10	Check if self-employed ▶ ☑	Preparer's identifying number (See instructions) 342-50-8704
Firm's name (or yours if self-employed), address, and ZIP + 4	Michael R. Wiley 5165 S. Lewiston Way Centennial, CO 80015		EIN ▶	
			Phone no. ▶	303-699-0252

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ Yes ☐ No

Disabled American Veterans
Clyde Seiler Chapter #21
23-7247415 July 1, 2009 - June 30, 2010

~~Attachment to Form 990EZ~~

Part 1, Line 1, Contributions and Grants

DAV National Membership Dividend	5,299
Miscellaneous Public Contributions	4,225
TOTAL	**$9,524**

Part 1, Line 10, Grants and Similar Amounts Paid

Other Service/Charitable Expenses

Golden Corral	200
NSO Pig Roast	100
	$ 300
Total Part 1, Line 10	**$ 300**

Part 1, Line 14, Occupancy, Rent, Utilities

Temporary Labor (Building)	40
Water/Sewer	1,217
Gas/Electric	8,303
Repair/Maintenance	6,023
Security System	474
Insurance	4,593
Trash Pick Up	1,503
Building Supplies	2,111
Depreciation	3,319
Copy Machine	4,224
Real Estate Taxes	6,026
	$37,833

Part 1, Line 16, Other Expenses

Dues to Nat'l	-
Cable TV	715
Convention Expenses	590
Office Supplies	77
Licenses & Permits	35
Telephone	773
Internet	663
Service Awards/Memorials	145
Purchase DAV Items	289
Bank Charges	74
Special Events	2,832
Auto Expense	1,299
Memberships/Subscriptions	70
Interest Expense	6
	$ 7,568

Disabled American Veterans
Clyde Seiler Chapter #21
23-7247415 July 1, 2009 - June 30, 2010

Part 1, Line 20, Other Changes in Net Assets

Unrealized gain on investment carried at market value:

	$ 3,100

Part V. Question 35: Explanation as to why 990T was not filed for the income on line 4.

Line 4 is composed of:

Rental Income	33,180
Investment Div/Int/Cap Gains	1,097
Total Line 4	**$ 34,277**

The rental income is excluded from unrelated trade or business income by exclusion Code 16. Real property rental income that does not depend on the income for profit derived from the person leasing the property. (Code Section 512 (b)(3)).

The dividends and interest are excluded by exclusion Code 14 (Section 512(b)(1)).