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Form 990-EZ

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)

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010

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: Russell Leicht Chapter No 3 Disabled American Veterans
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 130 Dauphin Street
City or town, state or country, and ZIP + 4: Green Bay, WI 54301

D Employer identification number

39-6105368

E Telephone number

(920) 406-0620

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: [X] Cash [] Accrual Other (specify)

I Website: N/A

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one): [X] 501(c)(4) (insert no) [] 4947(a)(1) or [] 527

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. \$ 58,359

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue includes contributions, program service, membership, investment, and special events. Expenses include grants, benefits, salaries, and other costs. Net Assets shows excess/deficit and year-end balances.

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)

Table with 7 rows for Balance Sheets. Columns (A) Beginning of year and (B) End of year. Rows include cash, land, other assets, total assets, total liabilities, and net assets.

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		No
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
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		No
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		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
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		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 <i>Section 501(c)(7) organizations.</i> 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 <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b <i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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		No
c <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40c		0
d <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization	40d		0
e <i>All organizations.</i> 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 ▶ <u>Mike Lanahan</u> Telephone no ▶ <u>(920) 406-0620</u> 130 Dauphin Street Located at ▶ <u>green bay, WI</u> ZIP + 4 ▶ <u>54302</u>			
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)? 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.	42b	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43		0
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	Yes	No
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		No

Additional Data

Software ID:

Software Version:

EIN: 39-6105368

Name: Russell Leicht Chapter No 3
Disabled American Veterans

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
john honaker 130 dauphin street green bay, WI 54301	commander 0 50	600	0	0
mike wagner 130 dauphin street green bay, WI 54301	sr vice commander 0 50	0	0	0
bob krausert 130 dauphin street green bay, WI 54301	jr vice commander 0 50	0	0	0
mike lanahan 130 dauphin street green bay, WI 54301	treasuer 0 50	900	0	0
bill whitcomb 130 dauphin street green bay, WI 54301	board member 0 50	0	0	0
lee franquist 130 dauphin street green bay, WI 54301	board member 0 50	0	0	0
david riebie 130 dauphin street green bay, WI 54301	board member 0 50	0	0	0
jay beiersdorf 130 dauphin street green bay, WI 54301	board member 0 50	0	0	0
robert pasterski 130 dauphin street green bay, WI 54301	board member 0 50	0	0	0
don spice 130 dauphin street green bay, WI 54301	board member 0 50	0	0	0

Part III 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
		Forget Me Not Drive (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	24,203			24,203
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	24,203			24,203
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	719			719
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				719
11 Net income summary Combine lines 3, column d, and line 10. ▶				23,484	

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 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input 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) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a		
b An outside facility	13b		
14 Enter 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	
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 ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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	
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 ▶ \$ _____			

TY 2009 Grants and Similar Amounts Paid Schedule

Name: Russell Leicht Chapter No 3
 Disabled American Veterans

EIN: 39-6105368

Item No.	1
Class of Activity	Voluntary awards and grants to affiliates
Donee's Name	DAV Department of Wisconsin
Donee's Address	130 Dauphin St Green Bay, WI 54301
Amount (FMV)	1,549
Purpose of Payment to Affiliate	
Relationship	Affiliate
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	Spec assist to ind for pledge drives
Donee's Name	cerebral palsy
Donee's Address	2801 s webster avenue green Bay, WI 54301
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	Spec assist to ind for pledge drives
Donee's Name	salvation army of green bay
Donee's Address	626 union court green Bay, WI 54303
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: Russell Leicht Chapter No 3

Disabled American Veterans

EIN: 39-6105368

Description	Beginning of Year Amount	End of Year Amount
prepaid expenses and deferred charges	328	774
Other Depreciable Assets	4,794	22,257

TY 2009 Other Expenses Schedule

Name: Russell Leicht Chapter No 3
 Disabled American Veterans

EIN: 39-6105368

Description	Amount
conferences, conventions, and meetings	3,268
auto expenses	293
telephone expenses	719
miscellaneous expenses	430
insurance expenses	1,945
office expenses	385
Depreciation	1,100

TY 2009 Other Revenues Schedule

Name: Russell Leicht Chapter No 3
Disabled American Veterans

EIN: 39-6105368

Description	Amount
BUILDING - 130 DAUPHIN STREET, GREEN BAY, WI	12,045

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: Russell Leicht Chapter No 3
Disabled American Veterans

EIN: 39-6105368

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.