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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue ServiceUnder 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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C **DISABLED AMERICAN VETERANS**
17 OLIVER BUEHRLE CHAPTER
5054 MONTICELLO
JEFFERSON CITY, MO 65109

D Employer identification number 43-6074347

E Telephone number 636-6515
(573) 382-5980 (former number)

F Group Exemption Number 0557

G Accounting method: ☐ Cash ☐ Accrual
 Other (specify) MODIFIED CASH

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

I Website: N/A

J Tax-exempt status (check only one) — ☒ 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 \$ 465,691.

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21				
REVENUE	1															6,704.																
	2															47,880.																
	3															4,107.																
	4															958.																
	5a																															
	5b																															
	5c																															
	6																															
	6a															402,498.																
	6b															336,683.																
6c																																
7a																																
7b																																
7c																																
8																																
9																																
EXPENSES	10																															
	11																															
	12																															
	13																															
	14																															
	15																															
	16																															
	17																															
18																																
NET ASSETS	19																															
	20																															
	21																															
	22																															

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	97,960.	94,545.
23	Land and buildings		170,238.
24	Other assets (describe <u>SEE STATEMENT 5</u>)	316,347.	7,590.
25	Total assets	414,307.	272,373.
26	Total liabilities (describe <u>SEE STATEMENT 3</u>)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	414,307.	272,373.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

Part V Other Information (Note the statement requirements in the instrs 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		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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.		X
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?		X
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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
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		X
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 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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		X
41 List the states with which a copy of this return is filed ▶ NONE		

42a The organization's books are in care of **▶** DANNY FAST Telephone no. **▶** (573) 392-5850
 Located at **▶** 5054 MONTICELLO JEFFERSON CITY MO ZIP + 4 **▶** 65109

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 a 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 **▶** ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **▶** **43** N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
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		X

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.'

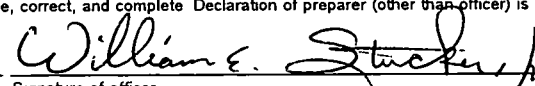
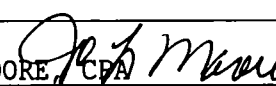
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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

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.			
	 Signature of officer WILLIAM E. STUCKER, JR. ASSISTANT ADJUTANT Type or print name and title		Date 11 November 2010	
Paid Preparer's Use Only	Preparer's signature	 JO L. MOORE, CPA	Date	11/8/10
	Firm's name (or yours if self-employed), address, and ZIP + 4	EVERS & COMPANY, CPA'S, LLC 520 DIX ROAD JEFFERSON CITY, MO 65109		
	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)	N/A	
	EIN	N/A		
	Phone no	(573) 635-0227		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **DISABLED AMERICAN VETERANS**
17 OLIVER BUEHRLE CHAPTER

Employer identification number
43-6074347

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.

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

- | | | | |
|--------------------------|----------------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Mail solicitations | <input type="checkbox"/> | Solicitation of non-government grants |
| <input type="checkbox"/> | Internet and email solicitations | <input type="checkbox"/> | Solicitation of government grants |
| <input type="checkbox"/> | Phone solicitations | <input type="checkbox"/> | Special fundraising events |
| <input type="checkbox"/> | In-person solicitations | | |

- 2a** Did the organization have 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.

[illegible]

- 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.

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.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4- through 9 in column (d)				
	11 Net income summary. Combine lines 3, column (d) and line 10				

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
DIRECT EXPENSES	1 Gross revenue	280,276.	121,080.	1,142.	402,498.
	2 Cash prizes	231,178.	81,364.		312,542.
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	24,141.			24,141.
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes <u>100 %</u> <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <u>100 %</u> <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <u>100 %</u> <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				336,683.
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				65,815.

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

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** 100.0 %**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: ▶ SUE PHILLIPSAddress: ▶ 5054 MONTICELLO, JEFFERSON CITY, MO 65109**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a**

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 of the third party:

Name: ▶ _____

Address: ▶ _____

16 Gaming manager informationName: ▶ SUE PHILLIPS

Gaming manager compensation ▶ \$ _____

Description of services provided. ▶ CHAIRMAN OF BINGO/GAMING COMMITTEE☒ 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**

X

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

BAA

TEEA3703L 02/05/10

Schedule G (Form 990 or 990-EZ) 2009

2009

FEDERAL STATEMENTS
DISABLED AMERICAN VETERANS
17 OLIVER BUEHRLE CHAPTER**PAGE 1**

43-6074347

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

OTHER INCOME

TOTAL \$ 3,544.
\$ 3,544.**STATEMENT 2**
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	DAV DEPARTMENT OF MISSOURI	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 12,500.

CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	OTHER INDIVIDUALS OR ORG. UNDER \$5000	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 16,250.

STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$ 1,059.
CONFERENCES, CONVENTIONS, AND MEETINGS	2,250.
DEPRECIATION	8,598.
FLOWERS/GIFTS	567.
INSURANCE	3,170.
KITCHEN HELP	2,750.
KITCHEN SUPPLIES	22,786.
MISCELLANEOUS	203.
OFFICE EXPENSES	283.
REFUNDS ON RENTALS	2,350.
REPAIRS & MAINTENANCE	47,078.
SMALL EQUIPMENT AND OFFICE SUP	280.
TOTAL	\$ 91,374.

STATEMENT 4
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

SEE SUPPLEMENTAL STATEMENT

TOTAL \$ -129,921.
\$ -129,921.

STATEMENT 5
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
MACHINERY AND EQUIPMENT	\$ 0.	\$ 7,590.
MISCELLANEOUS	316,347.	0.
TOTAL	\$ 316,347.	\$ 7,590.

STATEMENT 6
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CHAPTER 17 DISABLED AMERICAN VETERANS IS DEDICATED TO ONE, SINGLE PURPOSE - BUILDING BETTER LIVES FOR ALL DISABLED VETERANS AND THEIR FAMILIES, ESPECIALLY THE CENTRAL MISSOURI AREA. THIS MISSION IS CARRIED FORWARD BY PROVIDING ASSISTANCE TO VETERANS AND THEIR FAMILIES IN OBTAINING BENEFITS AND SERVICES EARNED THROUGH MILITARY SERVICE AS PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS (VA), REPRESENTING THE INTERESTS OF DISABLED VETERANS AND THEIR FAMILIES IN GOVERNMENTAL MATTERS TO INCLUDE SUPPORTING PROGRAMS OF THE NATIONAL CHAPTER, AND PROVIDING SERVICE PROGRAMS TO PROMOTE THE SOCIAL WELFARE OF CHAPTER MEMBERS AS WELL AS THE COMMUNITY IN WHICH THEY LIVE. THE PRIMARY SOURCE OF REVENUE IS A BINGO AND PULL-TAB EVENT SCHEDULED REGULARLY AT THE CHAPTER'S OWN FACILITY.

STATEMENT 7
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DAN BROWN 5054 MONTICELLO JEFFERSON CITY, MO 65109	COMMANDER 20.00	\$ 0.	\$ 0.	\$ 0.
MIKE BECK 5054 MONTICELLO JEFFERSON CITY, MO 65109	SR VICE COMMAND 15.00	0.	0.	0.
CLARK PETERSON 5054 MONTICELLO JEFFERSON CITY, MO 65109	JR VICE COMMAND 10.00	0.	0.	0.
KAREN BOWEN 5054 MONTICELLO JEFFERSON CITY, MO 65109	ADJUTANT 5.00	0.	0.	0.
DANNY FAST 5054 MONTICELLO JEFFERSON CITY, MO 65109	TREASURER 15.00	0.	0.	0.

STATEMENT 7 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KEITH KULBERG 5054 MONTICELLO JEFFERSON CITY, MO 65109	ASST. TREASURER 5.00	\$ 0.	\$ 0.	\$ 0.
WILLIAM STUCKER 5054 MONTICELLO JEFFERSON CITY, MO 65109	ASST ADJUTANT 5.00	0.	0.	0.
BILL KRAMER 5054 MONTICELLO JEFFERSON CITY, MO 65109	BUILDING CHAIR 25.00	0.	0.	0.
TOM CHANDLER 5054 MONTICELLO JEFFERSON CITY, MO 65109	SERGEANT AT ARM 5.00	0.	0.	0.
PETE GOVE 5054 MONTICELLO JEFFERSON CITY, MO 65109	JUDGE ADVOCATE 5.00	0.	0.	0.
BRUCE NORMINGTON 5054 MONTICELLO JEFFERSON CITY, MO 65109	CHAPLAIN 5.00	0.	0.	0.
JOHN HOHM 5054 MONTICELLO JEFFERSON CITY, MO 65109	STATE EXE MBR 5.00	0.	0.	0.
JERRY VERSLUES 5054 MONTICELLO JEFFERSON CITY, MO 65109	STATE EXE MBR 5.00	0.	0.	0.
KEITH FINDLEY 5054 MONTICELLO JEFFERSON CITY, MO 65109	AST BUILD CHAIR 5.00	0.	0.	0.
LEONARD JAEGER 5054 MONTICELLO JEFFERSON CITY, MO 65109	HONORARY MBR 5.00	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

OTHER CHANGES IN NETS ASSETS OR FUND BALANCE

JUNE 30, 2009 AND EARLIER THE ORGANIZATION DID NOT RECORD DEPRECIATION EXPENSE ON THEIR MODIFIED CASH BASIS FINANCIAL STATEMENTS. AN ADJUSTMENT WAS MADE AS OF JULY 1, 2009 TO RECORD ACCUMULATED DEPRECIATION AND UPDATE THE FIXED ASSET SCHEDULE TO REFLECT FIXED ASSETS CURRENTLY IN USE AND AT HISTORICAL COST VALUE OR ESTIMATED HISTORICAL COST VALUE IF ACTUAL WAS NOT AVAILABLE.