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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 07/01/09, and ending 06/30/10

B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization

DISABLED AMERICAN VETERANS DEPT OF
NE INC.

Number and street (or P O box, if mail is not delivered to street address)

2780 37TH AVENUE

Room/suite

City or town, state or country, and ZIP + 4

COLUMBUS

NE 68601-2364

D Employer identification number

47-0462717

E Telephone number

402-564-4420

F Group Exemption

Number ▶ 0557

• 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: ▶ N/A

J Tax-exempt status (check only one) — ☒ 501(c) (19) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527H 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 ▶ \$ 92,564

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

		1	2	3	4	5c	6c	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																			5,561	
	2	Program service revenue including government fees and contracts																			65,707	
	3	Membership dues and assessments																			14,307	
	4	Investment income																			4,579	
	5a	Gross amount from sale of assets other than inventory																				
	5b	Less: cost or other basis and sales expenses																				
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																				
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																				
	6a	Gross revenue (not including \$ of contributions reported on line 1)																				
	6b	Less: direct expenses other than fundraising expenses																				
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																					
7a	Gross sales of inventory, less returns and allowances																					
7b	Less: cost of goods sold																					
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																					
8	Other revenue (describe ▶ SEE STATEMENT 2)																			2,410		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																			92,564		
Expenses	10	Grants and similar amounts paid (attach schedule)																			6,400	
	11	Benefits paid to or for members																				
	12	Salaries, other compensation, and employee benefits																			67,013	
	13	Professional fees and other payments to independent contractors																			7,100	
	14	Occupancy, rent, utilities, and maintenance																				
	15	Printing, publications, postage, and shipping																			190	
	16	Other expenses (describe ▶ SEE STATEMENT 3)																			23,299	
	17	Total expenses. Add lines 10 through 16																			104,002	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																			-11,438	
	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)																			239,651	
	20	Other changes in net assets or fund balances (attach explanation)																				
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																			228,213	

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	241,457	230,432
23	Land and buildings		
24	Other assets (describe ▶)		
25	Total assets	241,457	230,432
26	Total liabilities (describe ▶ SEE STATEMENT 4)	1,806	2,219
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	239,651	228,213

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

Form 990-EZ (2009)

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	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," attached 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 instr	37a	
b Did the organization file Form 1120-POL for this year?	37b	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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
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	X
41 List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
42a The organization's books are in care of <input type="checkbox"/> BOB NICKELS Telephone no. <input type="checkbox"/> 402-564-4420		
2780 37TH AVENUE		
Located at <input type="checkbox"/> COLUMBUS, NE ZIP + 4 <input type="checkbox"/> 68601		
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	X
If "Yes," enter the name of the foreign country <input type="checkbox"/>		
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	X
If "Yes," enter the name of the foreign country <input type="checkbox"/>		
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 <input type="checkbox"/> 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	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	45	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.

- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?

	Yes	No
46		
47		
48		
49a		
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."

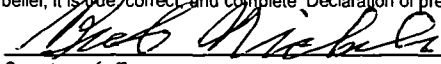
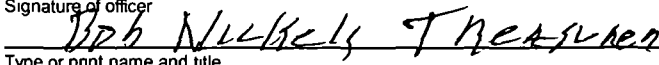

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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		Date <u>9-14-10</u>	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature 		Date <u>9/13/10</u>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 KRUSE, SCHUMACHER, SMEJKAL, BROCKHAUS PC P. O. BOX 280, 3403 27TH STREET COLUMBUS, NE 68602-0280		Preparer's Identifying Number (See instr) P01052693	
			EIN 47-0552214 Phone no 402-564-1366	

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

☒ Yes ☐ No

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

Description	Amount
DUES - LIFE	\$ 14,307
TOTAL	\$ 14,307

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
OTHER REVENUE	\$ 2,410
TOTAL	\$ 2,410

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
DEPT. M.W. CONV.&BUDGET COMM.	3,483
COMMANDER'S EXPENSE	1,726
CHAPLIN'S EXPENSE	25
ADJUTANTS EXPENSE	4,437
NATIONAL LEARNING CENTER	1,420
DEPARTMENT EXECUTIVE COMM	8,441
FIDELITY BOND	326
MILEAGE & ORGANIZATION EX	1,485
MISCELLANEOUS	1,956
TOTAL	\$ 23,299

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
PAYROLL TAXES WITHHELD	\$ 1,806	\$ 2,219
	1,806	2,219

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description**

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO ADVANCE THE INTEREST AND WORK FOR THE BETTERMENT OF ALL WOUNDED, GASED, INJURED AND DISABLED VETERANS.