# **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

OMB No 1545-1150

▶ Do not enter social security numbers on this form as it may be made public

		nue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest inform	nation.	100h	Порос	
A F	or the	2017 calenda	ar year, or tax year beginning July 1 , 2017, and ending		June 3	0,	20 18
B Check it applicable		oplicable	C Name of organization	D	Employer ic	lentification nu	mber
	Address change Disabled American Veterans Chapter 21			23-7247415			
_					E Telephone number		
_	Initial retu	m n/terminated	8720 E. Colfax Ave.		72	20-379-3405	
=	Amended		City or town, state or province, country, and ZIP or foreign postal code	_ F	Group Exe	mption	
=		n pending	Denver, CO 80220-2234	$\perp$	Number	<u> </u>	
G /	Accoun	ting Method.	☐ Cash ☑ Accrual Other (specify) ►	<b>H</b> Che	eck 🕨 🔲	if the organiza	ition is <b>not</b>
	Vebsite					tach Schedule	
			eck only one) — ☐ 501(c)(3)	(Fo	rm 990, 99	0-EZ, or 990-	PF)
		J	☐ Corporation ☐ Trust ☐ Association ☑ Other ☐				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t		sets		
_			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		. ▶ ₫		100,316
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see t				
			the organization used Schedule O to respond to any question in this Pa			<u> </u>	<u> D</u>
	1		ons, gifts, grants, and similar amounts received				16,954
	2	•	ervice revenue including government fees and contracts		. 2		
	3		ip dues and assessments		·   3		
	4	Investment		•	. 4		83,362
	5a		ount from sale of assets other than inventory				
	Ь		or other basis and sales expenses				
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		· 5c		
	6 ,		d fundraising events				
ē	. a		ome from gaming (attach Schedule G if greater than				
Revenue	Ь		ime from fundraising events (not including \$ of contribut	tions			
ě	~		aising events reported on line 1) (attach Schedule G if the				
			th gross income and contributions exceeds \$15,000)   6b				
	c	Less direc	et expenses from gaming and fundraising events 6c				
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtra	ict		
					. 6d		
	7a	Gross sale	s of inventory, less returns and allowances				
	Ь	Less: cost	of goods sold				
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		. 7c		
) •	8	Other reve	nue (describe in Schedule O)		. 8		
	9	<b>Total reve</b>	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9		100,316
-	10		sımılar amounts paid (list in Schedule O)		. 10		11,600
<b>)</b>	11	Benefits pa	aid to or for members		. 11		
Ses	12	Salaries, of	ther compensation, and employee benefits		. 12		1,921
	13	Profession	al fees and other payments to independent comociors VED		. 13		2,473
Expenses	14	Occupancy	y, rent, utilities, and maintenance		. 14		55,669
	15		ublications, postage, and snipping . 181. NUV () 6 2018 . 101		. 15		400
	16	Other expe	enses (describe in Schedule O)		. 16		11,595
	17		enses. Add lines 10 through 16	· .	▶ 17		83,658
ιņ	18		(deficit) for the year (Subtract line 17 from like en U.E.N., U.T		. 18		16,658
set	19		or fund balances at beginning of year (from line 27, column (A)) (must ag	ree w	ıth <b>Est</b>		
Ąs		•	r figure reported on prior year's return)		. 19		279,502
Net Assets	20		nges in net assets or fund balances (explain in Schedule O) . 📆 🚉		. 20		-7,740
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		▶ 21		288,420
For	Paper	work Reduct	ion Act Notice, see the separate instructions. Cat No 10642			Form <b>990-</b>	

•					_	rage <b></b>
Pa	Balance Sheets (see the instructions					
	Check if the organization used Schedule	O to respond to ar	<del></del>	(A) Beginning of year	• •	(B) End of year
22	Cash, savings, and investments		-	127,157	22	<del></del>
23	Land and buildings			144,271		108,251 254,400
24	Other assets (describe in Schedule O)			8,074		6,258
25	Total assets			279,502		368,909
26	Total liabilities (describe in Schedule O)		[		26	80,489
27	Net assets or fund balances (line 27 of column			279,502	27	288,420
Par	_					_
	Check if the organization used Schedule	O to respond to ar	ny question in this l	Part III 🔲	(Rec	Expenses suired for section
Wha	t is the organization's primary exempt purpose?				501	(c)(3) and 501(c)(4)
Desc	ribe the organization's program service accompli	shments for each o	fits three largest pi	rogram services,	orga	anizations, optional for
	leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea		services provided	, the number of	Ollie	115.)
	To assist with VA claims, housing, food, clothing, an		vimately 175 veterar	ne aesistad		Τ
	TO 23313t Will VA claims, modsing, rood, clothing, an	d other needs. Appro	Jamatery 173 veteral	15 85513164		1
	(Grants \$ ) If this amount	ıncludes foreign gra	ints, check here .	<u>.</u> ▶ □	28a	1,797
29	To provide entertainment and comradship to veteran	is who are hospitalize	d or in state nursing	homes.		
	Approximately 250-300 veterans assisted.					
						Ì
		includes foreign gra			29a	2,598
30	To provide a chapter home for meetings and a gathe	ring place for veteran	s to stay abreast of c	current		
	issues affecting their benefits.					
	(Grants \$ ) If this amount	ıncludes foreign gra	inte chack hara	<b>N</b> []	30a	55.000
31	Other program services (describe in Schedule O)		ints, check here :		302	55,669
•		includes foreign gra			31a	, [
32	Total program service expenses (add lines 28a	through 31a)		▶	32	60,064
Par	List of Officers, Directors, Trustees, and Ke	y Employees (list each	one even if not comp	ensated-see the ir	stru	
	Check if the organization used Schedule	O to respond to ar	ny question in this l	Part IV		<u></u> 🗀
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	. (0)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and	(	other compensation
			(if not paid, enter -0-)	deferred compensation	`	
	Joffrion		_			
	mander	10	0		0	0
Adju	ard Hogue	10	,		١	0
	Sawyer	10			╨	
	urer	5	o		0	0
	er Curran				1	<del></del>
Serv	ce Officer	20	0		0	599
Jim S	harp					
Servi	ce Officer	20	0		0	599
	Berget	}			1	
Build	ing President	10			<u> </u>	599
, <b></b>		1				
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	е	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33_		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	l		
35a	change on Schedule O (see instructions)	34		<b>✓</b>
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		14	
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 <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		<b>→</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			7
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			1.1
40a	Gross receipts, included on line 9, for public use of club facilities			
40a	section 4911 ▶, section 4912 ▶, section 4955 ▶			
þ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		3.5	
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	200	325	<b>V</b>
·	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	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		<b>√</b>
41	List the states with which a copy of this return is filed ▶			
42a		303-47	8-257	3
	Located at ► 5165 S. Lewiston Way Centennial, CO ZIP + 4 ►	800		
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	Yes	No.
	If "Yes," enter the name of the foreign country. ▶	7	4.00	3,23
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country: ▶	42c		<b>√</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		· ·	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<u>****</u> 44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		Œ.	
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	27/6	\$49¥
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>/</b>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		1

00-EZ (2017)				Page 4			
VI Section 501(c)(3) organizations	sonly						
50 and 51.			•				
Did the organization engage in lobbying	activities or have a			e tax Yes No			
				47			
49a Did the organization make any transfers to an exempt non-charitable related organization?							
				. 49b			
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and deferre compensation				
		-					
				<del>                                     </del>			
Complete this table for the organization	's five highest compo	ensated independent	contractors who ea	ch received more than			
(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c) Compensation			
•	J	• •	>				
completed Schedule A	<u> </u>	<u> </u>	<u> </u>	.▶□ Yes □ No			
enalties of perjury, I declare that I have examilized this rect, and complete Declaration of preparer (hiner than	etum, including accompan n officer) is based on all info	ying schedules and stateme irmation of which preparer h	nts, and to the best of my as any knowledge.	knowledge and belief, it is			
Signature of officer /	MOGUL		Date ///	10.110			
Type or print name and title	H09We.	HPJUTANT	<u> </u>	<i>3418</i>			
Print/Type preparer's name	Preparer's signature	<i>I / I / .</i>	I I of Check L				
Only Firm's name		1	Firm's EIN ▶	- 10/8/030/			
			Phone no	303-478-2573 ▶ ☐ Yes ☐ No			
	Did the organization engage, directly or into candidates for public office? If "Yes," of Section 501(c)(3) organizations. All section 501(c)(3) organization. 50 and 51.  Check if the organization used Sc.  Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par Is the organization a school as described in Did the organization make any transfers to It "Yes," was the related organization as a Complete this table for the organization's employees) who each received more than (a) Name and title of each employee  Total number of other employees paid over Complete this table for the organization stopping the organization from the organization stopping the organization from the organization stopping the organization from	Did the organization engage, directly or indirectly, in political to candidates for public office? If "Yes," complete Schedule C to candidates for public office? If "Yes," complete Schedule C Section 501(c)(3) organizations only  All section 501(c)(3) organizations must answer que 50 and 51.  Check if the organization used Schedule O to respond the organization and section 170(b)(1)(A)(1) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Did the organization engage, directly or indirectly, in political campaign activities on to candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 50 and 51.  Check if the organization used Schedule O to respond to any question in the organization engage in lobbying activities or have a section 501(h) election year? If "Yes," complete Schedule C, Part II is the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete to the organization as exempt non-charitable related organization? What is the programization as extended to section 527 organization?  Complete this table for the organization's five highest compensated employees (oth employees) who each received more than \$100,000 of compensation from the organization and title of each employee  (a) Name and title of each employee  Total number of other employees paid over \$100,000  Complete this table for the organization's five highest compensated independent \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of serv.  Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? Note: All section 501(c)(3) organization; find the organization of interpretable that the find off of the programment of the	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in oppo to candidates for public office? If "Yes," complete Schedule C, Part 1  VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete 15. Oands 151. Oands 1			

# SCHEDULE O (Form 990 or 990-EZ

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

**Employer identification number** VETERANS CHAPTED

Part 1, L	<u>ine 1, Contribu</u>	<u>utions and G</u>	rants
DAV/ Nat	tional Membersi	hin Dividend	

Miscellaneous Public Contributions

5.962 10,992

\$16,954

### Part 1, Line 10, Grants and Similar Amounts Paid

Donation to DAV State transportation program	\$ 10,000 -
Donation to Colorado Freedom Memorial	500
Donation to House of Purpose	100
Donations to State Veterans Homes	 1,000

# 11,600

#### Part 1, Line 14, Occupancy, Rent, Utilities

Water/Sewer	2,608
Gas/Electric	8,731
Repair/Maintenance	22,974
Insurance	7,627
Trash Pick Up	<sup>-</sup> 1,391
Building Supplies	4,293
Depreciation	2,149
Copy Machine	(79)
Real Estate Taxes	5,975

### \$55,669

#### Part 1, Line 16, Other Expenses

Cable TV	1,222
Convention Expenses	934
Dues to Nat'l	-
Service Officer Expense	-
Aid to Veterans	390
Office Supplies	1,078
Telephone	1,592
Internet	937
Licenses & Permits	-
Subscriptions & Memberships	250
Bank Charges	208
Memorial expenses	100
Special Events	998
Auto Expense	2,532
Awards	-
Interest Expense	1,354

11,595

Employer identification number 23-72/74/1

Disabled American Veterans Clyde Seiler Chapter #21 23-7247415 July 1, 2017 - June 30, 2018

## Part 1, Line 20, Other Changes in Net Assets

r art 1, Line 20, Other Changes in Net Assets	1			
Unrealized loss on investment carried at market				
Part II, Line 24, Other Assets	\$ (7,740 Beg. Of Year	•	d of Year	
Accounts Receivables Prepaid Expenses	375 7,699 <b>8,074</b>		2,535 3,723 <b>6,258</b>	
Part II, Line 26, Total Liabilities	Beg. Of Year		d of Year	
Note Payables Loan from Officers Building Reconstruction Reserve	- - -		80,489 - -	
,	\$ -	\$	80,489	
		· · · · · · · · · · · · · · · · · · ·	·	 
				 ·
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