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

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2014 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **DASH7 ALLIANCE, INC.**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite: **275 TENNANT AVENUE, SUITE 202**

City or town, state or province, country, and ZIP or foreign postal code: **MORGAN HILL, CA 95037**

D Employer identification number: **80-0380504**

E Telephone number: **(408) 778-8370**

F Group Exemption Number: _____

G Accounting Method: Cash Accrual Other (specify) _____

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

I Website: **WWW.DASH7.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (**6**) (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 37,271.**

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

Check if the organization used Schedule O to respond to any question in this Part I

		1	2
Revenue	1 Contributions, gifts, and similar amounts received		
	2 Program service revenue including government fees and contracts		4,125.
	3 Membership dues and assessments		33,125.
	4 Investment income		
	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 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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 in Schedule O)	8	21.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	37,271.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	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	20,745.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	26,602.
	17 Total expenses. Add lines 10 through 16	17	47,347.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<10,076.>
	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	<605.>
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	<10,681.>

SEE SCHEDULE O RECEIVED JUL 31 2017 OGDEN, UT

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

P/B

SCANNED AUG 09 2017

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V [X]

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 40e regarding significant activities, changes, income, and tax shelter transactions.

41 List the states with which a copy of this return is filed CA
42a The organization's books are in care of LAKEVIEW GROUP Telephone no. (408) 778-8370
Located at 275 TENNANT AVENUE, SUITE 202, MORGAN HILL, CA ZIP + 4 95037

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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 N/A

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

48 Is the organization 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?

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."

	Yes	No
47		
48		
49a		
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 employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

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 business address of each independent contractor	(b) Type of service	(c) Compensation
N/A		

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

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A

Yes No

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.

Sign Here

Signature of officer: *Ronald Pulvermacher* Date: 7-24-2017

RON PULVERMACHER, TREASURER

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARY ANN CROPPER	<i>Mary Ann Cropper</i>	7/7/17		P01709825
	Firm's name	Firm's address		Firm's EIN	Phone no.
	CROPPER ACCOUNTANCY CORPORATION	2977 YGNACIO VALLEY ROAD #460 WALNUT CREEK, CA 94598		68-9372583	(925) 932-3860

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

Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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Name of the organization

DASH7 ALLIANCE, INC.

Employer identification number

80-0380504

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST	21.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK FEES	1,261.
MEMBER MEETINGS AND SUPPORT	24,173.
OTHER	1,168.
TOTAL TO FORM 990-EZ, LINE 16	26,602.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	7,785.	20,835.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	25,503.	33,650.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE DASH7 ALLIANCE WAS FORMED TO ADVANCE THE USE OF DASH7 WIRELESS DATA TECHNOLOGY BY DEVELOPING EXTENSIONS TO THE ISO 18000-7 STANDARD, ENSURING INTEROPERABILITY AMONG DEVICES, AND EDUCATING THE MARKET ABOUT DASH7 TECHNOLOGY. MANUFACTURERS, SYSTEM INTEGRATORS, DEVELOPERS, REGULATORS, ACADEMIA, AND END-USERS ALL WORK TOGETHER TO PROMOTE THE USE OF DASH7 TECHNOLOGY IN A WIDE ARRAY OF INDUSTRIES AND APPLICATIONS.

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DASH7 ALLIANCE, INC.

Employer identification number

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DASH7 ALLIANCE WAS FORMED TO FOSTER SPECIFICATIONS, STANDARDS, AND
PROTOCOLS FOR RADIO FREQUENCY IDENTIFICATION (RFID) SYSTEMS FOR
RESIDENTIAL, COMMERCIAL, AND INDUSTRIAL APPLICATIONS. THE ALLIANCE'S
EFFORTS MAY INCLUDE, BUT ARE NOT LIMITED TO, PROMOTING AND ADOPTING
INDUSTRY GUIDELINES; ESTABLISHING INTEROPERABILITY, AND IMPROVING
MARKET CONDITIONS IN THE CONTROL INDUSTRY AND RELATED AREAS THROUGH
OTHER PROGRAMS.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:
REJUVENATED ACTION GROUPS (COMMITTEES) AND CREATED A COMPREHENSIVE
MEMBER PACKAGE TO ASSIST WITH RECRUITING NEW MEMBERS

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
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.