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# 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)

OMB No 1545-1150

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).

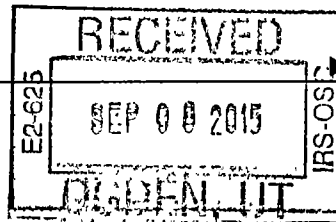
**A** For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>DISABLED AMERICAN VETERANS</b> <b>48 SILVER SAN JUAN</b>		<b>D</b> Employer identification number <b>31-0898143</b>
	Number and street (or P O box, if mail is not delivered to street address) <b>94 TRESTLE LANE</b>		<b>E</b> Telephone number <b>970-259-2678</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>DURANGO CO 81303</b>		<b>F</b> Group Exemption Number <b>▶</b>
	<b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) <b>▶</b>		
<b>I</b> Website: <b>▶ N/A</b>			
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) <b>4</b> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
<b>L</b> 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 <b>▶ \$ 95,767</b>			

**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 ☒

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>69,997</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</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)	<b>6b</b>	
	<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>	
	<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	
	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
	<b>b</b> Less: cost of goods sold	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
	<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	<b>25,770</b>
	<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>95,767</b>
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	<b>37,701</b>
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>12,047</b>
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>49,748</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>46,019</b>
	<b>19</b> 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)	<b>19</b>	<b>24,609</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>70,628</b>



For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	24,609	22	70,628
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	24,609	25	70,628
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	24,609	27	70,628

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?

PROVIDES SUPPORT TO AMERICAN MILITARY VETERANS.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others)

28 SEE SCHEDULE O

(Grants \$ 37,701) If this amount includes foreign grants, check here ☐

28a 37,701

29

(Grants \$ ) If this amount includes foreign grants, check here ☐

29a

30

(Grants \$ ) If this amount includes foreign grants, check here ☐

30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here ☐

31a

12,047

32 Total program service expenses (add lines 28a through 31a)

32

49,748

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RICHARD S. SCHLEETER COMMANDER	25.00	0	0	0
DAVID E. COATES SR. VICE COMMANDER	25.00	0	0	0
CHARLES J. MUCKENTHALER JR. VICE COMMANDER	20.00	0	0	0
BUTCH CRIM ADJUTANT	15.00	0	0	0
CHARLES R. PARNELL TREASURER	15.00	0	0	0
BUTCH CRIM LEGISLATIVE CHAIRMAN	5.00	0	0	0
DAVE E. COATES MEMBERSHIP CHAIRMAN	10.00	0	0	0
CHARLES R. PARNELL SERVICE OFFICER	5.00	0	0	0

**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 Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> 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		X
<b>34</b> 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 change on Schedule O (see instructions)		X
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
<b>b</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		
<b>c</b> 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		X
<b>36</b> 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
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float: right;">▶ <b>37a</b></span>		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38a</b> 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 tax year covered by this return?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float: right;"><b>38b</b></span>		
<b>39</b> Section 501(c)(7) organizations. Enter.		
<b>a</b> Initiation fees and capital contributions included on line 9 <span style="float: right;"><b>39a</b></span>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float: right;"><b>39b</b></span>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float: right;">▶</span> _____, section 4912 <span style="float: right;">▶</span> _____; section 4955 <span style="float: right;">▶</span> _____		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 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		X
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">▶</span> _____		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">▶</span> _____		
<b>e</b> 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		X
<b>41</b> List the states with which a copy of this return is filed <span style="float: right;">▶</span> <u>NONE</u>		
<b>42a</b> The organization's books are in care of <span style="float: right;">▶</span> <u>CHARLES R. PARNELL</u> Telephone no <span style="float: right;">▶</span> <u>970-259-2678</u> 94 TRESTLE LANE Located at <span style="float: right;">▶</span> <u>DURANGO</u> CO ZIP + 4 <span style="float: right;">▶</span> <u>81303</u>		
<b>b</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 <span style="float: right;">▶</span> _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <span style="float: right;">▶</span> _____		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <span style="float: right;">▶</span> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">▶</span> <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>b</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		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<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)		X

- 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 Schedule C, Part II

	Yes	No
47		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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- b If "Yes," was the related organization a section 527 organization?

49b		
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- 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 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

- f Total number of other employees paid over \$100,000 ▶

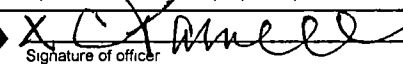
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."


(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

- 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		Date <u>9-4-15</u>
	CHARLES R. PARNELL Type or print name and title	TREASURER

Paid Preparer Use Only	Print/Type preparer's name VERN M. MCKEE	Preparer's signature 	Date 08/19/15	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01267141
	Firm's name ▶ VERN M. MCKEE	Firm's EIN ▶			
	Firm's address ▶ PO BOX 2422 DURANGO, CO 81302-2422	Phone no 970-247-3963			

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

DISABLED AMERICAN VETERANS  
48 SILVER SAN JUAN

Employer identification number

31-0898143

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

DESCRIPTION	AMOUNT
INCOME - INSURANCE REIMBURSEM	\$ 17,642
INCOME - LOAN PAYBACK	\$ 7,665
INCOME - DUES PER CAPITA - NA	\$ 347
INCOME - OTHER	\$ 115
INCOME - INTEREST	\$ 1
TOTAL	\$ 25,770

FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO INDIVIDUALS

EMERGENCY HOUSING ASSISTANCE	\$ 22,006
TRAVEL REIMBURSEMENT	\$ 1,705
EMERGENCY FOOD ASSISTANCE	\$ 1,549
GAS VOUCHERS	\$ 9,000
EMERGENCY TRANSPORTATION ASSIST.	\$ 1,336
OTHER AMOUNTS PAID	\$ 2,105
TOTAL	\$ 37,701

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

DESCRIPTION	AMOUNT
EXPENSES	
CHARITABLE CONTRIBUTIONS	\$ 1,100
CHRISTMAS PARTY	\$ 1,552
DRIVERS PHYSICALS	\$ 590
DRIVERS SUPPORT	\$ 2,340
MEMORIAL DAY COOKOUT	\$ 700

Name of the organization

Employer identification number

DISABLED AMERICAN VETERANS

31-0898143

OFFICE SUPPLIES	\$	236
DAV VAN COORDINATOR STIPE	\$	200
SUBSCRIPTION - VA CLINIC	\$	113
LOAN PAYBACK - PAGOSA SPR	\$	3,000
MISCELLANEOUS	\$	227
OPERATING SUPPLIES	\$	300
STAND DOWN EXPENSE	\$	1,202
V.A. CLINIC SUPPLIES	\$	487
TOTAL \$		12,047

FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT

FORM 990-EZ, PART III, LINE 28

- VETERANS TRANSPORTATION AND ASSISTANCE PROGRAM (VTAP).

WE RAISED A TOTAL OF \$87,639 FOR THIS PROGRAM.

WE USE THIS PROGRAM TO PROVIDE ASSISTANCE TO VETERANS IN NUMEROUS WAYS. WE PAY MILEAGE AND MOTELS FOR VETERANS TRAVELING TO AND FROM THE VETERANS ADMINISTRATION MEDICAL CENTER IN ALBUQUERQUE, NEW MEXICO. WE MAINTAIN A SMALL FLEET OF LOANER WHEELCHAIRS, DO ADA ADAPTATIONS TO RESIDENCES, BUY FOOD AND GAS VOUCHERS FOR VETERANS, BUY EMERGENCY PRESCRIPTIONS FOR TRAVELING VETERANS, PROVIDE TEMPORARY LODGING FOR TRAVELING VETERANS, PAY FOR VEHICLE REPAIRS FOR WORKING VETERANS AND BUY DOCTOR ORDERED DAY PASSES TO THE LOCAL RECREATION CENTER. WE PROVIDE RENT AND UTILITY ASSISTANCE TO HOMELESS VETERANS AND THEIR FAMILIES. IT IS FOR USE IN ALL AREAS OF SOUTHWEST COLORADO BUT WE FOCUS ON LA PLATA AND ARCHULETA COUNTIES. WE HAVE SELECTED INDIVIDUALS IN PLACE WHO IDENTIFY

Name of the organization

Employer identification number

DISABLED AMERICAN VETERANS

31-0898143

HOMELESS VETERANS AND WE INVESTIGATE AND DETERMINE IF THERE IS A REAL NEED FOR ASSISTANCE, AND IF SO, PROVIDE CHECKS TO THE LANDLORDS AND UTILITY COMPANIES. WE RAISE FUNDS FOR AND PROCURE A NEW FORD 12 PASSENGER VAN EVERY 2-3 YEARS FOR THE PURPOSE OF TRANSPORTING VETERANS TO THE VETERANS ADMINISTRATION MEDICAL CENTER LOCATED IN ALBUQUERQUE, NEW MEXICO, A ROUND TRIP OF 450 MILES, 3 DAYS A WEEK. WE HAVE AN EXCELLENT CADRE OF 25 VOLUNTEER DRIVERS AND COORDINATORS. WE ALSO PROVIDE TRANSPORTATION FROM THE SURROUNDING AREA TO THE LOCAL VETERANS ADMINISTRATION CLINIC IN DURANGO AND TO HOSPITALS AND DIALYSIS UNITS IN THE AREA. WE ARE REQUIRED TO RAISE \$16,500 FOR THESE VANS AND THE DAV NATIONAL TRANSPORTATION SYSTEM PROVIDES MATCHING FUNDS TO PAY FOR THE REMAINDER OF THE VAN. THE VANS ARE PRESENTED TO THE VETERANS ADMINISTRATION AND THEY PROVIDE THE INSURANCE, MAINTENANCE AND CREDIT CARDS FOR GAS, ETC. WE AVERAGE AROUND 70,000 TO 80,000 MILES PER YEAR ON THESE VANS.

## FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT

CHARITABLE CONTRIBUTIONS	\$1,100
CHRISTMAS PARTY	1,552
DRIVERS PHYSICALS	590
DRIVERS SUPPORT	2,340
MEMORIAL DAY COOKOUT	700
OFFICE SUPPLIES	236
DAV VAN COORDINATOR	200
SUBSCRIPTION - V.A. CLINIC	113
LOAN PAYBACK - PAGOSA	3,000
MISCELLANEOUS	227
OPERATING SUPPLIES	300

Name of the organization

Employer identification number

DISABLED AMERICAN VETERANS

31-0898143

STAND DOWN EXPENSE	1,202
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V.A. CLINIC SUPPLIES	487
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TOTAL	\$12,047
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