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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 private foundations)

OMB No 1545-1150

**2015****Open to Public  
Inspection**

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 2015 calendar year, or tax year beginning** 07/01/15 , **and ending** 06/30/16**B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Final return/terminated☐ Amended return☐ Application pending**C** Name of organizationDISABLED AMERICAN VETERANS  
48 SILVER SAN JUAN

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

94 TRESTLE LANE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

DURANGO

CO 81303

**D** Employer identification number

31-0898143

**E** Telephone number

970-259-2678

**F** Group Exemption

Number ▶

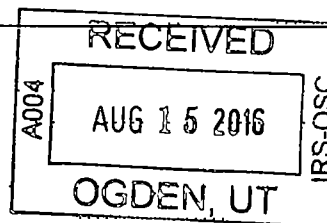
**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ N/A**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)( 4 ) (insert no ) ☐ 4947(a)(1) or ☐ 527**K** Form of organization ☒ 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

▶ \$ 115,234

**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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	114,837
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	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	397	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	115,234	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	76,071
	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	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	46,076
	17	<b>Total expenses.</b> Add lines 10 through 16	17	122,147
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,913
Net Assets	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	70,628
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	63,715



For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2015)

**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	70,628	22	63,715
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	70,628	25	63,715
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)	70,628	27	63,715

**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

28	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	46,076
29	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$ 76,071) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	76,071
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	122,147

**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
MARIA STARLING SR. VICE COMMANDER	25.00	0	0	0
KENNY ROGERS JR. VICE COMMANDER	20.00	0	0	0
WINFRED M. CRIM III ADJUTANT	15.00	0	0	0
CHARLES R. PARNELL TREASURER	15.00	0	0	0
WINFRED M. CRIM III LEGISLATIVE CHAIRMAN	5.00	0	0	0
MARIA STARLING 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>35b</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>35c</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>37b</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>38b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>39a</b> Initiation fees and capital contributions included on line 9		
<b>39b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
<b>40b</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>40c</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>40d</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>40e</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 ▶ <u>NONE</u>		
<b>42a</b> The organization's books are in care of ▶ <u>CHARLES R. PARNELL</u> Telephone no ▶ <u>970-259-2678</u> 94 TRESTLE LANE Located at ▶ <u>DURANGO</u> CO ZIP + 4 ▶ <u>81303</u>		
<b>42b</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 ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		X
<b>42c</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 ▶ _____		X
<b>43</b> 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 <span style="float: right;">▶ <input type="checkbox"/> <b>43</b></span>		
<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>44b</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>44c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>44d</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>45b</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
- 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

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 ▶ CHARLES R. PARNELL ▶ 8-8-16  
 Signature of officer Date  
 Type or print name and title SERVICE OFFICER

Paid Preparer Use Only

Print/Type preparer's name VERN M. MCKEE	Preparer's signature <u>[Signature]</u>	Date 07/28/16	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

**2015**

**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 - DUES PER CAPITA - NA	\$ 396
INCOME - INTEREST	\$ 1
TOTAL \$	397

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

EMERGENCY HOUSING ASSISTANCE	\$38,625
GAS VOUCHERS	6,000
EMERGENCY TRANSPORTATION ASSISTANCE	8,845
GRANTS - NEEDY VETERANS	14,600
EMERGENCY FOOD ASSISTANCE	3,828
TRAVEL REIMBURSEMENT	2,855
OTHER AMOUNTS PAID	1,318
TOTAL	\$76,071

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

DESCRIPTION	AMOUNT
EXPENSES	
ADVERTISING	\$ 129
CHARITABLE CONTRIBUTIONS	\$ 2,450
CHRISTMAS PARTY	\$ 1,635
DRIVERS PHYSICALS	\$ 245

Name of the organization

Employer identification number

DISABLED AMERICAN VETERANS

31-0898143

DRIVERS SUPPORT	\$	22
MEMORIAL DAY COOKOUT	\$	1,513
OFFICE SUPPLIES	\$	1,111
SUBSCRIPTION - VA CLINIC	\$	113
MISCELLANEOUS	\$	152
OPERATING SUPPLIES	\$	27
STAND DOWN EXPENSE	\$	5,906
V.A. CLINIC SUPPLIES	\$	574
DAV VAN	\$	16,500
DUES	\$	100
GIFTS TO VETERANS	\$	284
MEETINGS	\$	315
AMERICAN LEGION POST 143	\$	15,000
TOTAL	\$	46,076

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

Name of the organization

Employer identification number

DISABLED AMERICAN VETERANS

31-0898143

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 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	\$ 2,450
CHRISTMAS PARTY	1,635
DRIVERS PHYSICALS	245
DRIVERS SUPPORT	22
MEMORIAL DAY COOKOUT	1,513
OFFICE SUPPLIES	1,111
ADVERTISING	129
SUBSCRIPTION - V.A. CLINIC	113



Name of the organization

Employer identification number

DISABLED AMERICAN VETERANS

31-0898143

MISCELLANEOUS	152
OPERATING SUPPLIES	27
STAND DOWN EXPENSE	5,906
V.A. CLINIC SUPPLIES	574
DAV VAN	16,500
DUES	100
GIFTS TO VETERANS	284
MEETINGS	315
LOAN-AMERICAN LEGION POST 143	15,000
TOTAL	\$ 46,076