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Form 990-EZ

# 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

2016

Open to Public  
InspectionDepartment 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 2016 calendar year, or tax year beginning		07/01	, 2016, and ending	06/30	, 2017
B Check if applicable		C Name of organization		D Employer identification number	
<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>Adam Klein Chapter #3, Disabled American Veterans</b> Number and street (or P O box, if mail is not delivered to street address) <b>P.O. Box 915</b> City or town, state or province, country, and ZIP or foreign postal code <b>Bismarck, ND 58502-0915</b>		<b>45-6017340</b> Room/suite <b>(701) 222-6698</b>	
G Accounting Method		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►		E Telephone number	
I Website:		► <a href="http://www.davmembersportal.org/chapters/nd/03">http://www.davmembersportal.org/chapters/nd/03</a>		F Group Exemption Number ► <b>0557</b>	
J Tax-exempt status (check only one)		<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4)   (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
K Form of organization		<input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> 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 ► \$ <b>76457</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

Revenue	1	69,249
	2	0
	3	1,566
	4	51
	5c	0
	5a	0
	5b	0
	6a	0
	6b	0
	6c	0
Expenses	6d	0
	7a	0
	7b	0
	7c	0
	8	5,591
	9	76,457
	10	49,036
	11	740
	12	850
	13	0
Net Assets	14	1,050
	15	348
	16	32,160
	17	84,184
	18	-7,727
	19	74,790
	20	0
	21	67,063

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2016)

SCANNED SEP 18 2017

**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

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 . . . . .	74,790	22	67,063
23 Land and buildings . . . . .	0	23	0
24 Other assets (describe in Schedule O) . . . . .	5,500	24	5,000
<b>25 Total assets</b> . . . . .	<b>80,290</b>	<b>25</b>	<b>72,063</b>
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	0	26	0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	<b>80,290</b>	<b>27</b>	<b>72,063</b>

**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

What is the organization's primary exempt purpose? **Provide assistance to disabled veterans & families**

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	Provided transportation to the Fargo, ND VA hospital for veterans to obtain medical treatment. Volunteer drivers transported more than 340 passengers, and logged more than 42,000 miles.		
	(Grants \$ 7,109) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	7,109
29	Provided academic scholarships to veterans and family members, assisting them with attaining their education goals. Eleven scholarships were awarded in the amount of \$1,000 each.		
	(Grants \$ 11,000) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	11,000
30	Administered veterans aid fund to assist veterans with basic necessities, including housing, food, and utilities. Provided individual grants to 29 veterans, and provided financial support to local homeless shelter.		
	(Grants \$ 21,503) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	21,503
31	Other program services (describe in Schedule O) . . . . .		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . .		32

**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.

**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.

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 change on Schedule O (see instructions) 34

35a 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)? 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

c 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

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a  0

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 or 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 If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter:

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ► 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 40c

c 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 40d

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40e

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 40f

41 List the states with which a copy of this return is filed ► ND

42a The organization's books are in care of ► Mark J. Landis, Treasurer Telephone no. ► (701) 222-6698  
Located at ► 221 North 5th St., Bismarck, ND ZIP + 4 ► 58501

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).

c 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. ►

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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

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 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d 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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

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

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.

**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

		Yes	No
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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	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."		

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
None		

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

<b>Sign Here</b>	 Signature of officer		<i>8-31-2017</i>		
	<b>Mark J. Landis, Treasurer</b> Type or print name and title		Date		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no		
May the IRS discuss this return with the preparer shown above? See instructions.					

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

**2016**Open to Public  
Inspection

Name of the organization

Adam Klein Chapter #3, Disabled American Veterans

Employer identification number

456017340

**Line 10: Grants and similar amounts paid**

DAV National Service Foundation	\$5,000
DAV Columbia Trust	\$5,000
Ruth Meiers Homeless Shelter	\$5,000
Individual grants to 29 needy veterans	\$16,503
VA Voluntary Service	\$1,500
Central Dakota Veterans Stand Down Event	\$2,152
Marine Corps League	\$500
Professional Veterans Advocates of North Dakota	\$500
Local transportation vouchers	\$200
DAV Hospital Service Coordinator	\$1,500
North Dakota Veterans Home	\$500
Bismarck Vet Center	\$6,256
North Dakota Century Fund	\$500
Global War on Terrorism Memorial	\$500
Bismarck Historical Society	\$200
Hunting trips for disabled veterans	\$3,000
Wreaths Across America	\$225
<b>TOTAL</b>	<b>\$49,036</b>

**Line 8: Other Revenue**

State convention	\$5,301
Meal collections	\$185
DAV merchandise sales	\$105
<b>TOTAL</b>	<b>\$5,591</b>

Name of the organization	<b>Employer identification number</b>
<u>Adam Klein Chapter #3, Disabled American Veterans</u>	<b>456017340</b>

**Line 16: Other Expenses**

<b>DAV state convention</b>	<b>\$6,654</b>
<b>Volunteer recognition</b>	<b>\$5,609</b>
<b>Academic scholarships</b>	<b>\$11,000</b>
<b>Vehicle insurance</b>	<b>\$767</b>
<b>Vehicle registration</b>	<b>\$157</b>
<b>DAV merchandise</b>	<b>\$148</b>
<b>Postage and office supplies</b>	<b>\$897</b>
<b>DAV honor guard</b>	<b>\$492</b>
<b>General liability insurance</b>	<b>\$325</b>
<b>Advertising/promotional</b>	<b>\$3,482</b>
<b>ND Secretary of State annual filing fees</b>	<b>\$20</b>
<b>Vehicle maintenance</b>	<b>\$100</b>
<b>Vehicle fuel</b>	<b>\$600</b>
<b>DAV auxiliary support</b>	<b>\$1,909</b>
<b>TOTAL</b>	<b>\$32,160</b>

**Line 24: Other Assets****2007 Ford Econoline E350 Van**

<b>Estimated value on July 1, 2016</b>	<b>\$5,500</b>
<b>Estimated value on June 30, 2017</b>	<b>\$5,000</b>