29492166272149

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)

► 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.* 1706

OMB No 1545-1150

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 7/01 , 2016, and ending 6/30 , 2017

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

C
DISABLED AMERICAN VETERANS
DEPARTMENT OF MONTANA
PO BOX 4816
HELENA, MT 59604

04

D Employer identification number
81-0245122

E Telephone number
406-600-2254

F Group Exemption Number ►

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►

I Website: ► www.mtdav.org

J Tax-exempt status (check only one) – ☐ 501(c)(3) ☒ 501(c) (4) ◄(insert no) ☐ 4947(a)(1) or ☐ 527

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

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 ► $ 111,800.

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	89,038.
	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 571.		
	b	Gross income from fundraising events (not including $ 32,802. 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 22,191.		
	c	Less direct expenses from gaming and fundraising events	6c 18,512.		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	4,250.
	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	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	►	9	93,288.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	See Schedule O	10	36,281.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	56,334.
	13	Professional fees and other payments to independent contractors		13	2,600.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	112.
	16	Other expenses (describe in Schedule O)	See Schedule O	16	40,055.
	17	**Total expenses.** Add lines 10 through 16	►	17	135,382.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-42,094.
	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	121,065.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	►	21	78,971.

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

TEEA0803L 12/22/16

Form **990-EZ** (2016)

SCANNED AUG 15 2019

RECEIVED
MAY 21 2019
OGDEN, UT

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 [X]

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	123,040.	22	82,996.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	123,040.	25	82,996.
26	**Total liabilities** (describe in Schedule O) See Schedule O	1,975.	26	4,025.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	121,065.	27	78,971.

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 [X]

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

What is the organization's primary exempt purpose? See Schedule O

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

28 VOLUNTEER TRANSPORTATION NETWORK

(Grants $ 36,281.) If this amount includes foreign grants, check here ► [ ] 28a 87,843.

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

32 **Total program service expenses** (add lines 28a through 31a) ► 32 87,843.

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
KEVIN GRANTIER COMMANDER	2	0.	0.	0.
MIKE CLOUSE ADJUTANT	2	0.	0.	0.
CHASE NATALIE Treasurer	2	0.	0.	0.
LYLE ONSAGER SEN V CC	2	0.	0.	0.
JOE PARSETICH JA	2	0.	0.	0.
ERIC WELLS 1ST JNR	2	0.	0.	0.
JOE PARSETICH PAST CDR	2	0.	0.	0.
SUSAN DAVIDSON CHAPLAIN	2	0.	0.	0.

BGO

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
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		X
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		X
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		X
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		X
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		X
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		X
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		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A			
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	40b		X
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 ► 0.			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0.			
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	40e		X
41	List the states with which a copy of this return is filed ► None			

42a The organization's books are in care of ► CHASE NATALIE Telephone no ► 406-600-2254

Located at ► 211 W MAIN ST BOZEMAN MT ZIP + 4 ► 59715

			Yes	No
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 ►	42b		X
	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 ►	42c		X

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A			
			Yes	No
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		X
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		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
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		X
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		X

		Yes	No
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	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 ☐

		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 '

(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

Signature of officer [signature] Date 5/15/19

CHASE NATALIE Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MORGAN SCARR	MORGAN SCARR	5/10/19		P00747394

Firm's name ► Amatics CPA Group

Firm's address ► 220 West Lamme, Suite 3-A, Bozeman, MT 59715

Firm's EIN ► 46-3057681

Phone no 406-404-1925

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization DISABLED AMERICAN VETERANS DEPARTMENT OF MONTANA

Employer identification number 81-0245122

Part II **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			►				

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMEN (event type)	(b) Event #2 AUCTION (event type)	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	46,537.	8,456.		54,993.
	2 Less Contributions	31,987.	815.		32,802.
	3 Gross income (line 1 minus line 2)	14,550.	7,641.		22,191.
DIRECT EXPENSES	4 Cash prizes	3,000.			3,000.
	5 Noncash prizes				
	6 Rent/facility costs	186.			186.
	7 Food and beverages	1,099.			1,099.
	8 Entertainment				
	9 Other direct expenses	13,084.			13,084.
	10 Direct expense summary Add lines 4 through 9 in column (d)			►	17,369.
	11 Net income summary Subtract line 10 from line 3, column (d)			►	4,822.

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			►	
	8 Net gaming income summary Subtract line 7 from line 1, column (d)			►	

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► $ _____ and the amount of gaming revenue retained by the third party ► $ _____

c If 'Yes,' enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► $ _____

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
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. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	2016 Open to Public Inspection

Name of the organization	Employer identification number
DISABLED AMERICAN VETERANS DEPARTMENT OF MONTANA	81-0245122

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid In Excess of $5,000

Donee's Name:	MT VETERANS AFFAIRS DIVISION	
Description of Property:	VAN	
Date of Gift:	3/07/2017	
Book Value:	33,800.	
Method Used to Determine BV:	MSRP	
Fair Market Value:		$ 33,800.
Method Used to Determine FMV:	MSRP	

Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	$ 7,200.
Conferences, Conventions, and Meetings	15,976.
DUES AND SUBSCRIPTIONS	250.
Insurance	379.
MISCELLANEOUS	764.
Office Expenses	12,239.
STAFF/VOLUNTEER APPRECIATION	546.
Travel	2,701.
Total	$ 40,055.

Form 990-EZ, Part II, Line 26
Total Liabilities

	Beginning	Ending
PAYROLL LIABILITIES	$ 1,974.	$ 4,024.
ROUNDING	1.	1.
Total	$ 1,975.	$ 4,025.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

THE DAV MANAGES A VOLUNTEER TRANSPORTATION NETWORK, WHICH IS RESPONSIBLE FOR TRANSPORTING VETERANS TO AND FROM THEIR VA SCHEDULED APPOINTMENTS. THIS ALSO INCLUDES SCHEDULED APPOINTMENTS FOR ALL HOMELESS VETERANS AND VETERANS THAT ARE STUDENTS THAT NEED RIDES TO A SCHEDULED VA APPOINTMENT. THE FUNDS FOR THE VANS ARE ALL RAISED BY DONATIONS. THEN WHEN PURCHASED, THEY ARE TURNED OVER TO THE VA WHO MAINTAINS THEM AND PAYS FOR ALL FUEL. IN RETURN, THE VA ALLOWS THE DAV TO MANAGE THE DAV VOLUNTEER TRASNPORTATION NETWORK WITH OUR ENTIRE VOLUNTEER STAFF AND OUR TWO PAID HOSPITAL SERVICE COORDINATORS (HSCS) EACH OF WHICH MANAGES TEN LOCAL AREA COORDINATORS (LACS) AND CLOSE TO 250 VOLUNETEER DRIVERS IN DIFFERENT AREAS THROUGHOUT MONTANA. THE DAV IS HELPING ALL VETERANS AND CONTINUES TO GROW.

Name of the organization DISABLED AMERICAN VETERANS DEPARTMENT OF MONTANA

Employer identification number 81-0245122

Form 990-EZ, Part III - Organization's Primary Exempt Purpose (continued)

THE VOLUNTEER TRANSPORTATION NETWORK IN 2010-2011 DROVE 1,000,000 MILES IN 47 VANS AND TRANSPORTED 23,004 VETERANS ACROSS MONTANA TO THEIR MUCH NEEDED APPOINTMENTS. OUR MUCH APPRECIATED VOLUNTEER DRIVERS LOGGED 250,000 VOLUNTEER HOURS IN THE SERVICE TO VETERANS.

THE DAV DONATE FUNDS TO OTHER ORGANIZATIONS THAT ALSO SUPPORT THE NEEDS OF VETERANS SUCH AS THE STATE VETERANS HOMES IN COLUMBIA FALLS AND GLENDIVE, THE STATE CEMETERIES AND SOME OTHERS THAT ARE SOMETIMES NEEDED AT A MOMENT'S NOTICE, FOR EXAMPLE, A MEMORIAL FUND FOR A WIDOW.

THE DAV DEPARTMENT OF MONTANA HAS 5,500 REGISTERED MEMBERS WHICH REPRESENT THE 36,000 DISABLED VETERANS HERE IN MONTANA BUT WE SERVICE ALL 108,000 MONTANA VETERANS. THE DEPARTMENT HAS NINE CHAPTERS AND THEY FOLLOW THE SAME STRUCTURE AND GUIDELINES AS THE DEPARTMENT AND NATIONAL ORGANIZATION.