



**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	6466.29	14926.98
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	6466.29	14926.98
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	6466.29	14926.98

**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? assist and disabled vets & their 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	0		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29	0		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30	0		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
31 Other program services (describe in Schedule O)			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (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

(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
John B VanVerth Commander convention Re-embursment	2	0	0	429.25
James F. Young Treasurer TRAVEL Lodging Re-emb	1	0	0	208.87
WAYNE STRAZZ Assistant ALT DEC	2	0	0	547.21
KATHIE SMITH Service Officer Re-embursment Vice Commander	4	0	0	652.93
Robert Thuy Service Officer TRANS CO ORD	8	0	0	-
John B VanVerth re-embursment Delegate Convent		0	0	683.75 <sup>a</sup>
J. B. VanVerth Re-embursment Delegate DEC		0	0	414.99 <sup>b</sup>
KATHIE SMITH TRAINING Ser O		0	0	166.82
Jessie Smith CHAPLAIN	1	0	0	0
Vincent DAMENGALE District Delegate PA STATE FINANCE Committee	1	0	0	-
			TOTAL	3103.82

**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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of <u>JAMES E. HONEY</u> Telephone no. <u>724-588-8910</u> Located at <u>18 OAK ROAD GREENVILLE PA</u> ZIP + 4 <u>16125-8610</u>		
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: <u>0</u>	42b	<input checked="" type="checkbox"/>
c	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: <u>0</u>	42c	<input checked="" type="checkbox"/>
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	0 <input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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		<input checked="" type="checkbox"/>

**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		<input checked="" type="checkbox"/>

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

	Yes	No
48		<input checked="" type="checkbox"/>

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

	Yes	No
49a		<input checked="" type="checkbox"/>

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

	Yes	No
49b		<input checked="" type="checkbox"/>

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
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

Sign Here	Signature of officer <i>James E Young</i>	Title Treasurer	Date March 7 2017
	Type or print name and title JAMES E YOUNG TREASURER		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name	Firm's EIN	Check <input type="checkbox"/> if self-employed PTIN
	Firm's address	Phone no	

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**  
Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ 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).

Name of the organization: Disabled American Veterans #55 Mercer County Employer identification number: 31 0922550

OTHER EXPENSES Line 16 990-EZ		
Memorial Day 500 parade Activity Fund		100.00
picnic for disabled Vets and families / guests (AUG)		275.92
assist homeless veteran L.M. (conjunction w other Vet org)		100.00
Christmas party for DAV. van drivers & guests w AWARDS		437.08
PA DEPT PA. TRANSPORTATION program donation		200.00
ERIE VA patient activities		100.00
ERIE Soldiers & Sailor Home activities		100.00
Butler VA patient activities		100.00
ERIE VA Christmas Party		100.00
Assist disabled Vets family funeral R Morris w other Vet groups		200.00
Wheel Chair games Jerry Baylor		100.00
Guide Post Magazine subscriptions for military subscriptions		100.00
Fisher House Pittsburgh PA		500.00
SHARING & CARING Pittsburgh PA		100.00
Shennago Valley Penn State Vets room on campus		200.00
TRENCH RATS #617		200.-
Hermitage CBOC (Butler VA outpatient clinic)		100.-
PA DAV. DEPT Service Officer Program		50.-
TV for Hermitage CBOC clinic		270.-
Keys for Hermitage CBOC VANS DAV #55 project		430.-
Assist vet Life START		40.-
Life Services for Veterans (Lilac Springs Meadville)		100.-
ERIE VA comfort (patient) funds		150.-
Butler VA " "		150.-
Hermitage CBOC printer cartridge (claims forms)		75.25

(2)

Name of the organization **DAV #55** Employer identification number **31 0922-550**

Hermitage CBOC (service officer postage fund / service)	19.60
picnic table for Hermitage Clinic & staff	196.07
Trench RAKS #617	100.00
Vets Outreach Program at Sharon American Legion Bldg with Better VA & Pilks USD offices	228.10
Certification Service Officer Expenses Robert Thum	263.01
Kathie Smith	373.97
	<u>5459.00</u>

Misc items Line 16 990EZ

convention registration @ clinics / training Oct-June	194
caps, shirts, AWARD pins for officers & VAN drivers	164
Raffle prizes TV - flag etc Forget Me Not Day	209
convention - meeting book ads	200
district 7 dues	75
	<u>842</u>

2 page total  $\begin{matrix} 5959 \\ + 842 \\ \hline 6301 \end{matrix}$

*J. Young* Treasurer  
672-588-8410

(3)

**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.

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OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

Disabled American Veterans # 55 Mercer County

Employer identification number

310922550

Line 0 990EZ other revenue donations (Annual fin report)

(A)		(B)	
Roscoe	260	SVASM	240
Ridge	100	VFW 6233	300
Lewis	120	Cong. Brooks	150
VanVerth	50	BPO ELKS 145	2000
Stonebrow	58.07	unknown	200
NS DAR	116	Lions Club	500
Gruber	95	All Good Things	1000
Abbot	40	Mercer Co. State Bank	1680
returned funds misc	90	VFW #519 Aux	600
Blues Fest	102	Harold News Group	1240
50/50	151	VFW 1338 keys	500
misc treasury draw	46.53	Mercer County Grange	530
	1228.60	Community Foundation	1000
		Pest Mgmt. Assoc	800
			12740
		+ (A)	1228.60
			375
			—
<b>TOTAL</b>			<b>14343.60</b>

\* deposits by Chapter members  
# 300 donations + \$ 95 misc

(1)