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OMB No 1545-1150

2017

Open to Public Inspection

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)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning July 1, 2017, and ending June 30, 2018

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: Disabled American Veterans Chapter 82 R L Cockran. D Employer identification number: 31-1101788. E Telephone number: 941-692-2833. F Group Exemption Number: 51-0222701

G Accounting Method: Cash. H Check if the organization is not required to attach Schedule B. I Website: davric@yahoo.com. J Tax-exempt status: 501(c)(3).

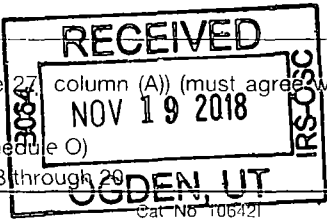
K Form of organization: Other Local Chapter of DAV National Organization.

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.

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

Table with 3 columns: Description, Code, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 80,766.71. Total expenses is 43,985.90. Net assets at end of year is 203,537.10.



SCANNED FEB 07 2019

For Paperwork Reduction Act Notice, see the separate instructions

Cat No 106421

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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	166,756 29	22 203,537 10
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	166,756 29	25 203,537 10
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	166,756 29	27 203,537 10

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? <u>Assist Veterans</u>	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
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 Aided walk in veterans and veterans dependents with claims for Medical, Compensation, Pension, Education, and Death Benefits by downloading forms, filling them out, faxing forms to the VA and other agencies for free Answer calls and make hospital visits Grand Total Priceless (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 0
29 Awards and Award Functions \$2086 79, 10% to State DAV \$2839 69 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 4,926 48
30 (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 4,926 48

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
Don SChable Commander/Service Officer	28	0	0	0
Robert Brown Sr Vice Commander/Service Officer	24	0	0	0
Brian Walter Jr Vice Commander	10	0	0	0
Dan Peterson Adjutant	10	0	0	0
Joe Hanna Treasurer	25	0	0	0
Bill Duffy Committeeman 1st Year/Service Officer/Liaison	30	0	0	0
Rob Olson Committeeman 2nd Year/Service Officer/Gun Show/Bingo	25	0	0	0
Tom Warnicke Committeeman 3rd Year/Front Desk	10	0	0	0
Earl McAfee Service Officer/Bulletine	30	0	0	0
Richard Roberts Service Officer	20	0	0	0
Ken Long Service Officer	10	0	0	0
Art Rimback Service Officer	10	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
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 ▶ <input style="width: 100px;" type="text" value="37a"/>	37a		
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 <input style="width: 100px;" type="text" value="38b"/>	38b		
39 Section 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9 <input style="width: 100px;" type="text" value="39a"/>	39a		
b Gross receipts, included on line 9, for public use of club facilities <input style="width: 100px;" type="text" value="39b"/>	39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ <input style="width: 100px;" type="text"/> , section 4912 ▶ <input style="width: 100px;" type="text"/> , section 4955 ▶ <input style="width: 100px;" type="text"/>			
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		✓
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 <input style="width: 100px;" type="text"/>			
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <input style="width: 100px;" type="text"/>			
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		✓
41 List the states with which a copy of this return is filed ▶ None			
42a The organization's books are in care of ▶ Self/DAV Chapter82 Telephone no ▶ 941-629-2833 Located at ▶ 1232 Market Circle, Unit 2B, Port Charlotte, Florida ZIP + 4 ▶ 33953-3829			
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 ▶ <input style="width: 100px;" type="text"/>	42b		✓
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 ▶ <input style="width: 100px;" type="text"/>	42c		✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <input style="width: 50px;" type="text" value="43"/>	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	46	Yes	No
		<input checked="" type="checkbox"/>	<input 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	47	Yes	No
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	▶ <u>Joe Hanna</u> Signature of officer	▶ <u>Nov. 14, 2018</u> Date
	▶ Joe Hanna Treasurer, Chapter 82 DAV Type or print name and title	

Paid Preparer Use Only	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 ▶ 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

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

Disabled American Veterans, Chapter 82, R L Cochran Jr

Employer identification number

31-1101788

Part 1- Line 14 Rent and Utilities are paid monthly Rent \$13,300 00, Electric and water \$2,643 22, Printer, Copier rental \$4,633 29, Office Equipment
and Parts \$619 23, Telephone and Telecommunications \$2,148 50, Insurance \$966 29

Part 1- Line 16 Mid Winter Service Officer Certification School(rooms, meals, registration to State of Florida,) \$7,205 42, 10% to State DAV \$2839 69
Dues to National DAV, Awards, Award Functions, Fund Raising Expenses and . Other costs \$4,866 01