DEFINATE DATE NOV 0 8 2017

CANNED DEC 0 5 2017

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.

OMB No 1545-1150

2016

Open to Public Inspection

1 Contributions, grifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income. 5 Gross amount from sale of assests other than inventory. 5 Less cost or other basis and sales expenses. 5 C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 Gross income from gaming (attach Schedule G if greater than \$15,000). 5 Gross income from 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). 5 C Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 a Gross sales of inventory, less returns and allowances. 7 a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salanes, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 13, 406c. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 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). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year Combine lines 18 through 20. 22 Less and For Paperwork Reduction Act Notice, see the separate instructions.	A		he 2016 calendar year, or tax year beginning $y_{ul} = y_{ul} = y_{ul}$, 2016, and ending $y_{ul} = y_{ul}$,	2017
DISABLED AMERICAN VETERANS JOSEPH C H BALES CHAPTER #18 31-1160850	<u>B</u>			nployer ld	entification number
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Application permote FREMONT Section Accrual Other (specify) Number Numbe	F		City or town, state or province, country, and ZIP or foreign postal code		
Website: N/A Tax-exempt status (check only one) 501c)(3) 501c)(3) 501c)(1 9 19 (naser no) 4947(a)(1) or 527		Applica			
Tax-exempt status (check only one) — \$01(c)(3)	G	Acco	unting Method X Cash Accrual Other (specify) ► H Check ► X	If the d	organization is not
K Form of organization Corporation Trust Association Other Add lines 56, 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. \$ 48,713. Part 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 21,642. 1 Contributions, gifts, grants, and similar amounts received. 1 21,642. 2 Program service revenue including government fees and contracts. 2 3 Membership dues and assessments 3 561. 4 Investment income 4 347. 5a Gross amount from sale of assets other than inventory 5a b Less cost or other basis and sales expenses. 5b 5c 5 Gaming and fundraising events 6 6 6 6 c Gam or (less) from sale of assets other than inventory 5a a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 21,113. b Gross income from fundraising events (not including \$ of contributions from fundraising events (not including \$ of such gross income and contributions exceeds \$15,000) 6b 6c 11,678. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 9,435. 7a Gross sales of inventory, less returns and allowances 7a	ı	Webs			
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 (6) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u>J</u>	Tax-ex	cempt status (check only one) =strict() (strict() (990-EZ, 	or 990-PF)
assets (Part II, column (8) below) are \$500,000 or more, file Form 990 nstead of Form 990-EZ. \$ \$ 48,713. Part II 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. 21,642.	K				
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	L	Add I	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	.►\$	48,713.
Check if the organization used Schedule O to respond to any question in this Part	Pá	irt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction	ons for	
2 Program service revenue including government fees and contracts					
2 Program service revenue including government fees and contracts		1	Contributions, gifts, grants, and similar amounts received	1	21,642.
4 Investment income		2	Program service revenue including government fees and contracts	2	
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b Less cost of goods sold		7.2	,	"	9,435.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				1 1	
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11 Benefits paid to or for members	_	 		++	31,035.
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Professional fees and other payments to independent contractors 13 590. 14 Occupancy, rent, utilities, and maintenance	_	1	Salaries ether companyation and employee herefits		
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16 Other expenses (describe in Schedule O)	E	ł	Occupancy cent whites and maintenance	-+	
16 Other expenses (describe in Schedule O)	S	l	Printing publications postage and shipping	├	
17 Total expenses. Add lines 10 through 16	Š		Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)					
NS NS TOT Paperwork Reduction Act Notice, see the separate instructions. 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). 19 217, 525. 19 217, 525. 20 Other changes in net assets or fund balances (explain in Schedule O). 20 21 Sea					
21 Net assets or fund balances at end of year Combine lines 18 through 20	Ā			+ +	4,312.
21 Net assets or fund balances at end of year Combine lines 18 through 20	NS EE	19			217,525.
21 Net assets or fund balances at end of year Combine lines 18 through 20	'T S	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
BAA For Paperwork Reduction Act Notice, see the separate instructions.		21			221,837.
	BA	A Fo	Department Deduction Act Nation and the concepts instructions		Form 990-EZ (2016)
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TOTAL DISKBLED AMERIC	AN VETERANS JOSEPH	C H BALES CHAI	PTER #18 31-	1160850 Page 2
Part II Balance Sheets (see the inst	ructions for Part II)	on in this Part II		
		(A	N) Beginning of year	(B) End of year
22 Cash, savings, and investments			164,127.	170,595.
23 Land and buildings24 Other assets (describe in Schedule O)		L	53,398.	51,242.
25 Total assets		L	<u>0.</u> 217,525.	24 0. 25 221,837.
26 Total liabilities (describe in Schedule O)		L	217,525.	26 221,637.
27 Net assets or fund balances (line 27 of c	column (B) must agree with lin	e 21)	217,525.	27 221,837.
Part III Statement of Program Service A				Expenses
Check if the organization used Scholl What is the organization's primary exempt purpose? See	edule O to respond to any que	stion in this Part III.		Required for section 501 c)(3) and 501(c)(4)
Describe the organization's program service accomeasured by expenses. In a clear and concise r	omplishments for each of its th	ree largest program serv	rices, as	organizations, optional
benefited, and other relevant information for each	nanner, describe the services th program title	provided, the number of p	persons I	or others)
28				
~				
(Grants S) If th	s amount includes foreign gra	nte check here	<u>-</u>	28 a
29	is amount includes loreign gra	ints, check here		208
		-		
·	is amount includes foreign gra	nts, check here	· · · · · · •	29 a
30				
		- -		
(Grants \$) if th	is amount includes foreign gra	nts, check here	╌╌╌╌╌╄╌┌╢	30 a
31 Other program services (describe in Schee				
(Grants \$) If th 32 Total program service expenses (add lir	is amount includes foreign gra			31 a
Part IV List of Officers, Directors,				
Check if the organization used Scho				
			4 13 14 34 1 61	
(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 employe benefit plans, and deferre compensation	ee (e) Estimated amount of other compensation
TOM BOND	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employe benefit plans, and deferre	ed other compensation
TOM BOND	week devoted to	(Forms W-2/1099-MISC)	contributions to employe benefit plans, and deferre	(e) Estimated amount of other compensation
TOM BOND COMMANDER CHARLES CLEEK	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employe benefit plans, and deferre	O . O .
TOM BOND	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employe benefit plans, and deferre	ed other compensation
TOM BOND COMMANDER CHARLES CLEEK VICE COMMANDER ALFONZO MARTINEZ ADJUTANT	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employe benefit plans, and deferre	O . O .
TOM BOND COMMANDER CHARLES CLEEK VICE COMMANDER ALFONZO MARTINEZ ADJUTANT FONALD PASCHALL	week devoted to position 20.00 10.00	(Forms W-2/1099-MISC) (If not paid, enter -0-) 0.	contributions to employe benefit plans, and deferre	0. 0. 0. 0. 0.
TOM BOND COMMANDER CHARLES CLEEK VICE COMMANDER ALFONZO MARTINEZ ADJUTANT	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employe benefit plans, and deferre	O. O.
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TOM BOND COMMANDER CHARLES CLEEK VICE COMMANDER ALFONZO MARTINEZ ADJUTANT FONALD PASCHALL	week devoted to position 20.00 10.00	(Forms W-2/1099-MISC) (If not paid, enter -0-) 0.	contributions to employe benefit plans, and deferre	0. 0. 0. 0. 0.
TOM BOND COMMANDER CHARLES CLEEK VICE COMMANDER ALFONZO MARTINEZ ADJUTANT FONALD PASCHALL	week devoted to position 20.00 10.00	(Forms W-2/1099-MISC) (If not paid, enter -0-) 0.	contributions to employe benefit plans, and deferre	0. 0. 0. 0. 0.
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TOM BOND COMMANDER CHARLES CLEEK VICE COMMANDER ALFONZO MARTINEZ ADJUTANT FONALD PASCHALL	week devoted to position 20.00 10.00	(Forms W-2/1099-MISC) (If not paid, enter -0-) 0.	contributions to employe benefit plans, and deferre	0. 0. 0. 0. 0.
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TOM BOND COMMANDER CHARLES CLEEK VICE COMMANDER ALFONZO MARTINEZ ADJUTANT FONALD PASCHALL	week devoted to position 20.00 10.00	(Forms W-2/1099-MISC) (If not paid, enter -0-) 0.	contributions to employe benefit plans, and deferre	0. 0. 0. 0. 0.

	990-EZ (2016) DISABLED AMERICAN VETERANS JOSEPH C H BALES CHAPTER #18 31-11608	50	Р	age 3
Par	t 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		· · · ·	Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
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		
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	34		X
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a	X	
	olf 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b	Х	
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	35 c		Х
36		36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions	→ •		
	Did the organization file Form 1120-POL for this year?	37 b		X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
	amount involved	_	ĺ	
	Section 501(c)(7) organizations. Enter I Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·		İ	1
	Gross receipts, included on line 9, for public use of club facilities	-(
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	7		
	section 4911 ► , section 4912 ► , section 4955 ►		İ	
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	40 Ь	<u> </u>	
c	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	400		
	managers or disqualified persons during the year under sections 4912, 4955, and 4958	_[1	
C	I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			
е	• 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	- 40 e		X
41	List the states with which a copy of this return is filled	406	<u> </u>	
42 a	ı The organization's books are in care of ▶ RON PASCHALL Telephone no ▶ (402)	721	-667	71
	Located at 1222 N HOWARD ST FREMONT NE ZIP+4 6802			
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X
	Tres, enter the name of the foreign country			
				l
	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?	42 c		X
	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		▶ 🗌	l
	and enter the amount of tax-exempt interest received or accrued during the tax year			T
44-	Did the expenses an entern any depart advised funds during the year? If Yes ' Form 800 must be completed instead		Yes	No
44 8	i 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
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
c	: Did the organization receive any payments for indoor tanning services during the year?	44 c		X
d	I If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		1
45 a	If No, provide an explanation in Scriedule O	45 a		X
	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)	-		
		45 b orm 99	0 E 7 /	X (2016)
	EEAU012	OIIII 23	· (2010)

Form 990-E	EZ (2016) DISABLED AMERICAN V	ETERANS JOSEPH	C H BALES CHAI	PTER #18 31-11	<u> </u>	P	age 4
						Yes	No
	he organization engage, directly or indirectly idates for public office? If 'Yes,' complete Si				46	1	Ų
Part VI	Section 501(c)(3) organizations				40	<u> </u>	Х
<u> </u>	All section 501(c)(3) organization for lines 50 and 51	s must answer que	stions 47-49b and 5	2, and complete the	tables		
	Check if the organization used Schedule	O to respond to any que	estion in this Part VI				. П
		o to topone to any que	The state of the s		 T	Yes	No
	he organization engage in lobbying activities plete Schedule C. Part II				47		
•	e organization a school as described in secti				<u> </u>		
	he organization make any transfers to an ex		•				
	s,' was the related organization a section 52	•	=		 		
50 Comp	plete this table for the organization's five hig	hest compensated emp	loyees (other than officer	s, directors, trustees and	d key		<u> </u>
empi	oyees) who each received more than \$100,	1	m the organization if the	· · · · · · · · · · · · · · · · · · ·	T		
	(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 other comp		
	number of other employees paid over \$100		····				
51 Comp	plete this table for the organization's five hig pensation from the organization. If there is n	hest compensated inde	pendent contractors who	each received more tha	n \$100,000 o	f	
	(a) Name and business address of each independent cor		(b) Type	of service	(c) Compo	ensation	
			(2) 1)		(5) 55		
			-				
							
			-		1		
		·			 		
			-				
			 		 		
			1				
d Total	number of other independent contractors e	ach receiving over \$100	,000				
	he organization complete Schedule A? Note bleted Schedule A				. ► Yes		No
Under penaltie true, correct, a	is of perjury, I declare that I have examined this return, including complete. Declaration of preparer (other than officer) is	cluding accompanying schedules based on all information of whi	s and statements, and to the best ich preparer has any knowledge	of my knowledge and belief, it is	;		
Sign	Signature of officer	7 7 7		11/8/201			
Here	RONALD PASCHALL Type or print name and title		 	TREASURER			
	Print/Type preparer's name	Preparer's signature	Date	l IXI I	PTIN		
Doid	DOTTIE STRENGER EA	Dothe Stre	10/31/	\-1 Onlook #	20006750	7	
Paid Preparer	Firm's name > DOTTIE STRENGER	EA	0				
Use Only	Firm's address > 115 N CLARMAR A			Firm's EIN ►	47-0784	822	
	FREMONT		NE 68025-5	3451 Phone no (40	02) 721-9	<u> 1648</u>	}
May the IR	S discuss this return with the preparer show	n above? See instruction	ons		. ► XYes		No
					Form 990	-EZ (2016)

SCHEDULE G (Form 990 or 990-EZ)

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.

2016 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule G (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990. Employer identification number

DISABLED AMERICAN VETERANS JOSEPH C H BALES CHAPTER #18 31-1160850 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 Indicate whether the organization raised funds through any of the following activities. Check all that apply а Mail solicitations Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations c Special fundraising events g In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key Yes X No employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) have custody or control or entity (fundraiser) from activity fundraiser listed in of contributions? organization column (i) Yes Nο 2 3 10 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

Sche	, dule	G (Form 990 or 990-EZ) 2016 DISABLED	AMERICAN VETERANS	JOSEPH C H BALES C	HAPTER #18 31-116	50850 Page 2
		Fundraising Events. Complete if the	he organization ans	wered 'Yes' on Forn	n 990, Part IV, line	8, or reported
		more than \$15,000 of fundraising events with gross receipts great	vent contributions a ter than \$5,000	ind gross income on	Form 990-EZ, lines	and bb
	_		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)
R E			(event type)	(event type)	(total number)	through column (c))
REVERUE	1	Gross receipts				
E	2	Less Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
D I R E C T	6	Rent/facility costs				
Ç	7	Food and beverages				
EXPENSE	8	Entertainment				
N S E S	9	Other direct expenses				<u> </u>
-	10					
<u> </u>	11					1
Par	<u> </u>	Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a.	on answered Yes	on Form 990, Part IV	7, line 19, or reporte	d more than
KE>E20			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
E E	_1	Gross revenue			142,864.	142,864.
	2	Cash prizes			112,702.	112,702.
D X I	3	Noncash prizes				

	3	Gross income (line 1 minus line 2)					
	4	Cash prizes					
_	5	Noncash prizes					
D R	6	Rent/facility costs					
I RECT	7	Food and beverages					
E X P	8	Entertainment					
EXPESSES	9	Other direct expenses					
S	10 11	Direct expense summary Add lines 4 through			*		
لسيم		Net income summary Subtract line 10 from					
Par	t	Gaming. Complete if the organizat \$15,000 on Form 990-EZ, line 6a.	on answered 'Yes'	on Form 990, Part I ^v	V, line 19, or reporte	d more than	
RE>E			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))	
EZUE	1	Gross revenue			142,864.	142,864.	
E.	2	Cash prizes · · · · · · · · · · · · · · · · · · ·			112,702.	112,702.	
DIRECT	3	Noncash prizes		<u> </u>			
C S T E S	4	Rent/facility costs · · · · · · · · · · · · · · · · · ·					
	5	Other direct expenses			9,049.	9,049.	
			Yes %	Yes %	X Yes 100.00 %		
	6	Volunteer labor	No	No	No		
	7	Direct expense summary Add lines 2 throu	gh 5 ın column (d)			121,751.	
	8	Net gaming income summary Subtract line	7 from line 1, column (d	l) <u></u>		21,113.	
	9 Enter the state(s) in which the organization conducts gaming activities Nebraska a Is the organization licensed to conduct gaming activities in each of these states?						
L	111 111	o,' explain					
		e any of the organization's gaming licenses i		erminated during the tax			
BAA			TEEA3702 09	9/23/16	Schedule G (For	m 990 or 990-EZ) 2016	

Julie	HEADIE G (FOITH 990 OF 990-E2) 2016 DISABLED AMERICAN VETERANS JUSEPH C H BALES CHAPTER #18	31-1	T00820	rage 3
11	Does the organization conduct gaming activities with nonmembers?		· · X Yes	No
12	ls the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity forme administer charitable gaming?	d to	Tyes	⊠No
	Indicate the percentage of gaming activity conducted in		1	
	a The organization's facility			<u>&</u>
	b An outside facility		b 10	0.00%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and re-	cords		
	Name DOTTIE STRENGER	- -		-
	Address 115 N CLARMAR AVE FREMONT, NE 68025			. – – – -
b	a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If 'Yes,' enter the amount of gaming revenue received by the organization \$\\$ \(\) \			No
	Name ► <u>SEE PART IV</u>			
	Address SEE PART IV SEE PART IV, NE 68025			ا ا
16				
	Name ► RONALD PASCHALL			
	Gaming manager compensation \$ 1, 650.			
	Description of services provided RECORD KEEPING, DEPOSITS, ORDERING, BILL PAYING	1 <u>G</u>		
	Director/officer Employee X Independent contractor			
17	Mandatory distributions			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain state gaming license?		XYes	No
b	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or specific	ent in the	•	
	organization's own exempt activities during the tax year \$ 21, 113.		()	
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any information. See instructions	iumns additio	(III) and (V), nal	
	ne 17b LAWFUL PURPOSE DONATIONS MADE TO GENERAL FUND OF DA ne 15c SEE ATTACHED	.V		

SCHEDULE 0 (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.

Attach to Form 990 or 990-EZ.

2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer Identification number

DISABLED AMERICAN VETERANS JOSEPH C H BALES CHAPTER #18

31-1160850

FORM IS DISPLAYED AT SIGN IN TABLE FOR EXAMINATION BY MEMBERS ATTENDING

Pt VI, Line 11b THE MEETING FOLLOWING THE DATE RETURN IS SENT TO THE IRS.