

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/form990ez.**

OMB No 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization
 DISABLED AMERICAN VETERANS
 4 WICHITA

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 926 N MOSLEY ST

City or town, state or province, country, and ZIP or foreign postal code
 WICHITA, KS 672143424

D Employer identification number
 48-6107701

E Telephone number
 (620) 423-1074

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ N/A

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

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 ▶ \$ 6,349

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

Line	Description	Amount	Column (B)
1	Contributions, gifts, grants, and similar amounts received	1,654	1
2	Program service revenue including government fees and contracts		2
3	Membership dues and assessments	4,555	3
4	Investment income	140	4
5a	Gross amount from sale of assets other than inventory	5a	5c
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		6d
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income 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)	6b	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	7c
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 ▶	6,349	9
10	Grants and similar amounts paid (list in Schedule O)		10
11	Benefits paid to or for members		11
12	Salaries, other compensation, and employee benefits		12
13	Professional fees and other payments to independent contractors	50,957	13
14	Occupancy, rent, utilities, and maintenance	100	14
15	Printing, publications, postage, and shipping		15
16	Other expenses (describe in Schedule O)	31,473	16
17	Total expenses. Add lines 10 through 16 ▶	82,530	17
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-76,181	18
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)	193,553	19
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	117,372	21

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	173,630	22 97,448
23 Land and buildings		23
24 Other assets (describe in Schedule O)	19,923	24 19,924
25 Total assets	193,553	25 117,372
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	193,553	27 117,372

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?
 THE ORGANIZATION FUNDS VARIOUS PROGRAMS UNDER AUSPICES OF THE VETERANS ADMINISTRATION OF DISABLED MILITARY VETERANS AND THEIR SURVIVORS

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 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
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) <input checked="" type="checkbox"/>	32	82,530

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
RONALD BOYKINS COMMANDER	5 00	0		
CALDON OWENS ADJUTANT	5 00	0		
BARB SCHWERMEN TREASURER	5 00	0		
RYAN KIMBLE SR VICE COMM	5 00	0		
GERALD RICHARDSON JR VICE COMM	5 00	0		
GERALD RICHARDSON LEGISLATIVE	000 00	0		
ERIC OWENS SERVICE OFFI	5 00	0		
DAVID BRADER TRUSTEE	000 00	0		
RYAN KIMBLE MEMBERSHIP C	000 00	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

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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 No

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
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

Table with 5 columns: (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 "

Table with 3 columns: (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: ***** Date: 2019-01-24
RONALD BOYKINS COMMANDER
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: TERRY N CUMMINS Preparer's signature Date: 2019-01-24 Check self-employed PTIN: P01320544
Firm's name: CUMMINS COFFMAN & SCHMIDTLEIN CPA'S PA Firm's EIN: 48-0910030
Firm's address: 3706 SW TOPEKA BLVD STE 302 TOPEKA, KS 666091239 Phone no: (785) 267-2030

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

Additional Data

Software ID:

Software Version:

EIN: 48-6107701

Name: DISABLED AMERICAN VETERANS
4 WICHITA

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
<p>28 THE ORGANIZATION FUNDS VARIOUS PROGRAMS UNDER AUSPICES OF THE VETERANS ADMINISTRATION FOR DISABLED MILITARY VETERANS AND THEIR SURVIVORS (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	82,530

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
DISABLED AMERICAN VETERANS
4 WICHITA**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.

OMB No 1545-0047

2017**Open to Public Inspection**

Employer identification number

48-6107701

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES CHAPTER EXPENSES 31,473 TOTAL 31,473

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	NOTE RECEIVABLE 7,500 7,500 NOTE RECEIVABLE THRIFT STORE 12,423 12,424 TOTAL 19,923 19,924

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	THE ORGANIZATION FUNDS VARIOUS PROGRAMS UNDER AUSPICES OF THE VETERANS ADMINISTRATION OF DISABLED MILITARY VETERANS AND THEIR SURVIVORS