

990-EZ

Department of the Treasury

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)

OMB No. 1545-1150 20**1.7**

▶ Do not enter social security numbers on this form as it may be made public. (

Open to Public

Inspection

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information Internal Revenue Service A For the 2017 calendar year, or tax year beginning July 1 2017, and ending June 30 20 18 C Name of organization D Employer identification number B Check if applicable Address change 84-6050617 Disabled American Veterans, Dunger-Smith, Chapter #44 Room/surte Name change Number and street (or P O. box, if mail is not delivered to street address) E Telephone number Initial return PO Box 751 (970) 560-2793 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Application pending G Accounting Method: ✓ Cash Accrual Other (specify) H Check ▶ ☑ if the organization is not Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). □527 J Tax-exempt status (check only one) —

501(c)(3) 501(c) (4)

(insert no.) 4947(a)(1) or 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I **7** 1 Contributions, gifts, grants, and similar amounts received 98,279 2 2 Program service revenue including government fees and contracts 0 3 Membership dues and assessments . . . 3 641 4 4 Investment income 7 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a 2,757 Gross income from fundraising events (not including \$ 20,257 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 23.014 Less: direct expenses from gaming and fundraising events . . . 6c 8,002 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 15,012 7<u>a</u> Gross sales of inventory, less returns and allowances 7a 0 Less: cost of goods sold 7b Λ Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 0 8 8 Other revenue (describe in Schedule O) 112 9 114<u>,051</u> 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 10 Grants and similar amounts paid (list in Schedule O) 74,109 Benefits paid to or for members 11 11 1.973 Salaries, other compensation, and employee benefits . 12 12 0 Professional fees and other payments to independent contractors 13 13 0 14 14 Occupancy, rent, utilities, and maintenance . . . 32,823 15 15 Printing, publications, postage, and shipping. 235 16 Other expenses (describe in Schedule O) . . 16 2,092 Total expenses. Add lines 10 through 16 . 17 17 111,232 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 2,819 Assets 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 30,334 Zet ' 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 24,088 21 Net assets or fund balances at end of year. Combine lines 18 through 20 57,251

For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990-EZ** (2017)

Cat. No. 10642I

Pa	rt II	Balance Sheets (see the instructions f					
` .		Check if the organization used Schedule	O to respond to a	ny question in this			<u> </u>
					(A) Beginning of year		(B) End of year
22		n, savings, and investments			30,334		33,153
23		and buildings				23	129,000
24		er assets (describe in Schedule O)		· · · · ·		24	455.450
25		al assets		· · · · · · <u> </u>	30,334	25 26	162,153
26		Il liabilities (describe in Schedule O) assets or fund balances (line 27 of column	/D) must saree with		30,334		104,912
27 Date	illi i	Statement of Program Service Accom			30,334 Part III)	21	57,241
ı aı		Check if the organization used Schedule					Expenses
Wha	t is the	organization's primary exempt purpose?	<u> </u>	., 4000			equired for section
Desc	ribe th	e organization's program service accomplis	shments for each o	f its three largest p	rogram services,	org	I(c)(3) and 501(c)(4) anizations, optional for
as m	ons bor	ed by expenses. In a clear and concise monofited, and other relevant information for ca	ch program title.			oth	ers.)
28		ng Assistance - We provide temporary lodging		is and assist with re	nt/utilities to		
	ensure	veterans stay in their homes. Persons served	l: 77				
	(Grant	s\$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	28	a 36,917
29		n Transportation & Accommodation Assistanc	e - We provide trans	ortation for veteran	s who cannot		
		/A appointments without assistance. For veter					}
	unavai	lability or special needs, we pay for fuel/lodgin			<u></u> -		
	(Grant		includes foreign gra			29	a 6,660
30		ssistance - We assist veterans who do not hav	e the funds to buy g	roceries by providing	food vouchers		
	from a	local grocery store. Persons served: 168					
		A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	in the day for the same			20	
24	(Grant	program services (describe in Schedule O)	includes foreign gra		· · · · <u> </u>	30	a 5,909
31	(Grant		includes foreign gra			31:	a 24,624
32		program service expenses (add lines 28a t				32	
Par		List of Officers, Directors, Trustees, and Key					7 17 1 10
		Check if the organization used Schedule				•	🗀
		<u></u>	(b) Average	(c) Reportable	(d) Health benefits,	٦.	
		(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)			other compensation
Darla	Sande	rs				\top	
	mander		32	c		0	0
Robe	rt Sand	lers					
Sr Vi	ce Com	mander	28	0		이	0
Nanc	y Nellig	an					
		mander	12	0		0	0
Eljay	Rogers	<u> </u>				ļ	
Adju			32	0	9	<u>익</u>	0
	Wilson						•
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Part				_
`	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		<u> </u>
	Did the appropriate and a province of a province of the provin		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		1
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		1
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		<u> </u>
С	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 ▶ 37a 0	 		
þ	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			اا
	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			
39	Section 501(c)(7) organizations. Enter	l		1 1
a	Initiation fees and capital contributions included on line 9	1		
b 40=	Gross receipts, included on line 9, for public use of club facilities	1		
40a	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			,
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		1
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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			. 1
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	40e		<u> </u>
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Darla Sanders Telephone no. ▶			
_	Located at ► 432 N. Broadway, Cortez CO ZIP + 4 ►	813		
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)?	42b	Yes	No.
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	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		✓
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	• •	. 1	► ⊔ 0
44-	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
44a	completed instead of Form 990-EZ	44a		<u> </u>
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	_	1
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 F7 (one instructions)	454		
	Form 990-EZ (see instructions)	45b		✓

Form 99	90-EZ (2	017)						F	Page 4	
.46		he organization engage, directly or incondidates for public office? If "Yes," or						Yes	No	
Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	only s must answer que	estions 47–49b a	nd 52, an	d complete th	··········	for lin	es	
47		he organization engage in lobbying a				_		Yes	No	
48 49a b 50	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
	· ·	oyees) who each received more than Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	(d) i contribu	Health benefits, utions to employee plans, and deferred ompensation	(e) Estima	ed amo	unt of	
None								·		
f 51	Com	number of other employees paid ove plete this table for the organization's ,000 of compensation from the organ	s five highest compo	ensated independent	ent contra	ctors who each	received	l more	than	
	(a)	Name and business address of each independe	ent contractor	(b) Type of service		(c)	(c) Compensation			
None										
				-						
										
				-						
d	Total	number of other independent contract	ctors each receiving	over \$100,000 .	. ▶					
52	Did 1	the organization complete Schedul pleted Schedule A	_	ection 501(c)(3) o	rganızatıor	ns must attach	n a . ⊳∐ Ye	s 🗆 I	No	
		of penjury, I declare that I have examined this red complete. Declaration of preparer (other than					nowledge an	d belief,	rt is	
Sign Here		Signature of office Date Darla D. Sanders, Commander								
Paid		Type or print name and title Print/Type preparer's name	Preparer's signature		Date	Check Self-emplo				
Prep Use		Firm's name ► Firm's address ►				Firm's EIN ► Phone no.				
May th	ne IRS	discuss this return with the preparer	shown above? See	instructions			Ye:	s 🗌 t	Vo_	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

Employer Identification number Disabled American Veterans, Dunger-Smith Chapter #44 84-6050617 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I 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. Mail solicitations e Solicitation of non-government grants а ☐ Internet and email solicitations ☐ Solicitation of government grants h ☐ Phone solicitations Special fundraising events In-person solicitations d 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 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 (iii) Did fundraiser have (vi) Amount paid to (or retained by) (or retained by) fundraiser listed in (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts custody or control of contributions? (ii) Activity from activity organization col. (i) Yes No 1 2 3 5 6 8 9 10 Total 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.

Pa	art II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions			
			(a) Event #1 Business Directory (event type)	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	10773			10773
œ.	2	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				· · · · · · · · · · · · · · · · · · ·
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages		<u> </u>		
Direct	8	Entertainment				
	9	Other direct expenses .	6430			6430
Pa	10 11 rt III	Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9	act line 10 from line 3, c e organization answei	olumn (d)		6430 4343 reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
- Re	1	Gross revenue				
ses	2	Cash prizes				, , , , , , , , , , , , , , , , , , ,
Expenses	3	Noncash prizes				
Direct 6	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		
9	a ls: b lf "	Net gaming income summare the state(s) in which the or the organization licensed to co "No," explain:	ganization conducts ga onduct gaming activities	ming activities: s in each of these state	s?	Yes No
10		"Voc " ovelsie:	-			

b An outside facility	schedu	dule, G (Form 990 or 990-EZ) 2017	P	age 3
13a		Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
a The organization's facility	13			
b An outside facility				%
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?				%
Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Enter the name and address of the person who prepares the organization's gaming/special events books and		
Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name ▶		
revenue?		Address▶		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	15a		Yes □	No
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?	b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the	.00	
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?	С			
Gaming manager unformation: Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		Name ►		
Saming manager compensation ► \$ Description of services provided ► Director/officer		Address►		
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?	16	Gaming manager information:		
Director/officer		Name▶		
Director/officer		Gaming manager compensation ▶ \$		
 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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. 		Description of services provided ▶		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		☐ Director/officer ☐ Employee ☐ Independent contractor		
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.		Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes □	No
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	b			
	Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	(v); and tion.	