Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Department of the Treasury

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.

Open to Public

Inter	nal F	lever	nue Service	► Information about Form 990 and its instructions is at www.irs.gov	//form990.	700	Inspection		
<u></u>	For	the	2016 cale	ndar year, or tax year beginning ${ m JULY} \hspace{0.1in} 01$, 2016, and end	ing JUNE	30	, 2017		
В	hęc	k ıf à	pplicable	C Name of organization DISABLED AMERICAN VETERANS	D Emplo	yer ide	ntification number		
X A	ddr	ess c	hange	Doing business as	88-01	-			
\prod_{N}	lame	cha	nge	Number and street (or P.O. box if mail is not delivered to street address) Room/suite					
H	ntial	retu	rn	2775 MEADOW PARK AVENUE	(702)		-1185		
ΗF	inal	retur		City or town, state or province, country, and ZIP or foreign postal code					
ш		nated		HENDERSON NV 89052	G Gross receip		316,967		
\Box			return		a group return		П П		
Н				1	subordinates				
ш_									
			mpt status		No," attach a li		structions)		
			: ► N/A		exemption nu				
_	_	_		Corporation Trust Association Other L Year of formation	1982	M State	e of legal domicile NV		
1	art	_	Summ				<u> </u>		
		1	-	cribe the organization's mission or most significant activities					
စ္ပ	<u> </u>	<u>ISS</u>	SIST A	ND SUPPORT DISABLED VETERANS					
Activities & Governance	_								
ern	L								
Š		2	Check this	s box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 2	5% of its ne	t assets.			
<u>س</u>		3	Number of	f voting members of the governing body (Part VI, line 1a) \cdots .		3	6		
S		4	Number of	f independent voting members of the governing body (Part VI, line 1b)		4	6		
ŧ		5	Total num	ber of individuals employed in calendar year 2016 (Part V, line 2a)		5	3		
Ċ		6	Total num	ber of volunteers (estimate if necessary)		6	20		
. ⋖		7a	Total unre	lated business revenue from Part VIII, column (C), line 12		7a	<u> </u>		
		b		ated business taxable income from Form 990-T, line 34		7b	0		
					Prior Year		Current Year		
٠ ـ		8	Contribution	one and grants (Part VIII line 1h)	131,	468	297,398		
Revenue		9	Program s	service revenue (Part VIII line 2g)		<u></u>	2,311		
ž Š		10	Investmen	nt income (Part VIII, column (A), lines 3, 4, and 7d) FEB 1 2 2018		175	5,443		
ຸ ຂັ			Other rove	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25	,910	11,815		
S. Revenue	- 1	11		· · · · · · · · · · · · · · · · · · ·		, 553	316,967		
₹	-+	12		nue add lines 8 through 11 (must equal Part V(1) (a) (n) (-1/2)	133,				
3	- 1	13		d similar amounts paid (Part IX, column (A), lines 1-3)		, 10 /	120,404		
Ş	- 1	14	•	aid to or for members (Part IX, column (A), line 4)	·		F.C. 0.F.4		
x		15		other compensation, employee benefits (Part IX, column (A), lines 5-10)		175	56,054		
Expenses				nal fundraising fees (Part IX, column (A), line 11e)		175	····		
ă	-			raising expenses (Part IX, column (D), line 25)					
ш	' {	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)		,222	46,037		
		18	Total expe	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		,504	222,495		
		19	Revenue I	less expenses. Subtract line 18 from line 12	-12,	,951	94,472		
\$. w			Begin	ning of Curren	t Year	End of Year		
Ssets und	5	20	Total asse	ets (Part X, line 16)	186,	,058	280,530		
ΑŒ	<u>a</u>	21	Total liabil	lities (Part X, line 26)					
20	, <u>œ</u>	22	Net assets	s or fund balances. Subtract line 21 from line 20	186,	,058	280,530		
Pa	irt	П	Signa	ture Block					
Und	er ne	enalti		, I declare that I have examined this return, including accompanying schedules and statements, and t	o the best of n	ny knowle	dge and helief it is true		
				claration of preparer (other than officer) is based on all information of which preparer has any knowle		.,	-3, 10.0 11.00,		
Sig	ın		Sign	nature of officer			Date 7 / 1		
He			_	CHARD WALKER PULL ADJUTANT		7	To the 18		
116				e or print name and title			12010		
						\neg			
Pai	id		1	/Type preparer's name / preparer's signature / Date	Check		PTIN		
Pre		ara:					P00672483		
Us	-			s name ► HRB TAX GROUP INC		<u>► 431</u>	871840		
US	- (J111	• <u> • • • • • • • • • • • • • • • • • •</u>	's address ▶ 2300 S JONES BLVD	Phone no.				
				VEGAS NV 89146 '	<u>702838</u>	1040			
_		_		his return with the preparer shown above? (see instructions)	··	. /.	X Yes No		
For	Pa	perv	vork Redu	ction Act Notice, see the separate instructions.	, \	$\mathbf{\Lambda}$	Form 990 (2016)		

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Form	990 (2016) DISABLED AMERICAN VETERANS 88-0191079	Page 2
Par	• • • • • • • • • • • • • • • • • • • •	
_	Check if Schedule O contains a response or note to any line in this Part III	<u>. X</u>
1	Briefly describe the organization's mission	
	ASSIST AND SUPPORT DISABLED VETERANS	
	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	⊠ No
	If "Yes," describe these new services on Schedule O.	M 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
J	services?	⊠ No
	If "Yes," describe these changes on Schedule O.	M 140
4		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$including grants of \$) (Revenue \$)
	SEE ATTACHMENT #2	
4b	(Code) (Expenses \$including grants of \$) (Revenue \$	
		 _
		
40	(Code) (Expenses \$ including grants of \$) (Revenue \$	
70	/ (Lovelines) (Lovelines) / (Nevenues	—— '
		
		
		
Δd	Other program services (Describe in Schedule O.)	
4u	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses	
-10	F G	



Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
_	candidates for public office? If "Yes," complete Schedule C, Part I	_3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_ [17
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_	5.7	
_	assessments, or similar amounts as defined in Revenue Procedure 98–19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		1	37
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	İ	37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	ا م		37
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	Ī	-	
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			37
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10	ļ	v
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			<u>X</u>
11			į	
_	VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule		ĺ	
а		440	ŀ	v
_	D, Part VI	11a	-	_X_
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	}	Х
_	Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total	-115		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	1	Χ
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	l	Χ
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Χ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		-	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, investment, and program service activities outside the United States, or aggregate foreign investments	Ì	Ì	
	valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance		Ţ	
	to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			
	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Х
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals			
	on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	Χ	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	ĺ	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \dots \mathbb{N}/\mathbb{A}	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess			
	benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year.			
_	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes,"			
	complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former	200		- 21
	officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes" complete	26		Х
27	Schedule L, Part II	1		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of			
	any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			- 21
_	Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			
•	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			- 21
	Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 ` 		
	Schedule N, Part II	32	}	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701–2 and 301.7701–3? If "Yes," complete Schedule R, Part I	33	}	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		+	
•	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34	}	Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			- 21
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		+	
	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	 ~~		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	 		
	Note. All Form 990 filers are required to complete Schedule O	38		Х

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. П
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable)[1	 ```
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> </u>		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1	ľ	
	gaming (gambling) winnings to prize winners?	10	ļ	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		†	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	3		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	\vdash
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O N/A	3b	†	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	 -	\vdash	_
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
þ	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886–T?	5c	t	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization		t	
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or		\vdash	
	gifts were not tax deductible? N./A	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			Ì
	and services provided to the payor?	7a		Х
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided? \dots \mathbb{N}/\mathbb{A}	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Χ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Χ
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Χ
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · 10a			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) 11b			
128	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b 0			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		Χ
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
¢	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O \mathbb{N}/\mathbb{A}	14b		

Pan	, , , , , , , , , , , , , , , , , , , ,			,
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See inst Check if Schedule O contains a response or note to any line in this Part VI.	ruction	is.	
Secti	on A. Governing Body and Management	·	<u> </u>	
	· ·		Yes	No
1a	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar		103	140
b	committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	4		
-	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-	 	 ^
-	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	 	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	\vdash	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		<u> </u>	1
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,			† <u> </u>
	or persons other than the governing body?	7b	l	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a		X
þ	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			т
40-			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A . Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	17	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	Χ	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 · · · · .	12-	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12a		 -
_	rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	<u> </u>	X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		1	
	its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			`
	the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NV			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of	nly)		
	available for public inspection. Indicate how you made these available. Check all that apply			
40	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records SEE ATTACHMENT #3			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

· Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	I I Position I I								(F)	
Name and Title	Average hours per week		(do not box, un officer	check less pe and a di	more th	both an	-	Reportable compensation	Reportable compensation	Estimated amount of
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
WILLIAM DOLAN	20.00	X		×				0	0	Ō
COMMANDER REDELL SAMUEL SENIOR VICE COMMAN	20.00	x		×				0	0	0
TERRY JANKE 1ST JR VICE COMMAN REGGIE KNIGHT	20.00	×		x				0	0	0
2ND JURNIOR VICE COMMANDER	20.00	×		x				0	0	0
RICHARD WALKER ADJUTANT	20.00	×		×				0	0	0
CLES SAUNDERS TREASURER	20.00	×		×				0	0	0
JEROME WASHINGTON CHAPLAIN	20.00			X				0	0	0
RAMIRO PAROCUA JUNIOR PDC	20.00			X				0	0	0
JOSE BURROLA SERVICE	30.00					X		26,104	0	0

Form **990** (2016)

Part	VI Section A. Officers	, Directors	s, Trust	ees, K	ey En	ploye	es, and	Highe	est Compensated E	mployees (continue	<u>(d)</u>			
		(C) Position									(F) Estimated			
	· (A)	(B)	i	(de not	check	more ti	han one both an		(D)	(E)				
	Name and title	Average hours per	<u> </u>	officer	and a d	lirector	/trustee)		Reportable compensation	Reportable compensation	1	ount o	ot	
•	•	week (list any hours	or di	nsti	Officer	Key	High	Former	from	from related		ensa	tion	
		for related	/idua	tu to	Cer C	Key employee	nest	ner	the	organizations	1	m the		
		organiza~ tions	of the	nal	İ	loye	e com		organization	(W-2/1099-MISC)	orga	nızatı	on	
		below	Individual trustee or director	Institutional trustee		i ii	pen		(W~2/1099-MISC)		and	relate	èd	
		dotted line)		69	ļ	ļ	Highest compensated employee				orga	nızatıc	ns 	
									}					
		}					}	}						
			ĺ				1							
			İ			1		<u>.</u>						
											i			
							1		 					
1b	Sub-total		•		-l <u></u>				26,104					
C	Total from continuation sh		art VII,	Sectio	n A		•	•	06.104	ļ	<u> </u>		_	
d_	Total (add lines 1b and 1c							<u> </u>	26,104		<u> </u>			
2	Total number of individuals from the organization ▶	(including	but not	limited	to tho	se list	ed above	e) wno	received more than	\$100,000 of reportat	ole comp	ensati	on	
	wow and organization											Yes	No	
3	Did the organization list any							yee, c	or highest compensat	ed employee			,,	
4	on line 1a? If "Yes," completer for any individual listed on 1						pensation	· and o	· · · · · · · · · · · · · · · · · · ·	rom the	3	_	X	
•	organization and related org	-									4		X	
5	Did any person listed on line													
	services rendered to the org	anization?	If "Yes	" com	olete S	Schedu	ule J for s	such p	erson	<u> </u>	5		X	
Section	n B. Independent Contracto													
1	Complete this table for your													
	compensation from the orga		Report c	omper	sation	for th	e calend	ar yea		in the organization's				
	Name an	(A) d business	addros	c					(B) Description of s	anuces	(Compe	C) Doatio	n	
	Name an	u business	addres					-	Description of s	ervices	Compe	risalio		
								-						
	Total number of independen	nt oont-set	ore /		hut	t limit	ad to the	L Lote	ad abovo) who reserve	and more than				
2	Total number of independe \$100,000 of compensation to					r 11111100	50 IQ [NO	oe iiste	ou above) who receiv	eu moie man				
FDA		orm Softwa	-			7 HRB	Tax Group	Inc			Form	990 (2016	

	Statement of Revenue Check if Schedule O contains a response or note to any line in this	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	Federated campaigns 16,275		revenue	tevenue	312-314
1a b c d e f	Membership dues	,		Ì	
D	Fundraising events 1c	,			
4	Related organizations				
e	Government grants (contributions)	1			
f	All other contributions, gifts, grants, & 193,956		· ·	_	
	similar amounts not included above 11	1	ì	1	
g	Noncash contributions included in lines 1a-1f \$	297,398			
i h	Total. Add lines 1a-1f Business Code	2,311	2,31	. 1	
	FORGET ME NOT DRIVE	2,31		 	
28	FORGET ME NOT BITE		 	-	
ol E			 	_	
<u> </u>		+			
۱ ا			+		
- '	All other program service revenue	2,31	1		
1	T-t-1 Add lines 23-21				
- 3	Investment income (including dividends, interest, and	▶ \ 22	.8 2	28	
	total	•			
1 4		>			
) 5	Royalties (ii) Real (ii) Personal				
1	(i) rieu		1	1	
- 1	6a Gross rents				,
	b Less rental expenses		· ·		
	c Rental income or (loss)	<u> </u>			
1	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory 5,	215			
1	b Less cost or other basis			1	
1	l i	215		_}	
1	c Gain or (loss)	5,	215 5	,215	
1	A Net gain or (loss)				Ì
ļ	8a Gross income from fundraising events	1		·	İ
او	(not including \$				
eu	of contributions reported on line 1c).				1
Other Revenue	See Part IV, line 18 a				Ì
er F	b Less direct expenses b c Net income or (loss) from fundraising events	. •			
g	9a Gross income from gaming activities. See	\			
-	Doet IV line 19		1	\	į .
	h Loca direct expenses				
	c Net income or (loss) from gaming activities	·• •			
	Gross sales of inventory, less	1			
	returns and allowances				1
	h Loss cost of goods sold · · · · · · · · · · · · · · · · · · ·	•			
	c Net income or (loss) from sales of inventory	Code		015	-
	Miscellaneous Revenue	1	1,815	11,815	
	118 CONVENTION AD SALES				
	b				
	d All other revenue				
	l and the representation of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	•	1,815	19,569	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . 2 Grants and other assistance to domestic 120,404 120,404 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ... Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 42.328 42,328 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) ... 9 Other employee benefits 13,726 13,726 10 Payroll taxes 11 Fees for services (non-employees) Management а b Legal . . c Accounting d Lobbying . Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion . 2.061 13 Office expenses Information technology . 14 Royalties 15 16 Occupancy 17 Travel ... Payments of travel or entertainment expenses for any 18 federal, state, or local public officials 38,089 38,089 19 Conferences, conventions, and meetings 20 Interest . . . 21 Payments to affiliates . 22 Depreciation, depletion, and amortization 822 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 3,938 3,938 SERVICE OFFICER EXPENSES а 1,069 1,069 **AWARDS** b C d All other expenses Total functional expenses. Add lines 1 through 24e 222,495 182,287 40,208 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ If following SOP 98-2 (ASC 958-720)

Pai	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X .	(4)	···	·····
		`	(A) Beginning of year		(B) End of year
	r u	Cash non-interest-bearing	158,996	1	114,526
	Y		27,062	2	166,004
	2	Savings and temporary cash investments	2 7 0 02	3	100,001
	3	Pledges and grants receivable, net		4	
	4	Accounts receivable, net		-	
	5	!			
		trustees, key employees, and highest compensated employees.		5	
		Complete Part II of Schedule L			
	6	i e			
		4958 (f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
s		sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary		6	
Assets	۱.,	organizations (see instructions). Complete Part II of Schedule L		7	
As	7	Notes and loans receivable, net		8	
	8	Inventories for sale or use		9	
	9	Prepaid expenses and deferred charges		9	
	iua	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a			
			İ	10c	
	-			11	
	11			12	
	12	Investments other securities. See Part IV, line 11 Investments program-related. See Part IV, line 11		13	
	13	· ·		14	
	14	Intangible assets		15	
	15	Total assets. Add lines 1 through 15 (must equal line 34)	186,058		280,530
	16	Accounts payable and accrued expenses		17	300,000
	17	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
G	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
apij		disqualified persons. Complete Part II of Schedule L	•	22	
Ĩ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🂢 and			
S		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	186,058	27	280,530
3ag	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
þ		complete lines 30 through 34.		1	
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ē	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	186,058		280,530
	34	Total liabilities and net assets/fund balances	186,058	34	280,530

_	-4	1
Page	- 1	Z

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DISABLED AMERICAN VETERANS 88-0191079

Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		31	6,967
2	Total expenses (must equal Part IX, column (A), line 25)		22	2,495
3	Rèvenue less expenses. Subtract line 2 from line 1		9	4,472
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		18	6,058
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	•		
	column (B))		28	0,530
Par	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Ye	s No
1	Accounting method used to prepare the Form 990 🛛 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .	2	a	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			•
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2	b	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			,
	Separate basis Consolidated basis Both consolidated and separate basis	1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	N./A 2	c c	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3	a	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	N/A 3	b	
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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B • Section 527 organizations Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III. **Employer identification number** Name of organization DISABLED AMERICAN VETERANS 88-0191079 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) Volunteer hours for political campaign activities (see instructions) Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 . 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ... If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (c) EIN (d) Amount paid from (a) Name (b) Address (e) Amount of political filing organization's contributions received and funds If none, promptly and directly enter -0delivered to a separate political organization If none, enter -0-. (1) (2)(3)(4) (5)

(6)

Page 3

(election under section 501(h)). For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or	(a)	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or		(b)
legislation, including any attempt to influence public opinion on a legislative matter or	s No	Amount
legislation, including any attempt to influence public opinion on a legislative matter or		
i		
referendum, through the use of		
a Volunteers?		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		
c Media advertisements?		
d Mailings to members, legislators, or the public?		
e Publications, or published or broadcast statements?		
f Grants to other organizations for lobbying purposes?		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
i Other activities?		
j Total. Add lines 1c through 1i		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		
b If "Yes," enter the amount of any tax incurred under section 4912	1	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		
Part III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5), or section
501(c)(6).		Yes No
4 West of betate the all (00%) as march duce recovered pendeductible by members?		. 1 X
Were substantially all (90% or more) dues received nondeductible by members?		2 X
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the prior of the pr		3 X
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	NO,	On (b) rait iii-A,
line 3, is answered "Yes."	1	
1 Dues, assessments and similar amounts from members	1	16,27
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political 	1	
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 		16,27
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	2a	16,27
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	2a . 2b	16,27
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	2a . 2b . 2c	16,27
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2a . 2b	16,27
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess 	2a . 2b . 2c	16,27
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political 	2a 2b 2c 3	16,27
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess 	2a . 2b . 2c	16,27

FDA

Schedule I (Form 990) (2016) OMB No 1545-0047 **≗** □ (h) Purpose of grant Open to Public **Employer identification number** or assistance 2016 Inspection ⊠ Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, 88-0191079 (g) Description of noncash assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (book, FMV, appraisal, (f) Method of valuation Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. other) Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Part IV, line 21, for any recipient that received more than \$5,000 Part il can be duplicated if additional space is needed. (e) Amount of assistance non-cash : Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) Form Software Copyright 1996 - 2017 HRB Tax Group, Inc General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (**p**) EIN DISABLED AMERICAN VETERANS 1 (a) Name and address of organization BWF 990 or government Name of the organization Department of the Treasury Internal Revenue Service 16 99011 SCHEDULE (Form 990) Part I Part

Schedule I (Form 990) (2016)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

		source and a mineral				
(a) Typ	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
TRANSPORTATION	TATION	2,000				RIDES FOR MEDICAL SERVI
		-				
Part IV		tion. Provide the inf	ormation required in Pa	art I, line 2, Part III, columi	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	lation.

Schedule I (Form 990) (2016)

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.

▶ 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 2016

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

DISABLED AMERICAN VETERANS

88-0191079

PART IV LINE 2 VA MEDICAL CENTER DONATION \$1000, VAVS PROGRAMS \$589, NATIONAL TRANSPORTATION VAN GRANT PROGRAM \$117315, NATIONAL SERVICE FOUNDATION DONATION \$1500 -

PART III OPERATES 25 VEHICLES PROVIDING DISABLED AMERICAN VETERANS WITH TRANSPORTION TO MEDICAL SERVICES -

PART VI LINE 11A FORM 990 IS REVIEWED AT THE BOARD OF DIRECTORS MEETING PRIOR TO SUBMISSION. -

PART IV LINE 12C THE BOARD OF DIRECTORS REVIEWS ANY CONFLICT OF INTEREST STATEMENTS ANNUALLY AND EVALUATES THEM AGAINST THE CONFLICT OF INTEREST POLICY.

PART IV LINE 19C MINUTES OF THE BOARD OF DIRECTORS MEETINGS AND FINANCIAL STATEMENTS ARE AVAILABLE BY REQUEST TO ANY BOARD MEMBER. -