

# Return of Organization Exempt From Income Tax

**2004**

**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury  
Internal Revenue Service

**A** For the 2004 calendar year, or tax year beginning **July 1, 2004**, and ending **June 30, 2005**

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

Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>Disabled American Veterans Auxiliary</b>		<b>E</b> Employer identification number <b>23 7337059</b>
	<b>Titusville Unit #109</b>		<b>F</b> Telephone number <b>(321) 267-1844</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>435 N Singleton Avenue</b>	City or town, state or country, and ZIP + 4 <b>Titusville, Florida 32796</b>	<b>F</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H** and **I** are not applicable to section 527 organizations.
- H(a)** Is this a group return for affiliates?  Yes  No
- H(b)** If "Yes," enter number of affiliates ▶ \_\_\_\_\_
- H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No
- I** Group Exemption Number ▶ \_\_\_\_\_

**G** Website: ▶ \_\_\_\_\_

**J** Organization type (check only one) ▶  501(c) ( **4** ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **185,746**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received:			
		<b>a</b> Direct public support	<b>1a</b>	3,938	
		<b>b</b> Indirect public support	<b>1b</b>		
		<b>c</b> Government contributions (grants)	<b>1c</b>		
		<b>d</b> Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	<b>1d</b>	3,938	
		<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
		<b>3</b> Membership dues and assessments	<b>3</b>		
		<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	259	
		<b>5</b> Dividends and interest from securities	<b>5</b>		
		<b>6a</b> Gross rents	<b>6a</b>		
		<b>b</b> Less: rental expenses	<b>6b</b>		
		<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
	<b>7</b> Other investment income (describe ▶ _____)	<b>7</b>			
	<b>8a</b> Gross amount from sales of assets other than inventory	<b>8a</b>			
	<b>b</b> Less: cost or other basis and sales expenses	<b>8b</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>	202,033		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	183,129		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	18,904		
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	6,417		
	<b>b</b> Less: cost of goods sold	<b>10b</b>	2,617		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>	3,800		
	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			
	<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	26,901		
	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	18,463		
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	1,955		
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>	20,418		
	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	6,483		
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	18,563		
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	25,046		

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>15,290</u> noncash \$ _____)	22 15,290	15,290		
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33 387		387	
34	Telephone	34			
35	Postage and shipping	35 304		304	
36	Occupancy	36			
37	Equipment rental and maintenance	37 600		600	
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40 3,173	3,173		
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize): a	43a			
b	Licenses/Fees	43b 184		184	
c	Mandates	43c 106		106	
d		43d			
e		43e			
44	<b>Total functional expenses</b> (add lines 22 through 43). <b>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</b>	44 20,418	18,463	1,955	

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose? **To assist veterans, their families, and those in the community**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a Donations to individuals, organizations, VA Medical Centers, and community activities (Grants and allocations \$ _____)	15,290
b Conferences, conventions, meetings, and travel expenses at local, state, and national levels for instruction and education on Veterans affairs (Grants and allocations \$ _____)	3,173
c Aid and assistance provided to veterans, their families, and the community both in and out of the hospital through a local unit office. (Grants and allocations \$ _____)	
d (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>18,463</b>

**Part IV Balance Sheets** (See page 25 of the instructions.)

		(A) Beginning of year		(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
<b>Assets</b>	45 Cash—non-interest-bearing	6,075	45	19,784
	46 Savings and temporary cash investments	12,488	46	5,262
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments—land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a		
	b Less: accumulated depreciation (attach schedule)	57b	57c	
	58 Other assets (describe _____ )		58	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	18,563	59	25,046	
<b>Liabilities</b>	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe _____ )		65	
<b>66 Total liabilities</b> (add lines 60 through 65)		66		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	18,563	67	25,046
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	18,563	73	25,046	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	18,563	74	25,046	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Disabled American Veterans Auxiliary Unit #109 - 23-7337059

Form 990 (2004)

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p><b>a</b> Total revenue, gains, and other support per audited financial statements . . . ▶ <b>a</b> n/a</p> <p><b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments . . \$ _____</p> <p>(2) Donated services and use of facilities \$ _____</p> <p>(3) Recoveries of prior year grants . . . \$ _____</p> <p>(4) Other (specify):                      _____                      \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b> _____</p> <p><b>c</b> Line <b>a</b> minus line <b>b</b> . . . . . ▶ <b>c</b> _____</p> <p><b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b>:</p> <p>(1) Investment expenses not included on line 6b, Form 990. . . \$ _____</p> <p>(2) Other (specify):                      _____                      \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ <b>d</b> _____</p> <p><b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b>). . . . . ▶ <b>e</b> _____</p>	<p><b>a</b> Total expenses and losses per audited financial statements . . . ▶ <b>a</b> n/a</p> <p><b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities \$ _____</p> <p>(2) Prior year adjustments reported on line 20, Form 990. . . . \$ _____</p> <p>(3) Losses reported on line 20, Form 990. . . \$ _____</p> <p>(4) Other (specify):                      _____                      \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b> _____</p> <p><b>c</b> Line <b>a</b> minus line <b>b</b> . . . . . ▶ <b>c</b> _____</p> <p><b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b>:</p> <p>(1) Investment expenses not included on line 6b, Form 990 . . \$ _____</p> <p>(2) Other (specify):                      _____                      \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ <b>d</b> _____</p> <p><b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b>). . . . . ▶ <b>e</b> _____</p>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Betty Jo Nichols 3317 1st Ave Mims, FL	Commander -20-	-0-	-0-	-0-
Gayle Flewellin 2291 Christine Drive Titusville, FL	Adjutant -20-	-0-	-0-	-0-
Jane Viet 435 Singleton Ave Titusville, FL	Treasurer -20-	-0-	-0-	-0-

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶  Yes  No  
 If "Yes," attach schedule—see page 28 of the instructions.

Disabled American Veterans Auxiliary Unit #109 - 23-7337059

Form 990 (2004)

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Part VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .	80a	X
b	If "Yes," enter the name of the organization ▶ ..... and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year? . . . . .	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	83b	
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? . . . . .	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X
c	Dues, assessments, and similar amounts from members. . . . .	85c	
d	Section 162(e) lobbying and political expenditures. . . . .	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. . . . .	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e). . . . .	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12. . . . .	86a	
b	Gross receipts, included on line 12, for public use of club facilities . . . . .	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders . . . . .	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		-0-
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶		-0-
90a	List the states with which a copy of this return is filed ▶		n/a
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	-0-
91	The books are in care of ▶ DAV Auxiliary Titusville Unit #198 Telephone no. ▶ (321) 267-1844 Located at ▶ 435 Singleton Ave, Titusville, FL ZIP + 4 ▶ 32796		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here. . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 92		

Disabled American Veterans Auxiliary Unit #109 - 23-7337059

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments					259
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events . . . . .					18,904
102 Gross profit or (loss) from sales of inventory					3,800
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .					22,963
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					22,963

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
95	To defray operating expenses, utilize idle funds
101	To defray operating expenses.
102	To defray operating expenses

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
n/a	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here  
 Signature of officer: *Gayle S. Flewellin* Date: *8-13-05*  
 Type or print name and title: *GAYLE S. FLEWELLIN - COMMANDER*

Paid Preparer's Use Only  
 Preparer's signature: *Deborah Radtke Rausay* Date: *8/6/05* Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: *Kadlec & Company* EIN: *59 3310019*  
*407 Fletcher St Port Charlotte, FL* Phone no.: *(941) 743-5448*

**Disabled American Veterans Auxiliary Titusville Unit #109 - 23-7337059**

**Part II - Statement of Functional Expenses: 2004 - 990**

**22. Grants and Allocations:**

VAVS Program:

Gainesville VAMC	\$500
Bay Pines VAMC	500
Miami VAMC	500
Tampa VAMC	500
Lake City VAMC	500
West Palm Beach	600
Biloxi VAMC	500
	<u>\$3,600</u>

Donations to Service, Relief, & Community Service:

Donations - Individuals	\$882
Childrens Christmas	637
DAV State Department	2489
Flowers / Memorials / Flags	174
Stand Down	4509
Hair Cutters - Breast Cancer Wal	100
American Cancer Society	250
Stop Gap - Feed the Hungry	400
Exchange Club Yellow Umbrella	500
Alzheimer's Association	200
Scholarships	1000
Love Gifts	200
DAVA State Department of Florid	350
	<u>\$15,290</u>