

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

Open to Public Inspection

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning July 1 , 2014, and ending June 30 , 20 15

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

Disabled American Veterans Auxiliary Titusville Unit #109

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

148 Palm Tree Court

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

Melbourne, Florida 32940-7243

D Employer identification number

23-7337059

E Telephone number

321-242-1944

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

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

I Website: ▶

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

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets

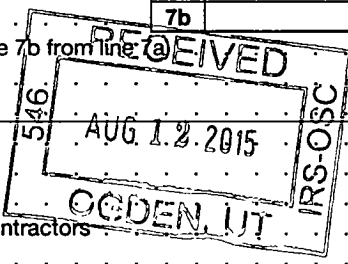
(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ **185402**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21				
Revenue	1	Contributions, gifts, grants, and similar amounts received																												1736			
	2	Program service revenue including government fees and contracts																															
	3	Membership dues and assessments																												228			
	4	Investment income																												5			
	5a	Gross amount from sale of assets other than inventory																															
	b	Less: cost or other basis and sales expenses																															
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																															
	6	Gaming and fundraising events																															
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																															
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																															
c	Less: direct expenses from gaming and fundraising events																																
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																														6752		
7a	Gross sales of inventory, less returns and allowances																															777	
b	Less: cost of goods sold																															829	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																															(52)	
8	Other revenue (describe in Schedule O)																															235	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																														8904		
Expenses	10	Grants and similar amounts paid (list in Schedule O)																														13291	
	11	Benefits paid to or for members																															
	12	Salaries, other compensation, and employee benefits																															
	13	Professional fees and other payments to independent contractors																															
	14	Occupancy, rent, utilities, and maintenance																															120
	15	Printing, publications, postage, and shipping																															836
	16	Other expenses (describe in Schedule O)																															4413
17	Total expenses. Add lines 10 through 16																															18660	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																															(9756)
	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)																															31071
	20	Other changes in net assets or fund balances (explain in Schedule O)																															
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																															21315



SCANNED AUG 31 2015

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
		46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	No
		47	<input type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer	Date
	Irene H Stevens <i>Irene H Stevens</i>	7-30-15

Paid Preparer Use Only	PnnT/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Delores Kadlec-Roussey	<i>Delores Kadlec-Roussey</i>	7/20/2015		
	Firm's name ▶ Kadlec & Company	Firm's EIN ▶	59-3310019	Phone no	941-743-5448

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

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		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		✓
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)		✓
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)?		✓
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		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a <u> </u> -0-		
b	Did the organization file Form 1120-POL for this year?		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b <u> </u>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a <u> </u>		
b	Gross receipts, included on line 9, for public use of club facilities 39b <u> </u>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u> </u> ; section 4912 ▶ <u> </u> ; section 4955 ▶ <u> </u>		
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		✓
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 ▶ <u> </u> -0-		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u> </u> -0-		
e	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		✓
41	List the states with which a copy of this return is filed ▶ <u>Florida</u>		
42a	The organization's books are in care of ▶ <u>Irene H. Stevens</u> Telephone no. ▶ <u>321-242-1944</u> Located at ▶ <u>148 Palm Tree Court Melbourne, FL</u> ZIP + 4 ▶ <u>32940-7243</u>		
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)? If "Yes," enter the name of the foreign country: ▶ <u> </u> See the instructions for exceptions and filing requirements for Financial Accounts (FBAR).	Yes	No
c	At any time during the calendar year, did the organization maintain a financial account in a foreign country? If "Yes," enter the name of the foreign country: ▶ <u> </u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ and enter the amount of tax-exempt interest received or accrued during the year: <u> </u>		
44a	Did the organization maintain any donor advised funds completed instead of Form 990-EZ		
b	Did the organization operate one or more hospital facilities completed instead of Form 990-EZ		
c	Did the organization receive any payments for indoor tanning services		
d	If "Yes" to line 44c, has the organization filed a Form 7216 explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule S		
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 S		

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11 Net income summary. Subtract line 10 from line 3, column (d) ▶					

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue	178937		
Direct Expenses	2 Cash prizes	141141			141141
	3 Noncash prizes				
	4 Rent/facility costs	24698			24698
	5 Other direct expenses	9631			9631
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				175470	
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				3467	

- 9** Enter the state(s) in which the organization conducts gaming activities: Florida
- a** Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b** If "No," explain: _____
- 10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
- b** If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	100 %
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ Irene H. Stevens

Address ▶ 148 Palm Tree Court Melbourne, FL 32940

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

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? Yes No

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 (see instructions).

Organization is licenced by State of Florida - Brevard County to conduct weekly bingo activities.

The organization uses ONLY DAV Auxiliary members to conduct the weekly bingo activities. The Auxiliary has a bingo chairman with the officers providing weekly oversight to comply with county and state regulations.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

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

2014

**Open to Public
Inspection**

Name of the organization

Disabled American Veterans Auxiliary Titusville Unit #109

Employer identification number

23-7337059

Part 1 - Revenue, Expenses, and Changes in Net Assets or Fund Balances

#8 Other revenue - Total \$235 - Refunds - \$165; State DAVA Awards - \$45; National DAVA Awards - \$25

#10 Grants and similar amounts paid - Total \$13291

Donations to Service, Relief & Community Service:

American Legion - Veterans Day Partnership - \$150; Camp Courageous - \$50; Children's Christmas - \$200; Christmas for Shut-Ins - \$83;

DAVA State Department of Florida - 3 65 Campaign - \$2000; DAVA State Department - \$703; DAV State Department of Florida - \$590;

DAV Chapter Titusville #109 StandDown - \$4877, DAV Chapter Titusville #109 - Building Repairs - \$500; Donations to Needy Veterans - \$1147;

Flowers/Love Gifts/Memorials/Flags - \$205; DAVA Titusville Junior Program - \$130; DAVA #109 Membership Drive - \$38;

Nursing Home Program - \$168; Oak Park Elementary - \$100; Relay for Life - \$200; Scholarships - \$750; Trinity Lutheran Church - \$100;

Thanksgiving Bankets - Needy Veterans - \$550; Lake City VA Hospital - \$200; Orlando VA Hospital

#16 Other Expenses - Total \$4413 Conventions/Conferences/Meetings/Travel - \$3781; Dinners/Entertainment - \$571; Corporate Fees - \$61

Part III - Statement of Program Service Accomplishments - Purpose of Organization - To advance the interests & work for the betterment of

all wounded, gassed, injured and disabled veterans, to cooperate with the US Department of Veterans Affairs and all other public and

private agencies devoted to the cause of improving and advancing the condition, health, and interest of all disabled veterans, their families

and those in the community.