

1506

OMB No 1545-1150

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2015

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

599018

A For the 2015 calendar year, or tax year beginning July 1, 2015, and ending June 30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Disabled American Veterans 55 Meeker County</u>		D Employer identification number <u>31-0922550</u>	
	Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>18 OAK ROAD</u>		E Telephone number <u>724-588-8410</u>	
	City or town, state or province, country, and ZIP or foreign postal code <u>Greenville Penna 16125</u>			F Group Exemption Number <u> </u>
	G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ <u> </u>			H Check <input checked="" type="checkbox"/> 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) (79) (insert no) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

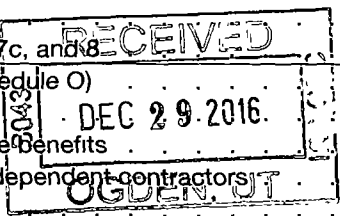
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

04

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	Contributions, gifts, grants, and similar amounts received	1	0-
2	Program service revenue including government fees and contracts	2	0-
3	Membership dues and assessments	3	795.25
4	Investment income	4	8
5a	Gross amount from sale of assets other than inventory	5a	0
5b	Less: cost or other basis and sales expenses	5b	0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Gaming and fundraising events		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
6b	Gross income from fundraising events (not including \$2518.09 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
6c	Less: direct expenses from gaming and fundraising events	6c	0
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
7a	Gross sales of inventory, less returns and allowances	7a	8
7b	Less: cost of goods sold	7b	0
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8	Other revenue (describe in Schedule O)	8	3763.20
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	7076.54
10	Grants and similar amounts paid (list in Schedule O)	10	0
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	126.82
16	Other expenses (describe in Schedule O)	16	297.11
17	Total expenses. Add lines 10 through 16	17	6361.84
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	209.10
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	
20	Other changes in net assets or fund balances (explain in Schedule O)	20	242.00
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	6466.79



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Paperwork Reduction Act Notice, see the separate instructions.

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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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
35c	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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
37b	Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
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?	38a	<input checked="" type="checkbox"/>
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	39a	0
39b	b Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
40b	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<input checked="" type="checkbox"/>
40c	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		0
40d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0
40e	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	40e	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed		NONE
42a	The organization's books are in care of		JAMES E. JOYNT
	Located at		18 OAK RIDGE GREENVILLE PA
	Telephone no.		724-587-8410
	ZIP + 4		16125 8610
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	<input checked="" type="checkbox"/>
42c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:	42c	<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	<input checked="" type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/>
44c	Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	<input checked="" type="checkbox"/>

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 [] [x]

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 [] [x]

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48 [] [x]

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a [] [x]

b If "Yes," was the related organization a section 527 organization?

49b [] [x]

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."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. All rows are crossed out with 'none'.

f Total number of other employees paid over \$100,000 0

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows are crossed out with 'none'.

d Total number of other independent contractors each receiving over \$100,000 0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

Yes No
[] [x]

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 section containing signature of officer (James E. Young), date (Dec 2016), and title (TREASURER).

Paid Preparer Use Only section containing fields for Preparer's name, signature, date, firm's name, EIN, and address.

May the IRS discuss this return with the preparer shown above? See instructions

Yes No
[x] []



SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2015

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

Name of the organization: **Disabled American Veteran #55 Mercer County** Employer identification number: **31 0922550**

Income/donations		
Mercer County Community Foundation	donation	\$ 1000 ⁰⁰
Wheatland Steel Processing	"	200 ⁰⁰
VFW Post 519 Aux	"	325 ⁰⁰
Roscoe ; Dolores	(12x 20 donations	240 ⁰⁰
Appilomen Club	"	250 ⁰⁰
Young, Raymond & family		300 ⁰⁰
Mercer County Veterans Programs	yearly donations	3000 ⁰⁰
Swope, Linda		60 ⁰⁰
Freedom Grange	donation	600 ⁰⁰
Lewis, Beth	"	50 ⁰⁰
Hanquister, Rebecca	"	100 ⁰⁰
Doris @ \$50 Darley @ \$50 Smith @ \$30		130 ⁰⁰
misc change donations in cans		4820
TOTAL		\$ 3763.20

Expenses • Service Programs

DAV. DEPT Penna	DEPT Service Officer Program	\$ 100 ⁰⁰
Buhl Park Trust	use of pavilion for annual picnic	35 ⁰⁰
Veterans picnic	(August for vets & families meat drinks misc	146.79
Ernie Soldier Sailors Home	Ernie Pa	50 ⁰⁰
Veterans Day week Outreach	Mercer County surplus	67.76
Veterans Wheel Chair Games	Jerry Gaylor	50 ⁰⁰
SHARUNG & CARUNG Program	sponsor 2 vets @ Pittsburgh	50 ⁰⁰
Pa. DEPT Pa Trench Rats #617	programs	200 ⁰⁰
VAMC	Hermitage CBoc Michael Mirzazano Clinic	100 ⁰⁰
VAVS	program Ernie VAMC Comfort items	100 ⁰⁰

Jim

Jim

Name of the organization

Disabled American Vets #55 Mercer County Pa

Employer identification number

31 0922550

gift cards assist veterans with expenses

50.00

TOTAL Service

1206.30

Misc expenses not service related

DAV jackets, caps given to volunteer & drivers

648.00

DAV golf shirts for working members for events

70.-

Uniform shirts patches, sewing

180.-

* misc delegate fees registration fees (below)

add book support Chapter 76 Pittsburgh

100 -

meeting expenses with State Commanders Green

145.81

2014-15 misc training exp fees travel etc

100.-

DAV supplies uniform cap (military style with inscriptions)

140 -

Dist 7 dues yrlly & donation \$10 (DAV PA)

85

TOTAL

1468.81

Misc

#20-

delegate fees, registration fees state meetings

misc ice, hot coffee, tea, chips etc for events

TOTAL

242.00

July