



Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning July 1, 2017, and ending June 30, 2018

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: Disabled American Veterans Orange Blossom Gardens Chapter #150. D Employer identification number: 31-1216257. E Telephone number: 352-365-1691. F Group Exemption Number: 4.

G Accounting Method: [X] 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) ( 4 ) (insert no) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [X] 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 . . . . . \$ 62836

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 . . . . . [ ]

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total revenue: 60,484). Rows 10-17: Expenses (Total expenses: 39,757). Rows 18-21: Net Assets (Total: 114,605). Includes a 'RECEIVED' stamp dated SEP 10 2018 from OGDEN, UT.

SCANNED OCT 19 2018

9-7 18

**Part II Balance Sheets** (see the instructions for Part II)  
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	93,878	114,605
23 Land and buildings . . . . .		23
24 Other assets (describe in Schedule O) . . . . .		24
25 Total assets . . . . .	93,878	114,605
26 Total liabilities (describe in Schedule O) . . . . .		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	93,878	114,605

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)  
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Service/support to Disabled Veterans and their families  
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28 Donations to individuals, organizations, VA Medical centers, and community activities . . . . .		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	21,256
29 Aid and assistance provided to veterans, their families, and those in the community both in and out of the hospital through a local chapter service office . . . . .		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	2,298
30 Conferences, conventions, seminars, meetings and travel to keep current, learn new programs, and provide assistance to disabled veterans, their families, and those in the community . . . . .		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	13,205
31 Other program services (describe in Schedule O) . . . . .		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) . . . . .	32	37,095

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)  
 Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Michael P. Summers Commander	20	0	0	0
Robert W. Kobac Sr. Vice Commander	15	0	0	0
Robert J. Norris Jr. Vice Commander	10	0	0	0
Mary A. Barrett Adjutant	10	0	0	0
Larry Steven Grzanich Treasurer	15	0	0	0
David W. Hodgkins 1st Year Trustee	5	0	0	0
Robert E. Worch 2nd Year Trustee	5	0	0	0
Arthur J. Welsh 3rd Year Trustee	5	0	0	0

**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"/>
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		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 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"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<input checked="" type="checkbox"/>
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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	Florida	
42a	The organization's books are in care of	Larry S. Grzanich	Telephone no. 352-365-1691
	Located at	4851 Sawgrass Circle Leesburg, Florida 34748	ZIP + 4 34748-2207
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c	<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 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"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

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		✓

**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		

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

	Yes	No
48		

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

	Yes	No
49a		

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

	Yes	No
49b		

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 . . . ▶ \_\_\_\_\_

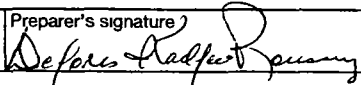
52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  Yes  No

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 <u>09/07/18</u>
Larry Steven Grzanich, DAV #150 Chapter Treasurer Type or print name and title	

**Paid Preparer Use Only**

Print/Type preparer's name <b>Delores Kadlec-Roussey</b>	Preparer's signature 	Date <u>8/28/18</u>	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ <b>Kadlec &amp; Company</b>	Firm's EIN ▶ <b>59-3310019</b>			
Firm's address ▶ <b>407 Fletcher Street Port Charlotte, FL 33954</b>	Phone no. <b>941-743-5448</b>			

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

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization <b>Disabled American Veterans Orange Blossom Gardens Chapter #150</b>	Employer identification number <b>31-1216257</b>
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**Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances**

**Line 10. Grants and similar amounts paid - \$21,592 Andy Marshall Fund - \$2000; Awards/Plaques - \$160; DAVA State Department - \$100;**

**DAVA Unit #150 - \$124; Homeless/Needy Veterans - 6828; Flowers/Flags - \$135; Villages for Veterans - \$3400; DAV State Department - \$637;**

**Just Be Kids - \$5205; Bushnell National Cemetery Transportation - \$621; Youth Outreach Umbrella, Inc. - \$100; Lake Fed. Women - \$150;**

**VA Van Transportation - \$882; VA Medical Centers (Florida) - \$1250**

**Line 16. Other expenses - \$14149 Conventions/Conferences/Seminars/Meetings - \$13205; Corporate Filing Fees - \$61; Advertising - \$49;**

**Shirts - \$154; Dues to National - \$680**