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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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)
 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.

OMB No 1545-1150
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 06-01-2014, and ending 05-31-2015

- 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
 Unit 84
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
 3373 FM 819
 City or town, state or province, country, and ZIP or foreign postal code
 Diboll, TX 75941

D Employer identification number
 23-7331078
E Telephone number
 (936) 633-9740
F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____
I Website: N/A
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

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

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 **\$ 50**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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)	6b	0
c Less direct expenses from gaming and fundraising events	6c	0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	50	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	50	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	1,491
	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	1,070
	14 Occupancy, rent, utilities, and maintenance	14	1,693
	15 Printing, publications, postage, and shipping	15	140
	16 Other expenses (describe in Schedule O)	16	
17 Total expenses. Add lines 10 through 16	17	4,394	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,344
	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	32,270
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	27,926

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	32,270	22 27,926
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	32,270	25 27,926
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,270	27 27,926

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?
 THE DISABLED AMERICNA VETERANS AUXILIARY (DAVA) HAS PARTNERED WITH THE DISABLEDAMERICAN VETERANS PARENT ORGANIZATION IN THEIR MISSION OF SERVICE TO DISABLEDVETERANS AND THEIR FAMILIES THIS RELATIONSHIP HAS CONTINUED TO FLOURISH AND THEBLENDED ORGANIZATIONS HAVE ACHIEVED MANY VICTORIES IN THEIR QUEST TO IMPROVE THEQUALITY OF LIFE OUR VETERANS RIGHTLY DESERVE OUR MEMBERS ARE DIVERSE IN THEIR INTERESTS WHICH IS WHAT MADE THE DAVA SOSUCCESSFUL OUR PROGRAMS INCLUDE AMERICANISM, COMMUNITY SERVICE, JUNIORACTIVITIES, LEGISLATIVE, AND VA VOLUNTARY SERVICES FOREMOST IN OUR HEARTS IS THEGOAL OF ASSURING BENEFIT ENTITLEMENT AND COMPASSION FOR OUR DISABLED VETERANS

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

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

28 DIRECT ASSISTANCE - PAYMENT FOR FOOD, UTILITIES, MEDICAL AND OTHERNECESSARY EXPENSES FOR DISABLED VETERANS OR THEIR DIRECT RELATIVES (Grants \$ 3,324) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 DISABLED AMERICAN VETERANS STATE AND NATIONAL FUNDS AND OTHERQUALIFIED CHARITABLE ORGANIZATIONS (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 PURCHASES OF FOOD FOR VA CLINIC, WORKSHOPS, AND LUNCHEONS FORVETERANS (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
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) <input type="checkbox"/>	32	3,324

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
Marilyn Davis Commander	0	0		
John Mullin Sr Commander	0	0		
Wayne Hairston JR Commander	0	0		
Charles Foster Chaplin	0	0		
Candace Hairston Treasurer	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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 41 regarding organizational activities, financials, and reporting.

42a The organization's books are in care of Candace Hairston Telephone no (936) 633-9740 Located at 3373 FM 819 Diboll, TX ZIP +4 75941

Table for question 42b regarding foreign financial accounts. Includes Yes/No columns and a field for the foreign country name.

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

Table for question 42c regarding office outside the US. Includes Yes/No columns and a field for the foreign country name.

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

Table with questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, controlled entities, and Form 720 filing.

Yes No

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 46 No

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

Yes No

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 47

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

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

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

Table with 5 columns: (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. Row 1 contains 'NONE'.

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

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 2016-03-16 Date Marilyn Davis Commander Type or print name and title

Paid Preparer Use Only Print/Type preparer's name TONY L MCGOWEN PC CPA Preparer's signature Date Check if self-employed PTIN P00058493 Firm's name Axley & Rode LLP Firm's EIN Firm's address 1307 S 1st St Lufkin, TX 759014717 Phone no (936) 634-6621

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.

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

2014

**Open to Public
Inspection**

Name of the organization
Disabled American Veterans Auxiliary
Unit 84

Employer identification number

23-7331078

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	Other Income \$50