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Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

2015

Open to Public
Inspection

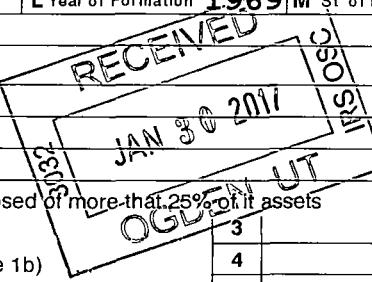
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

| | | | | | |
|---|--|---|--------------------|-------|--------|
| A For the 2015 calendar year, or tax year beginning | | 07/01 | , 2015, and ending | 06/30 | , 2016 |
| B Check if applicable | | D Employer identification no. | | | |
| <input type="checkbox"/> Address change | | 59-1301809 | | | |
| <input type="checkbox"/> Name change | | E Telephone number | | | |
| <input type="checkbox"/> Initial return | | (386) 740-0622 | | | |
| <input type="checkbox"/> Termination | | G Gross receipts \$ 369,193. | | | |
| <input type="checkbox"/> Amended return | | | | | |
| <input type="checkbox"/> App pending | | | | | |
| C | | F Name and address of Principal Officer | | | |
| | | Earl Young 1087 Biscayne Blvd DeLand, FL 32724 | | | |
| I Tax Exempt Status | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> 501(c)(3) | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <input checked="" type="checkbox"/> 501(c)(19) (insert no.) | | If "NO" attach a list (See instructions) | | | |
| <input type="checkbox"/> 4947(a)(1) or | | H(c) Group exemption no. ► | | | |
| <input type="checkbox"/> 527 | | | | | |
| J Website: ► n/a | | L Year of Formation 1969 M St of legal domicile FL | | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► | | | | | |

Part I Summary

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|---|------|---|------|---|----|---|-----|----|--|----|--|
| A c t i v i g t o v e r s r a n c e | 1 | Briefly describe the organization's mission of most significant activities VETERANS ASSISTANCE |  <table border="1" style="margin-left: 10px;"> <tr><td>3</td><td>413.</td></tr> <tr><td>4</td><td>413.</td></tr> <tr><td>5</td><td>7.</td></tr> <tr><td>6</td><td>30.</td></tr> <tr><td>7a</td><td></td></tr> <tr><td>7b</td><td></td></tr> </table> | | | 3 | 413. | 4 | 413. | 5 | 7. | 6 | 30. | 7a | | 7b | |
| | 3 | 413. | | | | | | | | | | | | | | | |
| | 4 | 413. | | | | | | | | | | | | | | | |
| | 5 | 7. | | | | | | | | | | | | | | | |
| | 6 | 30. | | | | | | | | | | | | | | | |
| | 7a | | | | | | | | | | | | | | | | |
| | 7b | | | | | | | | | | | | | | | | |
| | 2 | Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets | | | | | | | | | | | | | | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | | | | | | | | | | | | | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | | | | | | | | | | | | | |
| 5 | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | | | | | | | | | | | | | | | | |
| 6 | Total number of volunteers (estimate if necessary) | | | | | | | | | | | | | | | | |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | | | | | | | | | | | | | | |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | | | | | | | | | | | | | | | | |
| 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year | | | | | | | | | | | | | | |
| 9 | Program services revenue (Part VIII, line 2g) | 40,743. | 20,874. | | | | | | | | | | | | | | |
| 10 | Investment Income (Part VIII, column (A), lines 3, 4, and 7d) | 234,487. | 207,881. | | | | | | | | | | | | | | |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e) | 4. | 27. | | | | | | | | | | | | | | |
| 12 | Total revenue-add lines 8 through 11 (must equal Part VIII, Column (A), line 12) | 24,074. | 82,510. | | | | | | | | | | | | | | |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 299,308. | 311,292. | | | | | | | | | | | | | | |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | | | | | | | | | | | | | | | |
| 15 | Salaries, other compensation, employee benefits (Part IX, cl(A), lines 5-10) | 14,394. | 7,784. | | | | | | | | | | | | | | |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 52,364. | 58,216. | | | | | | | | | | | | | | |
| b | Total fundraising expenses (Part IX, column (D), line 25) ► | | | | | | | | | | | | | | | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 202,972. | 210,686. | | | | | | | | | | | | | | |
| 18 | Total Expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 269,730. | 276,686. | | | | | | | | | | | | | | |
| 19 | Revenue less expenses Subtract line 18 from line 12 | 29,578. | 34,606. | | | | | | | | | | | | | | |
| 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year | | | | | | | | | | | | | | |
| 21 | Total liabilities (Part X, line 26) | 131,819. | 150,369. | | | | | | | | | | | | | | |
| 22 | Net assets or fund balances Subtract line 21 from line 20 | 131,819. | 150,369. | | | | | | | | | | | | | | |

Part II Signature Block

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

1/23/2017

Date

Signature of officer

Earl Young (Financial Officer)

Type or print name and title

| | | | | |
|--|--|--------------------------------|---|--------------------------|
| Print preparer's name Mary Reynolds EA | Preparer's signature <i>Mary Reynolds</i> | Date 01/22/17 | Check if self-employed ► <input type="checkbox"/> | PTIN P00187360 |
| Paid Preparer Use Only | Firm's name Reynolds & Razza, Inc. | Firm's EIN ► 59-3326394 | | |
| Firm's address 125 May Street | Phone no (386) 775-4277 | | | |
| Firm's address Orange City, FL 32763 | | | | |

May the IRS discuss this return with the preparer shown above? (see instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Form 990 (2015)

Part III. Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in Part III

1 Briefly describe the organization's mission

VETERANS ASSISTANCE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O

 Yes No

3 Did the organization cease conducting or make significant changes in how it conducts any program services?

If "Yes," describe these changes on Schedule O

 Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organization and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)

Primarily we provide and organization committed to our service men and both past and present. An environment to nurture the spirits and needs men and women. We further strive to avail our common interest to the be of the community and those in need.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e **Total program service expenses ►**

| | Yes | No |
|-----|-----|----|
| 1 | | X |
| 2 | | X |
| 3 | | X |
| 4 | | |
| 5 | | |
| 6 | | X |
| 7 | | X |
| 8 | | X |
| 9 | | X |
| 10 | | X |
| 11a | | X |
| 11b | | X |
| 11c | | X |
| 11d | | X |
| 11e | | X |
| 11f | | |
| 12a | | X |
| 12b | | |
| 13 | | X |
| 14a | | X |
| 14b | | X |
| 15 | | X |
| 16 | | X |
| 17 | | X |
| 18 | | X |
| 19 | | X |

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation) If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instruction)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part 1

4 **Section 501(c)(3) organizations.** 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

5 Is the organization a Section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments--other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments--program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the year? If "Yes," complete Schedule D, Part XI, XII, and XIII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part XI, XII, and XIII is optional

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

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

| | | Yes | No |
|--|--|------------|-------------------------------------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | <input checked="" type="checkbox"/> |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | <input checked="" type="checkbox"/> |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | <input checked="" type="checkbox"/> |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principle amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | | <input checked="" type="checkbox"/> |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | Section 501(c)(3), 501(c)(4) and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Form 990 or 990EZ? If "Yes," complete Schedule L, Part I | | |
| 26 | Did the organization report any amount on Part X line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity or a family member of any of these persons? If "Yes," complete Schedule L, Part III | | <input checked="" type="checkbox"/> |
| 28 | Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | <input checked="" type="checkbox"/> |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | <input checked="" type="checkbox"/> |
| c | An entity of which a current or former officer, director, trustee, key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | | <input checked="" type="checkbox"/> |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | <input checked="" type="checkbox"/> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | <input checked="" type="checkbox"/> |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | <input checked="" type="checkbox"/> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | <input checked="" type="checkbox"/> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | |
| b | If "Yes," to line 35a, 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," complete Schedule R, Part V, line 2 | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | | |
| Note. All Form 990 filers are required to complete Schedule O | | | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable
 1b Enter the number of Forms W-2G included in Line 1a Enter -0- if not applicable
 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

2a Enter the number of employees reported on Form W-3, Transmittal of Wages and Tax Statements filed for the calendar year ending with or within the year covered by this return
 2a 7.

b If at least one is reported in 2a, did the organization file all required federal employment tax returns?

Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?

b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O

4a 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)?

b If "Yes," enter the name of the foreign country ►

See the instructions for exemptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

c If "Yes," to 5a or 5b, did the organization file Form 8886-T?

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 Organizations that may receive deductible contributions under section 170(c).

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d If "Yes," indicate the number of Forms 8282 filed during the year
 7d

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the org file a Form 1098-C?

8 Sponsoring organizations maintaining donor advised funds.

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.

a Did the organization make any taxable distributions under section 4966?

b Did the organization make a distribution to a donor, donor advisor or related person?

10 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on Part VIII, line 12

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities
 10a
 10b

11 Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders
 11a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
 11b

12a Section 4947(a)(1) Non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year
 12b

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note: See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans
 13b

c Enter the amount of reserves on hand
 13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
 14a
 14b

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year
 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O

1b Enter the number of voting members included in line 1a, above who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a material diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

| 1a | 413 | Yes | No |
|----|-----|-----|----|
| 1b | 413 | | |
| 2 | | X | |
| 3 | | X | |
| 4 | | X | |
| 5 | | X | |
| 6 | X | | |
| 7a | X | | |
| 7b | | X | |
| 8a | X | | |
| 8b | X | | |
| 9 | | X | |

Section B. Policies

 (This Section B requests information about policies not required by the Internal Revenue Service Code)

10a Does the organization have local chapters, branches, or affiliates?

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with those of the organization's exempt purposes?

11a Has the organization provided a copy of the Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, the organization uses to review the Form 990

12a Does the organization have a written conflict of interest policy? If "No," go to line 13

b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Does the organization regularly and consistently monitor and enforce compliance with policy? If "Yes," Describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

| 10a | X |
|-----|---|
| 10b | |
| 11 | X |
| 12a | X |
| 12b | |
| 12c | |
| 13 | X |
| 14 | X |
| 15a | X |
| 15b | X |
| 16a | X |
| 16b | |

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ► **FL**

18 IRC Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records

► **See schedule**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
 Check if Schedule O contains a response to any questions in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees See instructions for definition of "key employee"

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

 Check this box if the organization did not compensate any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (describe hours for related org below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|--|---|--------------------------------------|---------------------------------|---------------------------------|---|---|--|
| | | I t o n r d v s i t r d u a a t o r | t n s t i t e e e r | t r s t c e e e r | O f i c e e p i | K e y e m p o | H e g p h s c | | | |
| (1) Pete Pluto Adjutant | 20 | | | X | | | | | | |
| (2) Earl Young Finance Officer | 20 | | | X | | | | | | |
| (3) Roger Beaudoin Commander | 15 | | | X | | | | | | |
| (4) Dennis Gary 2nd Vice | 20 | | | X | | | | | | |
| (5) Jim Deal Judge Advocate | 10 | | | X | | | | | | |
| (6) Mike Beaven Service Officer | 15 | | | X | | | | | | |
| (7) Mark Tylec Chaplain | 10 | | | X | | | | | | |
| (8) Dan Friend Historian | 5 | | | X | | | | | | |
| (9) Richard Wells Sgt-at-Arms | 5 | | | X | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

| | | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512-514 |
|--|--|----------------------|--|---|---|
| Contributions, gifts, grants and other similar amounts | | | | | |
| 1a Federated campaigns | | 1a | | | |
| b Membership Dues | | 1b | 16,420. | | |
| c Fundraising events | | 1c | 2,563. | | |
| d Related organizations | | 1d | 519. | | |
| e Government grants (contributions) | | 1e | | | |
| f All other contributions, gifts, grants, & similar amounts not included above | | 1f | 1,372. | | |
| g Noncash contributions included in 1a-1f | | | | | |
| h Total. Add lines 1a-1f | | | 20,874. | | |
| Program Service Revenue | | Business Code | | | |
| 2a Canteen Operations | | 722513 | 207,781. | 207,781. | |
| b Member Hall Rental | | 900099 | 100. | 100. | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f All other program service revenue | | | | | |
| g Total. Add lines 2a-2f | | | 207,881. | | |
| 3 Investment income (including dividends, interest and other similar amounts) | | | 27. | 27. | 0. |
| 4 Income from investment of tax-exempt bond proceeds | | | | | |
| 5 Royalties | | | | | |
| 6a Gross Rents | | (i) Real | (ii) Personal | | |
| b Less rental expenses | | | | | |
| c Rental income or (loss) | | | | | |
| d Net rental income or (loss) | | | | | |
| 7a Gross amount from sales of assets other than inventory | | (i) Securities | (ii) Other | | |
| b Less cost or other basis and sales expenses | | | | | |
| c Gain or (loss) | | | | | |
| d Net gain or (loss) | | | | | |
| 8a Gross amount from fundraising events (not including \$ 2,563. of contributions reported on line 1c) | | | | | |
| See Part IV, line 18 | | a 18,095. | | | |
| b Less direct expenses | | b 8,109. | | | |
| c Net income or (loss) from fundraising events | | | 9,986. | 9,986. | 0. |
| 9a Gross income from gaming activities | | | | | |
| See Part IV, line 19 | | a 117,321. | | | |
| b Less direct expenses | | b 48,948. | | | |
| c Net income or (loss) from gaming activities | | | 68,373. | 68,373. | 0. |
| 10a Gross sales of inventory, less returns and allowance | | a 1,135. | | | |
| b Less cost of goods sold | | b 844. | | | |
| c Net income or (loss) from sales of inventory | | | 291. | 291. | 0. |
| Miscellaneous Revenue | | Business Code | | | |
| 11a Commissions ATM/Juke | | 900099 | 3,785. | 3,785. | |
| b Newsletter Ad | | 900999 | 75. | 75. | |
| c | | | | | |
| d All other revenue | | | | | |
| e Total. Add lines 11a-11d | | | 3,860. | | |
| 12 Total Revenue See instructions | | | 311,292. | 290,418. | 0. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on line 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the U S See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | 7784 | | | |
| 5 Compensation of current officers, directors, trustees and key employees | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 50832 | | | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 7384 | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 1000 | | | |
| d Lobbying | | | | |
| e Professional fundraising See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, col (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office Expenses | 8234 | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 44331 | | | |
| 17 Travel | 712 | | | |
| 18 Payments of travel or entertainment expenses for any Federal, state or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 4033 | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | 9293 | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 4073 | | | |
| 24 Other expenses—itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on schedule O) | | | | |
| a Canteen Purchases | 112980 | | | |
| b Canteen Overhead | 25840 | | | |
| c License and Fees | 190 | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 276686 | | | |
| 26 Joint Costs. Check ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheets

- Check if Schedule O contains a response to any question in this Part X

| | | (A) Beginning of year | (B) End of year |
|---|---|--------------------------|--------------------|
| A S S E T S | 1 Cash-non-interest-bearing | 65,745. | 1 84,295. |
| | 2 Savings and temporary cash investments | | 2 |
| | 3 Pledges and grants receivable, net | | 3 |
| | 4 Accounts receivable, net | | 4 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)) persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 |
| | 7 Notes and loans receivable, net | 6,500. | 7 6,500. |
| | 8 Inventories for sale or use | | 8 |
| | 9 Prepaid expenses and deferred charges | | 9 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 59,574. | |
| | b Less accumulated depreciation | 10b | 59,574. |
| | 11 Investments-publicly-traded securities | | 10c 59,574. |
| | 12 Investments-other securities See Part IV, line 11 | | 11 |
| | 13 Investments-program-related See Part IV, line 11 | | 12 |
| | 14 Intangible assets | | 13 |
| | 15 Other assets See Part IV, line 11 | | 14 |
| | 16 Total assets. Add 1 through 15 (must equal line 34) | 131,819. | 15 150,369. |
| L I A B I L I T E S | 17 Accounts payable and accrued expenses | | 17 |
| | 18 Grants payable | | 18 |
| | 19 Deferred revenue | | 19 |
| | 20 Tax-exempt bond liabilities | | 20 |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 |
| | 23 Secured Mortgages and notes payable to unrelated third parties | | 23 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 25 |
| | 26 Total liabilities. Add lines 17 through 25 | | 26 |
| N F E U T N D A S B A S E L T A S N O C E R S | Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | |
| | 27 Unrestricted net assets | | 27 |
| | 28 Temporarily restricted net assets | | 28 |
| | 29 Permanently restricted net assets | | 29 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34. | | |
| | 30 Capital stock or trust principal, or current funds | | 30 |
| | 31 Paid-in or capital surplus, or land, building, and equipment fund | | 31 |
| | 32 Retained earnings, endowment, accumulated income, or other funds | 131,819. | 32 150,369. |
| | 33 Total net assets or fund balances | 131,819. | 33 150,369. |
| | 34 Total liabilities and net assets/fund balances | 131,819. | 34 150,369. |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

| | | | |
|----|---|----|----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 311,292. |
| 2 | Total Expenses (must equal Part IX, column (A), line 25) | 2 | 276,686. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 34,606. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 131,819. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | -16,056. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | |
| 10 | Net assets or fund balances at the end of year Combine lines 3 through 9 (Must equal Part X, line 33, column (B)) | 10 | 150,369. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

| | | Yes | No |
|----|--|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both | 2a | X |
| | <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both | 2b | X |
| | <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| c | If "Yes" to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3a | X |
| | | 3b | |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (Continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

| | |
|--|--|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain why in Part XIII and complete the following table

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" to Form 990, Part IV, line 10

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net Investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the year end balance (line 1g) held as

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a (ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

| Description of Investment | (a) Cost or other basis (Investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|---------------------------|--------------------------------------|---------------------------------|-------------------|----------------|
| 1a Land | | | *, **, **, **, ** | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | 59,574. | | | 59,574. |
| e Other | | | | |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 59,574.

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

| Revenue | (a) Event #1 (event type) | (b) Event #2 (event type) | (c) Other Events (total number) | (d) Total Events (Add Col (a) through Col (c)) |
|--|------------------------------|------------------------------|------------------------------------|---|
| 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

| Revenue | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add Col (a) through Col (c)) |
|---|---|---|---|--|
| 1 Gross revenue | | 117,321. | | 117,321. |
| Direct Expenses | | | | |
| 2 Cash prizes | | | | |
| 3 Noncash prizes | | | | |
| 4 Rent/facility costs | | | | |
| 5 Other direct expenses | | 48,948. | | 48,948. |
| 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes 100. % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary Add lines 2 through 5 in column (d) | | | | ► 48,948. |
| 8 Net gaming income summary Subtract line 7 from line 1, column (d) | | | | ► 68,373. |

9 Enter the state(s) in which the organization operates gaming activities _____

Yes No

a Is the organization licensed to operate gaming activities in each of these states?

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 ► Earl YoungAddress ► 1087 Biscayne Blvd, DeLand, FL 32724

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 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 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)

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/forms990

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

American Legion Adam Quin Post 6, In

Employer identification number

59-1301809

Part VI, Line 11b - Process used by the organization to review this 990 return

Presented to the Financial Officer and reviewed by the board
members. Confirmation of stated financial information therein.

Part VI, Line 19 - How Org. makes Documentation, Policies & Statements public

Upon request the public is permitted to review the 990 at our location during
morning hours of open status

Part VI, Section C, Line 20 - Person in charge of books and records

Earl Young
(386) 740-0622

1087 Biscayne Blvd
DeLand, FL 32724