Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 7/1/2006 **, and ending** 6/30/2007

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: VFW POST 4536

Number and street (or P O box if mail is not delivered to street address): 4401 DIXIE HWY, US 1 — Room/suite:

City or town: PALM BAY — State or country: FL — ZIP + 4: 32905

D Employer identification number 23-7091101

E Telephone number

F Accounting method: [X] Cash [ ] Accrual [ ] Other (specify) ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? [ ] Yes [ ] No (If "No," attach a list. See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? [X] Yes [ ] No

I Group Exemption Number ▶ 1676

G Website: ▶ N/A

J Organization type (check only one) ▶ [X] 501(c) (19) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

M Check ▶ [X] if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 154,171

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a 0		
	b	Direct public support (not included on line 1a)	1b 9,074		
	c	Indirect public support (not included on line 1a)	1c 0		
	d	Government contributions (grants) (not included on line 1a)	1d 0		
	e	**Total** (add lines 1a through 1d) (cash $ 9,074 noncash $ 0)		1e	9,074
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	0
	3	Membership dues and assessments		3	2,564
	4	Interest on savings and temporary cash investments		4	0
	5	Dividends and interest from securities		5	0
	6 a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) Subtract line 6b from line 6a		6c	0
	7	Other investment income (describe ▶)		7	0
	8 a	Gross amount from sales of assets other than inventory	(A) Securities: 0; 8a (B) Other: 0		
	b	Less: cost or other basis and sales expenses	(A): 0; 8b (B): 0		
	c	Gain or (loss) (attach schedule)	(A): 0; 8c (B): 0		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)		8d	0
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ [ ]			
	a	Gross revenue (not including $ 0 of contributions reported on line 1b)	9a 0		
	b	Less: direct expenses other than fundraising expenses	9b 0		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a		9c	0
	10 a	Gross sales of inventory, less returns and allowances	10a 136,090		
	b	Less. cost of goods sold	10b 127,291		
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a		10c	8,799
	11	Other revenue (from Part VII, line 103)		11	6,443
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	26,880
Expenses	13	Program services (from line 44, column (B))		13	27,422
	14	Management and general (from line 44, column (C))		14	0
	15	Fundraising (from line 44, column (D))		15	0
	16	Payments to affiliates (attach schedule)		16	0
	17	**Total expenses.** Add lines 16 and 44, column (A)		17	27,422
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	-542
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	101,693
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	101,151

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

(HTA)

Form **990** (2006)

25

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. *(See the instructions.)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a Grants paid from donor advised funds (attach schedule) (cash $ 0 noncash $ 0) If this amount includes foreign grants, check here ▶ ☐	22a	0	0		
22 b Other grants and allocations (attach schedule) (cash $ 0 noncash $ 0) If this amount includes foreign grants, check here ▶ ☐	22b	3,295	3,295		
23 Specific assistance to individuals (attach schedule)	23	825	825		
24 Benefits paid to or for members (attach schedule)	24	0			
25 a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a	0	0	0	0
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b	0	0	0	0
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	0	0	0	0
26 Salaries and wages of employees not included on lines 25a, b, and c	26	0			
27 Pension plan contributions not included on lines 25a, b, and c	27	0			
28 Employee benefits not included on lines 25a – 27	28	0			
29 Payroll taxes	29	0			
30 Professional fundraising fees	30	0			
31 Accounting fees	31	5,070	5,070		
32 Legal fees	32	0			
33 Supplies	33	2,281	2,281		
34 Telephone	34	0			
35 Postage and shipping	35	0			
36 Occupancy	36	0			
37 Equipment rental and maintenance	37	0			
38 Printing and publications	38	0			
39 Travel	39	145	145		
40 Conferences, conventions, and meetings	40	645	645		
41 Interest	41	0			
42 Depreciation, depletion, etc. (attach schedule)	42	6,291	6,291	0	0
43 Other expenses not covered above (itemize):					
a LAWN SERVICE	43a	110	110	0	0
b POST REPAIRS & MAINTENANCE	43b	2,821	2,821	0	0
c DUES TO STATE & NATIONAL VFW	43c	612	612	0	0
d aDVERTISING	43d	355	355	0	0
e HOLIDAY PARTIES	43e	446	446	0	0
f INSURANCE & FIDELITY BOND	43f	4,297	4,297	0	0
g FEES & LICENSES	43g	229	229	0	0
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	27,422	27,422	0	0

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ Yes ☐ No

If "Yes," enter **(i)** the aggregate amount of these joint costs $ 0, **(ii)** the amount allocated to Program services $ _____, **(iii)** the amount allocated to Management and general $ _____, and **(iv)** the amount allocated to Fundraising $ _____

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $ 0) If this amount includes foreign grants, check here ▶ ☐	0
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	0

Part IV Balance Sheets *(See the instructions.)*

	Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*			(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing			22,430	45	28,814
	46 Savings and temporary cash investments				46	
	47 a Accounts receivable	47a	0			
	b Less: allowance for doubtful accounts	47b	0	0	47c	0
	48 a Pledges receivable	48a	0			
	b Less: allowance for doubtful accounts	48b	0	0	48c	0
	49 Grants receivable				49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51 a Other notes and loans receivable (attach schedule)	51a	0			
	b Less: allowance for doubtful accounts	51b	0	0	51c	0
	52 Inventories for sale or use			3,506	52	2,871
	53 Prepaid expenses and deferred charges				53	
	54 a Investments—publicly-traded securities. ▶ ☐ Cost ☐ FMV			0	54a	0
	b Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV			0	54b	0
	55 a Investments—land, buildings, and equipment: basis	55a	0			
	b Less: accumulated depreciation (attach schedule)	55b	0	0	55c	0
	56 Investments—other (attach schedule)			0	56	0
	57 a Land, buildings, and equipment: basis	57a	129,364			
	b Less: accumulated depreciation (attach schedule)	57b	59,898	75,757	57c	69,466
	58 Other assets, including program-related investments (describe ▶)			0	58	0
	59 **Total assets** (must equal line 74). Add lines 45 through 58			101,693	59	101,151
Liabilities	60 Accounts payable and accrued expenses				60	
	61 Grants payable				61	
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)			0	64a	0
	b Mortgages and other notes payable (attach schedule)			0	64b	0
	65 Other liabilities (describe ▶)			0	65	0
	66 **Total liabilities.** Add lines 60 through 65			0	66	0
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ [X] and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			101,693	67	101,151
	68 Temporarily restricted				68	
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			101,693	73	101,151
	74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			101,693	74	101,151

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)* N/A

a	Total revenue, gains, and other support per audited financial statements			a	
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4	0		
	Add lines **b1** through **b4**			b	0
c	Subtract line **b** from line **a**			c	0
d	Amounts included on Part I, line 12, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2	0		
	Add lines **d1** and **d2**			d	0
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	0

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

a	Total expenses and losses per audited financial statements			a	
b	Amounts included on line **a** but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4	0		
	Add lines **b1** through **b4**			b	0
c	Subtract line **b** from line **a**			c	0
d	Amounts included on Part I, line 17, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2	0		
	Add lines **d1** and **d2**			d	0
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name RONALD O OAKE Str City ST ZIP	Title POST CMDR Hr/WK 20	0	0	0
Name ANDRES A LICHT Str City ST ZIP	Title SR VICE CMDR Hr/WK 20	0	0	0
Name EDDIE BUTLER Str City ST ZIP	Title JR VICE CMDR Hr/WK 20	0	0	0
Name DAVID J WILLIAM Str City ST ZIP	Title QTRMASTER Hr/WK 20	0	0	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 4			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶ If "Yes," attach a statement that includes the information described in the instructions.	75c		X
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
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Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a -0-			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations.* a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f 0			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) orgs.* Enter: a Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	*501(c)(12) orgs.* Enter: a Gross income from members or shareholders 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) 87b			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b		X
89 a	*501(c)(3) organizations* Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ , section 4955 ▶			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter Amount of tax on line 89c, above, 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?	89e		
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		
90 a	List the states with which a copy of this return is filed ▶			
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b			
91 a	The books are in care of ▶ Name DAVE WILLIAMS, QUARTERMASTER Telephone no. ▶ Located at ▶ 4401 DIXIE HWY, US 1 City PALM BAY ST FL ZIP + 4 ▶ 32905			
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 ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.	91b		X

Part VI Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c		X

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041*** —Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*

	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					2,564
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					8,799
103 Other revenue a BINGO & RAFFLES		0		0	4,344
b COMMERATIVE ITEMS		0		0	1,599
c VFW AUXIALLIARY		0		0	500
d		0		0	0
e		0		0	0
104 Subtotal (add columns (B), (D), and (E))		0		0	17,806
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					17,806

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Perce[redacted] ownersh[redacted]	(C) [redacted]	(D) [redacted]	(E) [redacted]

Part X Information Regarding Transfers Associated [redacted]

(a) Did the organization, during the year, receive any funds, directly or indirectly, [redacted]

(b) Did the organization, during the year, pay premiums, directly o[redacted]

Note: *If "Yes" to* ***(b)****, file Form 8870* ***and*** *Form 4720 (see instructi*[redacted]

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			0

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			0

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

Please Sign Here

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

Signature of officer — Date 10-31-07

DAVID WILLIAMS, QUARTERMASTER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Raymond E. Wasser	Date 10/29/2007	Check if self-employed ▶ X	Preparer's SSN or PTIN (See Gen Inst X) 262-27-9206
Firm's name (or yours if self-employed), address, and ZIP + 4	RAYMOND E WASSER, CPA 180 MAPLE DRIVE, SATELLITE BEACH, FL 32937		EIN ▶ Phone no ▶	

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2006

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
VFW POST 4536	990	23-7091101

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	108,000

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2007 Add lines 9 and 10, less line 12 ▶	13	0

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Do not** include listed property.) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	6,291
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental			27.5 yrs.	MM	S/L	
property			27.5 yrs.	MM	S/L	
i Nonresidential real			39 yrs.	MM	S/L	
property				MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV **Summary** (see instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	6,291
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2006)

(HTA)

Assets by Classification - 990

6/30/2007 VFW POST 4536 23-7091101

Item No.	Description of Property "**" indicates SOLD	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec, 179, Bonus	2006 Deprec	2006 Accum. Deprec
5-yr Office mach (data handling)														
	COMPUTER & PRINT	6/15/2004	F-6	100.00%	679	0	0	679	5	200DB	HY	340	78	418
	Total· 5-yr Office machinery (data-handling equipment,				679	0	0	679				340	78	418
7-yr Genl purp tools, mach, equip														
	GAS KITCHEN EQUIF	4/17/2002	F-10	100.00%	1,205	0	0	1,205	7	200DB	HY	983	107	1,090
	A/C REPLACEMENT	9/27/2002	F-10	100 00%	3,200	0	0	3,200	7	200DB	HY	1,828	286	2,114
	TABLES & CHAIRS	12/4/2002	F-10	100.00%	1,909	0	0	1,909	7	200DB	HY	1,092	170	1,262
	REFRIGERATOR	12/10/2002	F-10	100 00%	695	0	0	695	7	200DB	HY	396	62	458
	ICE MAKER	11/15/2003	F-10	100 00%	2,220	0	0	2,220	7	200DB	HY	635	277	912
	ALARM SYSTEM	12/15/2003	F-10	100 00%	565	0	0	565	7	200DB	HY	202	71	273
	AC EQUIPMENT	5/15/2004	F-10	100 00%	700	0	0	700	7	200DB	HY	250	87	337
	ICE MAKER	12/15/2004	F-10	100 00%	2,885	0	0	2,885	7	200DB	HY	618	505	1,123
	BAR STOOLS	3/15/2005	F-10	100 00%	1,581	0	0	1,581	7	200DB	HY	339	277	616
	AC EQUIPMENT	6/15/2005	F-10	100 00%	2,500	0	0	2,500	7	200DB	HY	536	437	973
	BINGO MACHINE	6/15/2005	F-10	100 00%	3,800	0	0	3,800	7	200DB	HY	814	665	1,479
	Total· 7-yr General purpose tools, machinery, and equip				21,260	0	0	21,260				7,693	2,944	10,637
7-yr Office furn, fixtures, equip														
	BAR STOOLS	1/17/2000	F-11	100.00%	1,596	0	0	1,596	7	200DB	HY	1,390	71	1,461
	LARGE SCREEN TV	2/24/2001	F-11	100 00%	1,709	0	0	1,709	7	200DB	HY	1,450	153	1,603
	SAFE	12/15/2003	F-11	100 00%	200	0	0	200	7	200DB	HY	72	25	97
	PA SYSTEM	5/15/2004	F-11	100.00%	770	0	0	770	7	200DB	HY	275	96	371
	WALK IN COOLER	6/15/2004	F-11	100 00%	1,150	0	0	1,150	7	200DB	HY	410	144	554
	Total 7-yr Office furniture, fixtures and equipment				5,425	0	0	5,425				3,597	489	4,086
15-yr Qual leasehold improvement prop														
	NEW ROOF	12/4/1999	R-7	100.00%	4,000	0	0	4,000	15	SL/GDS	HY	1,333	267	1,600
	Total 15-yr Qual LH improv				4,000	0	0	4,000				1,333	267	1,600
39-yr Nonresidential real estate														
	BUILDING	2/15/1994	R-5	100 00%	98,000	0	0	98,000	39	SL/GDS	MM	40,644	2,513	43,157
	Total· 39-yr Nonresidential and commercial real estate				98,000	0	0	98,000				40,644	2,513	43,157
	SubTotals				129,364	0	0	129,364				53,607	6,291	59,898
	Less. Assets Sold				(0)	(0)	(0)	(0)				(0)	(0)	(0)
	Ending Totals				129,364	0	0	129,364				53,607	6,291	59,898