

Form 990

Return of Organization Exempt From Income Tax

2005

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning 07/01, 2005, and ending 06/30, 2006. B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. D Employer identification no. 59-2903617. E Telephone number (321) 799-1060. F Method: Cash, Accrual, Other (specify).

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

J Organization type (check only one) 501(c)(19) (insert no.) 4947(a)(1) or 527. H and I are not applicable to section 527 organizations.

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 247,364. M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Table with columns for line number, description, and amount. Includes sections for Contributions (1-5), Other investment income (7), Special events (9), and Total revenue (12). A 'RECEIVED' stamp is visible over the table.

SCANNED OCT 29 2008

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**Part I 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
<b>22</b> Grants and allocations (attach schedule) . . . . . (cash \$ <u>1,140.</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22 1,140.			
<b>23</b> Specific assistance to individuals (attach schedule) . . . . .	23			
<b>24</b> Benefits paid to or for members (attach schedule) . . . . .	24			
<b>25</b> Compensation of officers, directors, etc. . . . .	25			
<b>26</b> Other salaries and wages . . . . .	26 44,895.			
<b>27</b> Pension plan contributions . . . . .	27			
<b>28</b> Other employee benefits . . . . .	28			
<b>29</b> Payroll taxes . . . . .	29 7,019.			
<b>30</b> Professional fundraising fees . . . . .	30			
<b>31</b> Accounting fees . . . . .	31 3,515.			
<b>32</b> Legal fees . . . . .	32			
<b>33</b> Supplies . . . . .	33 1,330.			
<b>34</b> Telephone . . . . .	34 904.			
<b>35</b> Postage and shipping . . . . .	35 1,324.			
<b>36</b> Occupancy . . . . .	36			
<b>37</b> Equipment rental and maintenance . . . . .	37			
<b>38</b> Printing and publications . . . . .	38 136.			
<b>39</b> Travel . . . . .	39			
<b>40</b> Conferences, conventions, and meetings . . . . .	40			
<b>41</b> Interest . . . . .	41 25,962.			
<b>42</b> Depreciation, depletion, etc. (attach schedule) . . . . .	42 5,385.			
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> Schedule Attached . . . . .	43a 56,684.			
<b>b</b> . . . . .	43b			
<b>c</b> . . . . .	43c			
<b>d</b> . . . . .	43d			
<b>e</b> . . . . .	43e			
<b>f</b> . . . . .	43f			
<b>g</b> . . . . .	43g			
<b>44</b> <b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) . . . . .	44 148,294.			

**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 \$ \_\_\_\_\_; (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.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a</b> _____ _____ _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>b</b> _____ _____ _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b> _____ _____ _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b> _____ _____ _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ..... ▶	

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

		(A) Beginning of year		(B) End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
<b>ASSETS</b>	<b>45</b> Cash-non-interest-bearing .....	13,308.	<b>45</b>	29,052.	
	<b>46</b> Savings and temporary cash investments .....	47,576.	<b>46</b>	22,903.	
	<b>47a</b> Accounts receivable .....	<b>47a</b>			
	<b>b</b> Less: allowance for doubtful accounts .....	<b>47b</b>		<b>47c</b>	
	<b>48a</b> Pledges receivable .....	<b>48a</b>			
	<b>b</b> Less: allowance for doubtful accounts .....	<b>48b</b>		<b>48c</b>	
	<b>49</b> Grants receivable .....		<b>49</b>		
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) .....		<b>50</b>		
	<b>51a</b> Other notes and loans receivable (attach schedule) .....	<b>51a</b>			
	<b>b</b> Less: allowance for doubtful accounts .....	<b>51b</b>		<b>51c</b>	
	<b>52</b> Inventories for sale or use .....		<b>52</b>	6,923.	
	<b>53</b> Prepaid expenses and deferred charges .....		<b>53</b>		
	<b>54</b> Investments-securities(attach schedule) .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54</b>		
	<b>55a</b> Investments-land, buildings, and equipment: basis .....	<b>55a</b>			
<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>55b</b>		<b>55c</b>		
<b>56</b> Investments-other (attach schedule) .....		<b>56</b>			
<b>57a</b> Land, buildings, and equipment: basis .....	<b>57a</b> 490,218.				
<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>57b</b> 32,973.	453,129.	<b>57c</b>	457,245.	
<b>58</b> Other assets (describe ► <u>Schedule Attached</u> )		9,051.	<b>58</b>	3,597.	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 .....		523,064.	<b>59</b>	519,720.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses .....	1,369.	<b>60</b>	3,161.	
	<b>61</b> Grants payable .....		<b>61</b>		
	<b>62</b> Deferred revenue .....		<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....		<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) .....		<b>64a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule) .....		372,095.	<b>64b</b>	362,964.
	<b>65</b> Other liabilities (describe ► _____ )			<b>65</b>	
<b>66 Total liabilities.</b> Add lines 60 through 65 .....		373,464.	<b>66</b>	366,125.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here ►</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	<b>67</b> Unrestricted .....		<b>67</b>		
	<b>68</b> Temporarily restricted .....		<b>68</b>		
	<b>69</b> Permanently restricted .....		<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here ►</b> <input checked="" type="checkbox"/> and complete lines 70 through 74.				
	<b>70</b> Capital stock, trust principal, or current funds .....		<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....		<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		149,600.	<b>72</b>	153,595.
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....		149,600.	<b>73</b>	153,595.	
<b>74 Total liabilities and net assets / fund balances.</b> Add lines 66 and 73.		523,064.	<b>74</b>	519,720.	

**Part V-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

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

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

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

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at the 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	(E) Expense account and other allowances
E. Sheildhauer Cape Canaveral	Commander 12			
Tracy Rac Cape Canaveral	Secretary 20			

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

Yes No

**75a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ..... **2**

**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**  Yes  No

**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 this organization through common supervision or common control? **Note.** Related organizations include section 509(a)(3) supporting organizations.  
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization ..... **75c**  Yes  No

**d** Does the organization have a written conflict of interest policy? ..... **75d**  Yes  No

**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	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances

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

Yes No

**76** Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity ..... **76**  Yes  No

**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**  Yes  No

**78a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? ..... **78a**  Yes  No

**b** If "Yes," has it filed a tax return on Form 990-T for this year? ..... **78b**  Yes  No

**79** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement ..... **79**  Yes  No

**80a** 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**  Yes  No

**b** If "Yes," enter the name of the organization > \_\_\_\_\_ and check whether it is  exempt or  nonexempt

**81a** Enter direct and indirect political expenditures. (See line 81 instructions.) ..... **81a** \_\_\_\_\_

**b** Did the organization file Form 1120-POL for this year? ..... **81b**  Yes  No

Part VII Other Information (continued)		Yes	No
<b>82a</b> 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? .....	<b>82a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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.) .....	<b>82b</b>		
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications? .....	<b>83a</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions? .....	<b>83b</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible? .....	<b>84a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>84b</b>		
<b>85</b> 501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members? .....	<b>85a</b>		
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>85b</b>		
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.			
<b>c</b> Dues, assessments, and similar amounts from members .....	<b>85c</b>		
<b>d</b> Section 162(e) lobbying and political expenditures .....	<b>85d</b>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....	<b>85e</b>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) .....	<b>85f</b>		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	<b>85g</b>		
<b>h</b> 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? .....	<b>85h</b>		
<b>86</b> 501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12 .....	<b>86a</b>		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities .....	<b>86b</b>		
<b>87</b> 501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders .....	<b>87a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) .....	<b>87b</b>		
<b>88</b> 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 .....	<b>88</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>89a</b> 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____			
<b>b</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 .....	<b>89b</b>		
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....			
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization .....			
<b>90a</b> List the states with which a copy of this return is filed ▶ <u>N/A</u>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) .....	<b>90b</b>		
<b>91a</b> The books are in care of ▶ <u>Finance Officer</u> Telephone no. ▶ <u>321-799-1060</u> Located at ▶ <u>8169 Canaveral Blvd, Cape Canaveral</u> ZIP + 4 ▶ <u>32920</u>			
<b>b</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)? .....	<b>91b</b>	<input type="checkbox"/>	<input type="checkbox"/>
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.			
<b>c</b> 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 ▶ _____	<b>91c</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-Check here .....			<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year .....	<b>92</b>		

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
<b>93</b> Program service revenue:					
<b>a</b> <u>Donations from public</u>				12,337.	
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments .....					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments .....					6,008.
<b>95</b> Interest on savings and temporary cash investments					717.
<b>96</b> Dividends and interest from securities .....					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property .....					
<b>b</b> not debt-financed property .....					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income .....					
<b>100</b> Gain or (loss) from sales of assets other than inventory .....					
<b>101</b> Net income or (loss) from special events .....					-2,022.
<b>102</b> Gross profit or (loss) from sales of inventory .....					125,208.
<b>103</b> Other revenue: <b>a</b> <u>Vending Machine</u>					12,778.
<b>b</b> <u>Sales tax collect allow</u>					357.
<b>c</b> <u>Function income</u>					785.
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))				12,337.	143,831.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					156,168.

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

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instruction)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to purchase or maintain personal benefit contracts?  Yes  No
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, for personal benefit contracts?  Yes  No
- Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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 the taxpayer) is based on information provided by the taxpayer.

**Please Sign Here**

Signature of officer: Gregory P Yurchuk  
Type or print name and title: GREGORY P YURCHUK

**Paid Preparer's Use Only**

Preparer's signature: [Signature]  
Firm's name (or yours if self-employed), address, and ZIP + 4: L. George Leonard, 1485 N. Atlantic Ave, Cocoa Beach, FL 32931



# Depreciation and Amortization

## (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No. **67**

Name(s) shown on return <u>American Legion #348</u>	Business or activity to which this form relates <u>990 - Page 1</u>	Identifying number <u>59-2903617</u>
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**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	\$105,000
2 Total cost of section 179 property placed in service (see the instructions) .....	2	11,527.
3 Threshold cost of section 179 property before reduction in limitation .....	3	\$420,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
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	105,000.
<b>6 (a) Description of property (b) Cost (business use only) (c) Elected cost</b>		
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	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562. ....	10	
11 Business income limitation. Enter the smaller of business income (not less than -0-) or line 5 (see instructions) .....	11	105,000.
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	12	
13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12 ....▶	13	

**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 certain aircraft, certain property with a long production period, and qualified NYL or GO 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 the instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2005 .....	17	4,442.
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 .....	<input type="checkbox"/>	

**Section B--Assets Placed in Service During 2005 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		583.	5	HY	200DB	117.
c 7-year property		3,954.	7	HY	200DB	565.
d 10-year property		419.	10	HY	200DB	42.
e 15-year property		6,571.	15	HY	S/L	219.
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C--Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (see the 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 instructions .....	22	5,385.
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	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A--Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busn./ investment use percentage	(d) Cost or other basis	(e) Basis for depr. (busn./investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .								<b>29</b>

**Section B--Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles) . . . . .												
<b>31</b> Total commuting miles driven during the year . . . . .												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .												
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
<b>36</b> Is another vehicle available for personal use? . . . . .												

**Section C--Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see the instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See the instructions.) . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2005 tax year (see the instructions):					
<b>43</b> Amortization of costs that began before your 2005 tax year . . . . .					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>

Page 1 - Line 8, Sales of Securities and Non-inventory Items

<u>Description</u>	<u>Sales Price</u>	<u>Cost</u>	<u>Expenses/Imprvmnts</u>	<u>Deprec</u>
New Sale		12035.		13288.
Date Acquired:				
How Acquired:				
Date Sold:				
Sold to:				

Page 1 - Line 9, Special Events and Activities

<u>Description</u>	<u>Gross Receipts</u>	<u>Less Contribs</u>	<u>Gross Revenue</u>	<u>Direct Expense</u>	<u>Income or Loss</u>
Steak dinner nights	3681.		3681.	3009.	672.
Function income	2606.		2606.	13283.	-10677.
50/50	7983.		7983.		7983.
Totals:	<u>14270.</u>		<u>14270.</u>	<u>16292.</u>	<u>-2022.</u>

Page 1 - Line 10, Sales of Inventory

Sales -

Page 1 - Line 20, Other changes in net assets

Other decreases -5,132.  
-5,132.

Page 2 - Line 22, Grants & Allocations not paid by due date

Donee's Name: Various Amount: 1,140.  
 Address:

Class of Activity:  
 Relationship:

Page 2, Part II - Line 43, Other expenses

Description	Program services	Management & general	Fundraising	Total
Taxes, licenses & fees				828.
Bank charges				755.
Insurance				9,702.
Office expense				2,918.
Miscellaneous				2,310.
State & Nat'l Dues				3,429.
Function expenses				1,152.
Cash short/over				-82.
Bar expense				1,679.
Small equipment				2,421.
Repairs & maintenance				7,913.
Cleaning expense				981.
Taxes				2,721.
Utilities				20,048.
ATM fees				-91.
Totals:				<u>56,684.</u>

Page 4 - Line 57, Land, Buildings & Equipment

Description	Cost	Accumulated Depreciation	Book Value
Land and Building	425,000.		425,000.
Furniture & Fixtures	51,162.	30,521.	20,641.
Capital Improvement	14,056.	2,452.	11,604.
Totals:	<u>490,218.</u>	<u>32,973.</u>	<u>457,245.</u>

Page 4 - Line 58, Other Assets

Deposits	1,762.
Prepaid insurance	1,835.
	<u>3,597.</u>

Page 4 - Line 64b, Mortgages and Other Notes Payable

Name & Title:	New Mortgage/Note Payable	Balance Due:	362,964.
Relationship:			
Purpose of Loan:	Purchase building and land	Original Amount:	375,000.
Repayment Terms:		Interest Rate	7.229%
Security:		Date of Note:	02/01/05
Desc/FMV consid:		Maturity Date:	02/01/25

Note 1

Note 2

PART III

(a) Dedicated to God and Country, the American Legion promotes patriotism, strong national security, adequate care for veterans, their widows and orphans, and community service and wholesome development of the nation's youth.

(b) The American Legion also provides advice and assistance to veterans and/or their survivors on benefits available, and to unemployed veterans regarding programs and training.

(c) The American Legion provides fraternal, social, educational, and recreational activities for veterans and their families

(d) The American Legion also actively participates in civic and memorial affairs, visits with the sick and provides handicap equipment and blood. Support of the youth in educational and sports activities are also a part of the program.

# Application for Extension of Time To File an Exempt Organization Return



▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box.
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time**—Only submit original (no copies needed)

**Note: Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization <u>American Legion #348</u>	Employer Identification number <u>59-2903617</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>105 Lincoln Ave.</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Cape Canaveral, FL 32920-2834</u>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

● The books are in care of ▶ Greg Yurchuk

Telephone No. ▶ 321-799-1060 Fax No. ▶ \_\_\_\_\_

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole group**, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 02/15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20 \_\_\_\_ or

▶  tax year beginning \_\_\_\_\_, 20 \_\_, and ending 06/30, 2006

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .. \$ \_\_\_\_\_

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Form section with fields: Name of Exempt Organization (American Legion #348), Employer Identification number (59-2903617), Address (105 Lincoln Ave.), and City/State/ZIP code.

Check type of return to be filed (File a separate application for each return):

- Form 990, Form 990-EZ, Form 990-T (sec. 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in the care of Greg Yurchuk. Telephone No. 321-799-1060. Fax No. - -

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15, 2007
5 For calendar year, or other tax year beginning, 20 and ending 06/30, 2006
6 If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
7 State in detail why you need the extension

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

Notice to Applicant—To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
Other

Director By: Date

Alternate Mailing Address—Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Form section with fields: Name, Number and street (include suite, room, or apt. no.) Or a P.O. box number, City or town, province or state, and country (including postal or ZIP code)