

Return of Organization Exempt from Income Tax

2004

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning Jul 1, 2004, and ending Jun 30, 2005

- 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.

19593 *****AUTO**SCH 3-DIGIT 328 VETERANS OF FOREIGN WARS OF THE 4534 ROCKET POST PO BOX 560284 ROCKLEDGE FL 32956-0284

P 10 R B 22 S

D Employer Identification Number 59-6162513 E Telephone number (321) 636-3570 F Accounting method: [X] Cash [] Annual [] Other (specify)

Section charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Applicable to section 527 organizations

G Web site: 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'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.

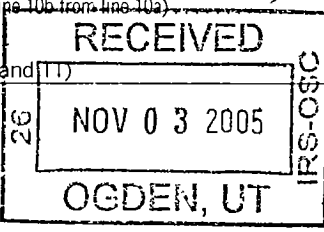
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 196,773.

- 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
H (d) Is this a separate return filed by an organization covered by a group ruling? [X] Yes No
I Group Exemption Number: 1676
M Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990 PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

SCANNED NOV 21 2005

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Amount. Includes sections for Revenue (lines 1-12) and Expenses (lines 13-17), ending with Net Assets (lines 18-21).



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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

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 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22	6,563.	6,563.		
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	0.			
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	4,077.		4,077.	
34 Telephone	34				
35 Postage and shipping	35	1,578.		1,578.	
36 Occupancy	36	39,945.		39,945.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	334.		334.	
40 Conferences, conventions, and meetings	40	806.		806.	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a APPLIANCES	43a	2,341.		2,341.	
b BANK CHARGES	43b	504.		504.	
c BONDS	43c	210.		210.	
d BURGLARY	43d	4,224.		4,224.	
e INSURANCE	43e	4,080.		4,080.	
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	64,662.	6,563.	58,099.	

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

What is the organization's primary exempt purpose? <input type="checkbox"/> SERVICES TO VETERANS & FAMILIES	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a OPERATION, MAINTENANCE, & MANAGEMENT OF THE POST HOME, VETERANS ACTIVITIES, COMMUNITY SERVICE, YOUTH ACTIVITIES, SAFETY EDUCATION PROGRAMS, & CANTEEN FUNCTIONS FOR VETERANS (Grants and allocations \$ 6,563.)	6,563.
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	6,563.

Part IV Balance Sheets (See Instructions)

Note: <i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	13,020.	45	8,477.
	46 Savings and temporary cash investments	41,474.	46	45,392.
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b		47c
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes & loans receivable (attach sch)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53
	54 Investments – securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55a Investments – land, buildings, & equipment: basis	55a		
	b Less accumulated depreciation (attach schedule)	55b		55c
56 Investments – other (attach schedule)			56	
57a Land, buildings, and equipment: basis	111,000.			
b Less accumulated depreciation (attach schedule)	57b	111,000.	57c	111,000.
58 Other assets (describe ▶ _____)			58	
59 Total assets (add lines 45 through 58) (must equal line 74)	165,494.	59	165,469.	
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)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ _____)		65	
66 Total liabilities (add lines 60 through 65)		66		
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds	54,494.	70	54,469.
	71 Paid-in or capital surplus, or land, building, and equipment fund	111,000.	71	111,000.
	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, column (B) must equal line 21)	165,494.	73	165,469.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	165,494.	74	165,469.	

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.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p>a Total revenue, gains, and other support per audited financial statements ▶ a</p> <p>b Amounts included on line a but not on line 12, Form 990</p> <p>(1) Net unrealized gains on investments \$ _____</p> <p>(2) Donated services and use of facilities \$ _____</p> <p>(3) Recoveries of prior year grants \$ _____</p> <p>(4) Other (specify) _____</p> <p>----- \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ b</p> <p>c Line a minus line b ▶ c</p> <p>d Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify) _____</p> <p>----- \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ d</p> <p>e Total revenue per line 12, Form 990 (line c plus line d) ▶ e</p>	<p>a Total expenses and losses per audited financial statements ▶ a</p> <p>b Amounts included on line a but not on line 17, Form 990</p> <p>(1) Donated services and use of facilities \$ _____</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$ _____</p> <p>(3) Losses reported on line 20, Form 990 \$ _____</p> <p>(4) Other (specify) _____</p> <p>----- \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ b</p> <p>c Line a minus line b ▶ c</p> <p>d Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify) _____</p> <p>----- \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ d</p> <p>e Total expenses per line 17, Form 990 (line c plus line d) ▶ e</p>

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see 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 and deferred compensation	(E) Expense account and other allowances
DAVID W. OLIVER ----- 1270 ADMIRALTY BLVD. ROCKLEDGE, FL. 32955	COMMANDER 40	0.	0.	0.
HERBERT F. GAY ----- 1291 ROBINSWOOD DR ROCKLEDGE, FL. 32955	SR.VICE CMDR 30	0.	0.	0.
ROBERT S. PATT ----- 1437 VICTORIA BLVD. ROCKLEDGE, FL. 32955	JR. VICE CMDR. 20	0.	0.	0.
HOWARD W. SIMMONS ----- 1721 FAIRWAY LANE ROCKLEDGE, FL. 32955	QUARTERMASTER 40	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

▶ Yes No

If 'Yes,' attach schedule – see instructions

Part VI Other Information (See 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		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		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
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?		X
	b If 'Yes,' enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures See line 81 instructions		
81b	b Did the organization file Form 1120-POL for this year?		X
82a	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?		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)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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		
	d Section 162(e) lobbying and political expenditures		
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	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?		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12		
	b Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) organizations Enter a Gross income from members or shareholders		
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
88	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		X
89a	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) organizations 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		
	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		
90a	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, 2004 (See instructions)	90b	0
91	The books are in care of <u>QUARTERMASTER</u> Telephone number <u>(321) 636-3570</u> Located at <u>US HWY 1, ROCKLEDGE, FL</u> ZIP + 4 <u>32955</u>		
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		<input type="checkbox"/>

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

Note: Enter gross amounts unless otherwise indicated

	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	
93 Program service revenue					
a POPPIES, ETC					6,001.
b AUXILIARIES					136.
c NATIONAL HOME					250.
d VETERANS RELIEF					3,694.
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					4,901.
95 Interest on savings & temporary cash invmnts					876.
96 Dividends & 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 pers prop					
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					33,515.
103 Other revenue					
a					
b NEWSLETTER BOOSTERS					351.
c MEMBER DONATIONS					19,802.
d					
e					
104 Subtotal (add columns (B), (D), and (E))					70,476.
105 Total (add line 104, columns (B), (D), and (E))					70,476.

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 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)
93a	POPPY DONATIONS FOR VETERANS PROGRAMS
93b	VFW LADIES AUXILIARY DONATIONS
93c	NATIONAL CHILDRENS HOME DONATIONS

See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

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

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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: Howard W. Simmons Date: 10-28-05

Type or print name and title: HOWARD W. SIMMONS QUARTERMASTER

Paid Preparer's Use Only

Preparer's signature: STAR E. LINEHAN Date: 09/26/05 Check if self employed:

Firm's name (or yours if self employed), address, and ZIP + 4: THE TAXLADY, INC.
1980 PINWOOD RD
MELBOURNE FL 32934-9026

Preparer's SSN or PTIN (See General Instruction W): 483-64-3129

EIN: 59-3607984 Phone no: (321) 253-5675

Form 990, Page 6, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	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).
93d	RELIEF FOR VETERANS IN NEED
94	DUES TO PROVIDE VETERANS ACTIVITIES
95	INTEREST TO HELP SERVE VETERANS PROGRAMS
102	PROFIT FROM CANTEEN TO SUPPORT VETERANS ACTIVITIES
103a	NEWSLETTER BOOSTERS
103b	MEMBER DONATIONS TO ENABLE SERVICE TO VETS & FAMILIES

VFW POST 4534 - ROCKLEDGE
PROFIT & LOSS
FY JUL 1, 2004 TO JUN 30, 2005

FILE=ROCKPL0

SCHEDULE FOR LINE 10a,10b,10c

CANTEEN

INCOME

MEMBERSHIP DUES
DONATIONS & GIFTS
NEWSLETTER BOOSTERS
INTEREST INCOME
PROGRAM SERVICES:
 POPPIES, ETC
 AUXILIARY DONATIONS
 NATIONAL HOME
 RELIEF FUNDS

FOOD & ENT INCOME (SPEC.EVENTS) 37,119.66
CANTEEN INCOME 120,121.34
AMUSEMENT MACHINES 2,571.23

TOTAL RECEIPTS 159,812.23

COST OF SALES

CANTEEN SUPPLIES 85,499.87
FOOD SUPPLIES 33,478.87
ENTERTAINMENT 7,318.50

126,297.24

GROSS PROFIT 33,514.99

SCHEDULES FOR VFW POST 4534

EIN# 59-6162513

FY 07/01/04 TO 06/30/05

FILE=ROCSCH04

PART I, ITEM 16, PAYMENTS TO AFFILIATES

VFW NATIONAL & DEPARTMENT DUES	1,673.50
VFW POST 4534 DUES RESERVE	1,529.75
VFW DISTRICT 8 ASSESSMENT	218.00
VFW LADIES AUXILIARY UNIT 4534	1,445.19
VFW MENS AUXILIARY	972.41
	<hr/>
TOTAL	5,838.85

PARTII, ITEM 22a, GRANTS & ALLOCATIONS

VETS-POPPY'S	895.90
NATIONAL CHILDRENS HOME	245.00
VETERANS RELIEF	2,868.81
VETERANS ACTIVITIES DONATIONS	2,553.00
	<hr/>
TOTAL	6,562.71