

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)

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 2005 calendar year, or tax year beginning Jul 1, 2005, and ending Jun 30, 2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

4534 ROCKET P 29 IA 200606 19 00 9 1676
VETERANS OF FOREIGN WARS OF THE
PO BOX 560284
ROCKLEDGE FL 32956-0284

D Employer Identification Number 59-6162513
E Telephone number (321) 636-3570
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).

G Web site: N/A

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

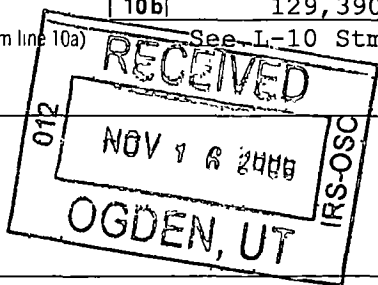
K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

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
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)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 204,221.

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses; 9c Net income; 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



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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 \$ <u>6,352.</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22	6,352.	6,352.		
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	5,362.		5,362.	
34 Telephone	34				
35 Postage and shipping	35	1,396.		1,396.	
36 Occupancy	36	40,746.		40,746.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38	312.		312.	
39 Travel	39	319.		319.	
40 Conferences, conventions, and meetings	40	942.		942.	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a APPLIANCES	43a	3,210.		3,210.	
b BANK CHARGES	43b	289.		289.	
c BONDS	43c	220.		220.	
d INSURANCE	43d	4,445.		4,445.	
e	43e				
f	43f				
g	43g				
44 Total functional expenses Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	63,593.	6,352.	57,241.	

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 \$ _____

BAA

Part III Statement of Program Service Accomplishments

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? SERVICES TO VETERANS & FAMILIES 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) 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 \$ 6,352.) If this amount includes foreign grants, check here <input type="checkbox"/>	6,352.
b (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	6,352.

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Part IV Balance Sheets (See 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	8,477.	45	9,321.
	46 Savings and temporary cash investments	45,992.	46	45,890.
	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	57a 111,000.			
b Less accumulated depreciation (attach schedule)	57b	57c		
		111,000.	111,000.	
58 Other assets (describe ▶ _____)		58		
59 Total assets (must equal line 74) Add lines 45 through 58		165,469.	59	166,211.
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		0.	66	0.
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	54,469.	70	55,211.
	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)	165,469.	73	166,211.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	165,469.	74	166,211.

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Form 990 (2005)

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

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	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
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	
	Add lines d1 and d2		d
e	Total revenue (Part I, line 12) Add lines c and d		e

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

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	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
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	
	Add lines d1 and d2		d
e	Total expenses (Part I, line 17) Add lines c and d		e

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 and deferred compensation plans	(E) Expense account and other allowances
HERBERT F. GAY 1291 ROBINSWOOD DR ROCKLEDGE, FL. 32955	COMMANDER 40	0.	0.	0.
JAMES L. SMITH 585 NEEDLE BLVD. MERRITT ISLAND, FL 32953	SR.VICE CMDR 30	0.	0.	0.
GEORGE A. WARRINGTON 823 EMERALD WAY ROCKLEDGE, FL. 32955	JR.VICE CMDR 20	0.	0.	0.
HOWARD W. SIMMONS 1721 FAIRWAY LANE ROCKLEDGE, FL. 32955	QUARTERMASTER 40	0.	0.	0.

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?		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.)		
	82 b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
85 b	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		
	85 c		
	d Section 162(e) lobbying and political expenditures		
	85 d		
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85 e		
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85 f		
85 g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85 h	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 a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12		
86 b	b Gross receipts, included on line 12, for public use of club facilities		
87 a	501(c)(12) organizations Enter a Gross income from members or shareholders		
87 b	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
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
89 b	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		
90 a	List the states with which a copy of this return is filed ▶ <u>FLORIDA</u>		
90 b	b Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		0
91 a	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>		
91 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)? 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 Statements		X
91 c	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 ▶ _____		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 ▶ <u>92</u>		<input type="checkbox"/>

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) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a POPPIES, ETC					8,283.
b AUXILIARIES					256.
c NATIONAL HOME					245.
d VETERANS RELIEF					3,747.
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					5,278.
95 Interest on savings & temporary cash invmnts					1,378.
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					34,449.
103 Other revenue: a					
b NEWSLETTER BOOSTERS					250.
c MEMBER DONATIONS					20,945.
d					
e					
104 Subtotal (add columns (B), (D), and (E))					74,831.
105 Total (add line 104, columns (B), (D), and (E))					74,831.

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 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)
93a	POPPY DONATIONS FOR VETERANS PROGRAMS
93b	VFW LADIES AUXILIARY DONATIONS FOR VETERANS PROGRAMS
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 the instructions) N/A

(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 the 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 any attachments, and it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which he or she has any knowledge.

Signature of officer: Howard W. Simmons

Type of print name and title: Howard W. Simmons

Paid Preparer's Use Only

Preparer's signature: Star E. Linehan

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

Form 990, Page 8, 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

Form 990, Page 1, Part I, Line 10

Gross Sales of Inventory Statement

Description	Gross Sales Less: Returns and Allowances	Less: Cost of Goods Sold	Gross Profit (Loss)
CANTEEN, MACHINES & FOOD & ENT.	163,839.	129,390.	34,449.
Total	<u>163,839.</u>	<u>129,390.</u>	<u>34,449.</u>

Supporting Statement of:

Form 990 p 1/Line 16

Description	Amount
NATIONAL & DEPT. DUES	1,812.
POST DUES RESERVE	1,604.
LADIES AUXILIARY	5,242.
MENS AUXILIARY	1,705.
VFW DISTRICT 8 ASSESSMENT	219.
ADMISSION FEES	14.
Total	<u>10,596.</u>

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
CASH ON HAND IN CANTEEN INCREASED	100.
Total	<u>100.</u>

Supporting Statement of:

Form 990 p 3/Grants & Allocations-a

Description	Amount
VETS-POPPY'S	514.
NATIONAL CHILDRENS HOME	245.
VETERANS RELIEF FUNDS	2,292.
VETERANS ACTIVITY DONATIONS	3,301.
Total	<u>6,352.</u>