

Return of Organization Exempt From Income Tax

2006

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 2006 calendar year, or tax year beginning 2006, and ending

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

C Name of organization: VETERANS OF FOREIGN WARS POST 4206. Address: 3201 S. DAIRY RD, W. MELBOURNE, FL 32904-7722

D Employer Identification Number: 59-0900146. E Telephone number: (321) 724-4121. F Accounting method: Cash

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

- H (a) Is this a group return for affiliates? No. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? No. H (d) Is this a separate return filed by an organization covered by a group ruling? Yes

G Web site: N/A

J Organization type: 501(c) 19

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

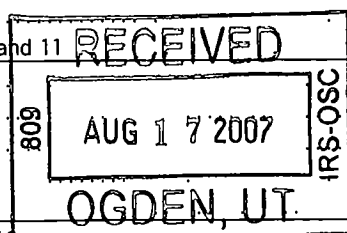
I Group Exemption Number: 1676

M Check 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: 148,715.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants... 2 Program service revenue... 3 Membership dues... 4 Interest on savings... 5 Dividends... 6a Gross rents... 6b Less rental expenses... 6c Net rental income... 7 Other investment income... 8a Gross amount from sales... 8b Less cost or other basis... 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)... 19 Net assets or fund balances at beginning... 20 Other changes... 21 Net assets or fund balances at end of year.



**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 |
|--|-----------|----------------------|----------------------------|-----------------|
| 22a Grants paid from donor advised funds (attach sch)<br>(cash \$ _____<br>non-cash \$ _____)<br>If this amount includes foreign grants, check here <input type="checkbox"/>               | 22a       |                      |                            |                 |
| 22b Other grants and allocations (att sch)<br>(cash \$ <u>4,416.</u><br>non-cash \$ _____)<br>If this amount includes foreign grants, check here <input type="checkbox"/>                  | 22b       | 4,416.               | 4,416.                     |                 |
| 23 Specific assistance to individuals (attach schedule)  | 23        |                      |                            |                 |
| 24 Benefits paid to or for members (attach schedule)   | 24        |                      |                            |                 |
| 25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)  | 25a       | 0.                   |                            |                 |
| b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)   | 25b       |                      |                            |                 |
| 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       |                      |                            |                 |
| 26 Salaries and wages of employees not included on lines 25a, b, and c   | 26        | 19,807.              | 19,807.                    |                 |
| 27 Pension plan contributions not included on lines 25a, b, and c  | 27        |                      |                            |                 |
| 28 Employee benefits not included on lines 25a - 27  | 28        |                      |                            |                 |
| 29 Payroll taxes   | 29        | 1,879.               | 1,879.                     |                 |
| 30 Professional fundraising fees   | 30        |                      |                            |                 |
| 31 Accounting fees   | 31        | 10,900.              | 10,900.                    |                 |
| 32 Legal fees  | 32        |                      |                            |                 |
| 33 Supplies  | 33        | 1,825.               | 1,825.                     |                 |
| 34 Telephone   | 34        | 735.                 | 735.                       |                 |
| 35 Postage and shipping  | 35        | 1,639.               | 1,639.                     |                 |
| 36 Occupancy   | 36        | 35,061.              | 35,061.                    |                 |
| 37 Equipment rental and maintenance  | 37        |                      |                            |                 |
| 38 Printing and publications   | 38        | 1,131.               | 1,131.                     |                 |
| 39 Travel  | 39        |                      |                            |                 |
| 40 Conferences, conventions, and meetings  | 40        | 548.                 | 548.                       |                 |
| 41 Interest  | 41        |                      |                            |                 |
| 42 Depreciation, depletion, etc (attach schedule)  | 42        |                      |                            |                 |
| 43 Other expenses not covered above (itemize)  |           |                      |                            |                 |
| a BANDS  | 43a       | 10,204.              | 10,204.                    |                 |
| b INSURANCE  | 43b       | 6,911.               | 6,911.                     |                 |
| c LICENSES & TAXES   | 43c       | 1,377.               | 1,377.                     |                 |
| d  | 43d       |                      |                            |                 |
| e  | 43e       |                      |                            |                 |
| f  | 43f       |                      |                            |                 |
| g  | 43g       |                      |                            |                 |
| 44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)  | 44        | 96,433.              | 4,416.                     | 92,017.         |

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**

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? ▶ <b>SERVICE TO VETERANS &amp; FAMILIES</b><br>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<br>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.) |
|---|--|
| <b>a OPERATION, MAINTENANCE, &amp; MANAGEMENT OF THE POST HOME, VETERANS HOSPITALS &amp; HOMES, COMMUNITY SERVICE, SAFETY &amp; EDUCATION PROGRAMS, YOUTH ACTIVITIES &amp; CANTEEN FUNCTIONS.</b><br>-----<br>-----<br>-----<br>(Grants and allocations \$ <b>4,416.</b> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>  | <b>4,416.</b>  |
| <b>b</b><br>-----<br>-----<br>-----<br>(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>   |  |
| <b>c</b><br>-----<br>-----<br>-----<br>(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>   |  |
| <b>d</b><br>-----<br>-----<br>-----<br>(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>   |  |
| <b>e Other program services</b><br>(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>   |  |
| <b>f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . ▶</b>   | <b>4,416.</b>  |

BAA

**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)<br>Beginning of year                                   |              | (B)<br>End of year |
|---|--|--|--------------|--------------------|
| ASSETS  | 45 Cash — non-interest-bearing   | 27,021.  | 45           | 19,975.            |
|   | 46 Savings and temporary cash investments  | 19,073.  | 46           | 22,680.            |
|   | 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           |                    |
|   | 50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)   |  | 50a          |                    |
|   | 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          |                    |
|   | 51a Other notes and loans receivable (attach schedule)   | 51a  |              |                    |
|   | b Less allowance for doubtful accounts   | 51b  | 51c          |                    |
|   | 52 Inventories for sale or use   | 2,604.   | 52           | 2,604.             |
|   | 53 Prepaid expenses and deferred charges   |  | 53           |                    |
|   | 54a Investments — publicly-traded securities   | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54a          |                    |
|   | b Investments — other securities (attach sch)  | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54b          |                    |
|   | 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 218,867.   |              |                    |
|   | b Less accumulated depreciation (attach schedule)  | 57b  | 57c 217,124. | 218,867.           |
| 58 Other assets, including program-related investments (describe ► _____)   |  | 58   |              |                    |
| 59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .  | 265,822.   | 59   | 264,126.     |                    |
| LIABILITIES   | 60 Accounts payable and accrued expenses . . . . .   | 935.   | 60           | 966.               |
|   | 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 <b>Total liabilities.</b> Add lines 60 through 65   | 935.   | 66           | 966.               |
| NET ASSETS OR FUND BALANCES   | <b>Organizations that follow SFAS 117, check here</b> <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           |                    |
|   | <b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> 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 . . . . .   | 264,887.   | 71           | 263,160.           |
|   | 72 Retained earnings, endowment, accumulated income, or other funds . . . . .  |  | 72           |                    |
| 73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) | 264,887.   | 73   | 263,160.     |                    |
| 74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73   | 265,822.   | 74   | 264,126.     |                    |

**Part IV-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             |           |          |
| 1 Net unrealized gains on investments   | <b>b1</b> |          |
| 2 Donated services and use of facilities  | <b>b2</b> |          |
| 3 Recoveries of prior year grants   | <b>b3</b> |          |
| 4 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> from line <b>a</b>                                |           | <b>c</b> |
| <b>d</b> Amounts included on Part I, line 12, 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 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      |           |          |
| 1 Donated services and use of facilities                                   | <b>b1</b> |          |
| 2 Prior year adjustments reported on Part I, line 20                       | <b>b2</b> |          |
| 3 Losses reported on Part I, line 20                                       | <b>b3</b> |          |
| 4 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> from 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 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 |
|---|--|---|---|--|
| JOHN J. GAYNOR<br>3201 S. DAIRY RD<br>W. MELBOURNE, FL. 32904 | COMMANDER 40   | 0.  | 0.  | 0.                                       |
| JOHN HUSSEY<br>3201 S. DAIRY RD.<br>W. MELBOURNE, FL. 32904   | SR VICE CMDR 20  | 0.  | 0.  | 0.                                       |
| LARRY SOPER<br>3201 S. DAIRY RD.<br>W. MELBOURNE, FL. 32904   | QTRMASTER 40   | 0.  | 0.  | 0.                                       |
|   |  |   |   |  |
|   |  |   |   |  |
|   |  |   |   |  |
|   |  |   |   |  |

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 as board meetings 10
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?
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?
d Does the organization have a written conflict of interest policy?

Table with 3 columns: Question ID, Yes, No. Rows 75b, 75c, 75d.

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.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans and deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Yes No

- 76 Did the organization make a change in its activities or methods of conducting activities?
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If 'Yes,' has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
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?
80b 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)
81b Did the organization file Form 1120-POL for this year?

Table with 3 columns: Question ID, Yes, No. Rows 76, 77, 78a, 78b, 79, 80a, 80b, 81a, 81b.

| Part VI Other Information (continued)  | Yes | No |
|--|-----|----|
| <b>82 a</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?  |     | X  |
| <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.) <span style="float: right;">82 b</span>  |     |    |
| <b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?  | X   |    |
| <b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?   | X   |    |
| <b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?  |     | X  |
| <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>85 501(c)(4), (5), or (6) organizations a</b> Were substantially all dues nondeductible by members?   | N/A |    |
| <b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?<br>If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year   | N/A |    |
| <b>c</b> Dues, assessments, and similar amounts from members. <span style="float: right;">85 c</span>  | N/A |    |
| <b>d</b> Section 162(e) lobbying and political expenditures <span style="float: right;">85 d</span>  | N/A |    |
| <b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float: right;">85 e</span>  | N/A |    |
| <b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float: right;">85 f</span>   | N/A |    |
| <b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?   | N/A |    |
| <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?  | N/A |    |
| <b>86 501(c)(7) organizations</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12 <span style="float: right;">86 a</span>   | N/A |    |
| <b>b</b> Gross receipts, included on line 12, for public use of club facilities. <span style="float: right;">86 b</span>   | N/A |    |
| <b>87 501(c)(12) organizations</b> Enter <b>a</b> Gross income from members or shareholders <span style="float: right;">87 a</span>  | N/A |    |
| <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) <span style="float: right;">87 b</span>   | N/A |    |
| <b>88 a</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   |     | X  |
| <b>b</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   |     | X  |
| <b>89 a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under: section 4911 <span style="float: right;">89 a</span>  |     |    |
| <b>b 501(c)(3) and 501(c)(4) organizations</b> 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 <span style="float: right;">89 b</span>                        | N/A |    |
| <b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">89 c</span>  |     |    |
| <b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization <span style="float: right;">89 d</span>  |     |    |
| <b>e All organizations</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? <span style="float: right;">89 e</span>  |     | X  |
| <b>f All organizations</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract? <span style="float: right;">89 f</span>  |     | X  |
| <b>g For supporting organizations and sponsoring organizations maintaining donor advised funds</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <span style="float: right;">89 g</span>  |     | X  |
| <b>90 a</b> List the states with which a copy of this return is filed <span style="float: right;">FLORIDA</span>   |     |    |
| <b>b</b> Number of employees employed in the pay period that includes March 12, 2006 (See instructions) <span style="float: right;">90 b</span>  |     | 3  |
| <b>91 a</b> The books are in care of <span style="float: right;">QUARTERMASTER</span> Telephone number <span style="float: right;">(321) 724-4121</span><br>Located at <span style="float: right;">3201 S. DAIRY RD, W. MELBOURNE, FL.</span> ZIP + 4 <span style="float: right;">32904-7722</span>  |     |    |
| <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)?<br>If 'Yes,' enter the name of the foreign country <span style="float: right;">91 b</span> | Yes | No |
|  |     | X  |

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**

**Part VI Other Information** (continued)

|      |     |    |
|------|-----|----|
|      | Yes | No |
| 91 c |     | X  |

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

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

**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)<br>Related or exempt<br>function income |
|--|---------------------------|---------------|--------------------------------------|---------------|---|
|  | (A)<br>Business code      | (B)<br>Amount | (C)<br>Exclusion code                | (D)<br>Amount |   |
| 93 Program service revenue                                   |                           |               |                                      |               |   |
| a <b>POPPIES/NATL HOME</b>                                   |                           |               |                                      |               | 9,402.                                      |
| b <b>LADIES AUX.</b>   |                           |               |                                      |               | 3,760.                                      |
| c <b>MEMBER-BLDG FUNDS</b>                                   |                           |               |                                      |               | 5,026.                                      |
| d <b>BINGO &amp; GAMES</b>                                   |                           |               |                                      |               | 3,260.                                      |
| e  |                           |               |                                      |               |   |
| f Medicare/Medicaid payments                                 |                           |               |                                      |               |   |
| g Fees & contracts from government agencies                  |                           |               |                                      |               |   |
| 94 Membership dues and assessments                           |                           |               |                                      |               | 4,232.                                      |
| 95 Interest on savings & temporary cash invmnts              |                           |               |                                      |               | 127.  |
| 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                |                           |               |                                      |               | 4,500.                                      |
| 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           |                           |               |                                      |               | 63,190.                                     |
| 103 Other revenue a  |                           |               |                                      |               |   |
| b <b>BOOSTERS</b>  |                           |               |                                      |               | 328.  |
| c <b>RECYCLING &amp; MISC</b>                                |                           |               |                                      |               | 870.  |
| d <b>HALL RENTAL</b>   |                           |               |                                      |               | 3,505.                                      |
| e  |                           |               |                                      |               |   |
| 104 Subtotal (add columns (B), (D), and (E))                 |                           |               |                                      |               | 98,200.                                     |
| 105 Total (add line 104, columns (B), (D), and (E))          |                           |               |                                      |               | 98,200.                                     |

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      | <b>POPPY DONATIONS FOR VA HOSPITALS &amp; VETERANS HOMES</b>   |
| 93b      | <b>LADIES AUXILIARY DONATIONS TO HELP WITH VETERANS PROGRAMS</b>   |
| 93c      | <b>MEMBER DONATIONS FOR VETS PROGRAMS &amp; BUILDING FUNDS</b>   |
|          | 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)<br>Name, address, and EIN of corporation, partnership, or disregarded entity | (B)<br>Percentage of ownership interest | (C) | (D) | (E) |
|--|---|-----|-----|-----|
|  | %                                       |     |     |     |
|  | %                                       |     |     |     |
|  | %                                       |     |     |     |
|  | %                                       |     |     |     |

**Part X Information Regarding Transfers Associated w**

a Did the organization, during the year, receive any funds, directly or indirectly, to pay

b Did the organization, during the year, pay premiums, directly or in

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



**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).

N/A

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

|               | (A)<br>Name, address, of each controlled entity | (B)<br>Employer Identification Number | (C)<br>Description of transfer | (D)<br>Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a             | -----   |                                       |                                |                           |
| b             | -----   |                                       |                                |                           |
| c             | -----   |                                       |                                |                           |
| <b>Totals</b> |   |                                       |                                |                           |

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

|               | (A)<br>Name, address, of each controlled entity | (B)<br>Employer Identification Number | (C)<br>Description of transfer | (D)<br>Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a             | -----   |                                       |                                |                           |
| b             | -----   |                                       |                                |                           |
| c             | -----   |                                       |                                |                           |
| <b>Totals</b> |   |                                       |                                |                           |

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?

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.

**Please Sign Here**

Signature of officer: *John Gaynor* Date: Aug 10, 2007

**JOHN GAYNOR, COMMANDER**  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: STAR E. LINEHAN Date: 08/09/07

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

Check if self-employed:  Preparer's SSN or PTIN (See General Instruction W): P00544680

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

Form 990, Page 8, Part VIII

**Relationship of Activities to the Accomplishment of Exempt Purposes Statement**

| Line Number<br>▼ | 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              | BINGO & GAMES FOR VETERANS ACTIVITIES   |
| 94               | DUES TO PROVIDE ACTIVITIES FOR VETERANS & THEIR FAMILIES  |
| 95               | INTEREST ON SAVINGS TO SERVE VETERANS & FAMILIES  |
| 98               | RENTAL INCOME FOR CELL TOWER ON PROPERTY  |
| 102              | CANTEEN FUNCTIONS TO PROVIDE FOR VETERANS ACTIVITIES  |
| 103a             | BOOSTER CLUB DONATIONS FOR NEWS LETTER  |
| 103b             | CAN RECYCLING & HATS, SHIRTS, & PINS FOR VETERANS AFFAIRS   |
| 103c             | HALL RENTALS FOR VETERANS & THEIR FAMILIES  |

Form 990, Page 1, Part I, Line 10

**Gross Sales of Inventory Statement**

| Description              | Gross Sales<br>Less: Returns<br>and Allowances | Less:<br>Cost of<br>Goods Sold | Gross<br>Profit (Loss) |
|--------------------------|--|--------------------------------|------------------------|
| CANTEEN REVENUE FOR 2006 | 113,705.                                       | 50,515.                        | 63,190.                |
| Total                    | <u>113,705.</u>                                | <u>50,515.</u>                 | <u>63,190.</u>         |

**Supporting Statement of:**

Form 990 p 1/Line 16

| Description                      | Amount        |
|----------------------------------|---------------|
| VFW NATIONAL DUES                | 1,205.        |
| LADIES AUXILIARY                 | 1,915.        |
| VFW DISTRICT 8                   | 362.          |
| VFW NATIONAL CONVENTION DELEGATE | 12.           |
| Total                            | <u>3,494.</u> |

**Supporting Statement of:**

Form 990 p 2/Line 22b column (B)

| Description                           | Amount        |
|---------------------------------------|---------------|
| VFW NATIONAL CHILDRENS HOME           | 708.          |
| W.MELBOURNE LITTLE LEAGUE             | 200.          |
| LADIES AUXILIARY                      | 1,125.        |
| LOCAL VETERANS ASSISTANCE             | 764.          |
| VFW DEPT OF FLORIDA-PLEDGES & POPPIES | 687.          |
| OPERATION UPLINK                      | 325.          |
| PARKINSONS DISEASE                    | 25.           |
| PARALYZED VETERANS                    | 100.          |
| CITY OF MELBOURNE-FIRE DEPT           | 60.           |
| CUB SCOUTS                            | 100.          |
| VFW DISTRICT 8 PICNIC                 | 163.          |
| LEUKEMIA FOUNDATION                   | 25.           |
| VFW HONOR GUARD                       | 34.           |
| TOYS FOR TOTS                         | 100.          |
| Total                                 | <u>4,416.</u> |

**Supporting Statement of:**

Form 990 p 8/Line 98 (E)

| Description                              | Amount        |
|--|---------------|
| RENTAL INCOME FOR CELL TOWER ON PROPERTY | 4,500.        |
| Total                                    | <u>4,500.</u> |

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

Department of the Treasury  
Internal Revenue Service

▶ 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)

**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).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and 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) and click on *e-file for Charities & Nonprofits*.

|  |   |   |  |
|--|---|---|--|
| <b>Type or print</b><br>File by the due date for filing your return. See instructions. | Name of Exempt Organization<br><b>VETERANS OF FOREIGN WARS POST 4206</b>                              | Employer identification number<br><b>59-0900146</b> |  |
|  | Number, street, and room or suite number. If a P.O. box, see instructions.<br><b>3201 S. DAIRY RD</b> |   |  |
|  | City, town or post office. For a foreign address, see instructions.<br><b>W. MELBOURNE</b>            |   | state ZIP code<br><b>FL 32904-7722</b> |
|  |   |   |  |

**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 (section 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 the care of ▶ QUARTERMASTER -----

Telephone No ▶ (321) 724-4121 ----- 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) **1676**. 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 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **Aug 15**, 20 **07**, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ▶  calendar year 20 **06** or
- ▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

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>3a</b> | \$ | 0. |
| 3b 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.  | <b>3b</b> | \$ | 0. |
| 3c <b>Balance Due.</b> 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. | <b>3c</b> | \$ | 0. |

**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.