

**Return of Organization Exempt From Income Tax**

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

**2007**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service (77)

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

**A For the 2007 calendar year, or tax year beginning** , 2007, and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C Name of organization**  
**VETERANS OF FOREIGN WARS POST 4206**  
 Number and street (or P O box if mail is not delivered to street addr) Room/suite  
**3201 S. DAIRY RD**  
 City, town or country State ZIP code + 4  
**W. MELBOURNE FL 32904-7722**

**D Employer Identification Number**  
**59-0900146**

**E Telephone number**  
**(321) 724-4121**

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

**G Web site:** ▶ N/A

**J Organization type** (check only one) ▶  501(c) 19 (insert no.)  4947(a)(1) or  527

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

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **178,519.**

**H and I are not applicable to section 527 organizations**  
**H (a)** Is this a group return for affiliates?  Yes  No  
**H (b)** If 'Yes,' enter number of affiliates ▶  
**H (c)** Are all affiliates included?  Yes  No  
 (If 'No,' attach a list. See instructions.)  
**H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

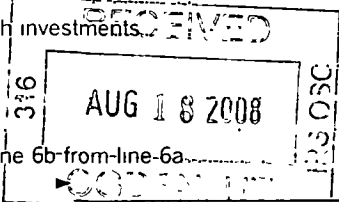
**I Group Exemption Number** ▶ **1676**

**M Check** ▶  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

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

<b>1</b>	Contributions, gifts, grants, and similar amounts received:			
<b>a</b>	Contributions to donor advised funds	<b>1a</b>		
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>		
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>		
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>		
<b>e</b>	Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)			<b>1e</b>
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2 16,551.</b>
<b>3</b>	Membership dues and assessments			<b>3 4,248.</b>
<b>4</b>	Interest on savings and temporary cash investments			<b>4 464.</b>
<b>5</b>	Dividends and interest from securities			<b>5</b>
<b>6a</b>	Gross rents	<b>6a</b>	18,000.	
<b>b</b>	Less rental expenses	<b>6b</b>		
<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a			<b>6c 18,000.</b>
<b>7</b>	Other investment income (describe _____)			<b>7</b>
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>		
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>		
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8c</b>		<b>8d</b>
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>		
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a			<b>9c</b>
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	132,054.	
<b>b</b>	Less cost of goods sold	<b>10b</b>	53,947.	
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a		See L-10 Stmt	<b>10c 78,107.</b>
<b>11</b>	Other revenue (from Part VII, line 103)			<b>11 7,202.</b>
<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			<b>12 124,572.</b>
<b>13</b>	Program services (from line 44, column (B))			<b>13 11,624.</b>
<b>14</b>	Management and general (from line 44, column (C))			<b>14 104,021.</b>
<b>15</b>	Fundraising (from line 44, column (D))			<b>15</b>
<b>16</b>	Payments to affiliates (attach schedule)			<b>16 8,844.</b>
<b>17</b>	<b>Total expenses.</b> Add lines 16 and 44, column (A)			<b>17 124,489.</b>
<b>18</b>	Excess or (deficit) for the year Subtract line 17 from line 12			<b>18 83.</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19 263,160.</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)			<b>20</b>
<b>21</b>	Net assets or fund balances at end of year Combine lines 18, 19, and 20			<b>21 263,243.</b>



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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 (See *instructions*)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, 10c, or 16 of Part I</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
<b>22b</b> Other grants and allocations (att sch) (cash \$ <u>11,624.</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	11,624.	11,624.		
<b>23</b> Specific assistance to individuals (attach schedule)	23				
<b>24</b> Benefits paid to or for members (attach schedule)	24				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A	25a	0.			
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B	25b				
<b>c</b> 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)	25c				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	26	23,970.		23,970.	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	27				
<b>28</b> Employee benefits not included on lines 25a - 27	28				
<b>29</b> Payroll taxes	29	2,456.		2,456.	
<b>30</b> Professional fundraising fees	30				
<b>31</b> Accounting fees	31	10,471.		10,471.	
<b>32</b> Legal fees	32				
<b>33</b> Supplies	33	2,619.		2,619.	
<b>34</b> Telephone	34				
<b>35</b> Postage and shipping	35	2,298.		2,298.	
<b>36</b> Occupancy	36	40,535.		40,535.	
<b>37</b> Equipment rental and maintenance	37				
<b>38</b> Printing and publications	38	1,650.		1,650.	
<b>39</b> Travel	39				
<b>40</b> Conferences, conventions, and meetings	40	14.		14.	
<b>41</b> Interest	41				
<b>42</b> Depreciation, depletion, etc (attach schedule)	42				
<b>43</b> Other expenses not covered above (itemize).					
<b>a BANDS</b>	43a	10,226.		10,226.	
<b>b INSURANCE</b>	43b	7,855.		7,855.	
<b>c LICENSES &amp; TAXES</b>	43c	1,882.		1,882.	
<b>d BANK CHARGES</b>	43d	45.		45.	
<b>e</b>	43e				
<b>f</b>	43f				
<b>g</b>	43g				
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	115,645.	11,624.	104,021.	

**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? ▶ <b>SERVICE TO VETERANS &amp; FAMILIES</b> 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)
<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> ----- ----- ----- (Grants and allocations \$ <u>11,624.</u> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	<b>11,624.</b>
<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</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) ▶	<b>11,624.</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) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	19,975.	45	19,489.
	46 Savings and temporary cash investments	22,680.	46	16,594.
	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 225,507.		
b Less: accumulated depreciation (attach schedule)	57b	57c		
58 Other assets, including program-related investments (describe ▶ <u>See Line 58 Stmt</u> )		58	979.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	264,126.	59	265,173.	
LIABILITIES	60 Accounts payable and accrued expenses	966.	60	1,930.
	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	966.	66	1,930.	
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		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund	263,160.	71	263,243.
	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)	263,160.	73	263,243.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	264,126.	74	265,173.	

**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 3201 S. DAIRY RD. W. MELBOURNE, FL 32904	COMMANDER 30.00	0.	0.	0.
JOHN HUSSEY 3201 S. DAIRY RD. W. MELBOURNE, FL 32904	SR VICE CMDR 30.00	0.	0.	0.
CHUCK LOWEY 3201 S. DAIRY RD. W. MELBOURNE, FL 32904	QTRMASTER 40.00	0.	0.	0.
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<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>	Yes	No
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float:right;">▶ <u>10</u></span>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	75b	X
<b>c</b> Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' <span style="float:right;">▶</span> If 'Yes,' attach a statement that includes the information described in the instructions	75c	X
<b>d</b> Does the organization have a written conflict of interest policy?	75d	X

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

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

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

**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)		
	82 b		
<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 a</b>	501(c)(4), (5), or (6) 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?	N/A	
	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	85 c	N/A
<b>d</b>	Section 162(e) lobbying and political expenditures	85 d	N/A
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	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?	85 h	N/A
<b>86</b>	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86 a	N/A
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities.	86 b	N/A
<b>87</b>	501(c)(12) organizations. Enter a Gross income from members or shareholders	87 a	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)	87 b	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	88 a	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	88 b	X
<b>89 a</b>	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> , section 4912 <u>N/A</u> , section 4955 <u>N/A</u>		
<b>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	89 b	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		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization		
<b>e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89 e	X
<b>f</b>	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89 f	X
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89 g	X
<b>90 a</b>	List the states with which a copy of this return is filed <u>See States Filed In</u>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90 b	3
<b>91 a</b>	The books are in care of <u>QUARTERMASTER</u> Telephone number <u>(321) 724-4121</u> Located at <u>3201 S. DAIRY RD, W. MELBOURNE, W. MELBOURNE FL</u> ZIP + 4 <u>32904-7722</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)? If 'Yes,' enter the name of the foreign country <u></u>	91 b	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

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c  Yes  No

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) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a POPPIES/NATL HOME					7,723.
b LADIES AUX.					
c MEMBER-BLDG FUNDS					5,976.
d BINGO & GAMES					2,852.
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					4,248.
95 Interest on savings & temporary cash invmnts					464.
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					18,000.
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					78,106.
103 Other revenue: a					
b BOOSTERS					290.
c RECYCLING & MISC					5,242.
d HALL RENTAL					1,670.
e					
104 Subtotal (add columns (B), (D), and (E))					124,571.
105 Total (add line 104, columns (B), (D), and (E))					124,571.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	POPPY DONATIONS & NATIONAL HOME FOR CHILDREN & VETS
93c	MEMBER DONATIONS FOR VET PROGRAMS & BUILDING FUNDS
93d	BINGO & GAMES FOR VETERANS ACTIVITIES
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)



**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) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) 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) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) 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: Charles W. Lowery Jr. Date: 08/13/2008

Type or print name and title: CHARLES W. LOWERY JR QUARTERMASTER POST 4206 VFW

**Paid Preparer's Use Only**

Preparer's signature: STAR E. LINEHAN Date: \_\_\_\_\_ Check if: \_\_\_\_\_ Preparer's SSN or PTIN (See instructions): \_\_\_\_\_

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

BAA

Form 990. Part VI, Page 7, Line 90a

**States Filed In**

Florida

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).
94	DUES TO PROVIDE ACTIVITIES FOR VETS & FAMILIES
95	INTEREST ON SAVINGS TO SERVE VETERANS
98	RENTAL INCOME FOR CELL TOWER ON PROPERTY
102	CANTEEN FUNCTIONS TO PROVIDE FOR VETS ACTIVITIES
103a	BOOSTER CLUB DONATIONS FOR VETS NEWS LETTER
103b	CAN RECYCLING & HATS, SHIRTS, & PINS FOR VETERANS AFFAIRS
103c	HALL RENTALS FOR VETS ACTIVITIES

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 REVENUE FOR 2006	132,054.	53,947.	78,107.
Total	<u>132,054.</u>	<u>53,947.</u>	<u>78,107.</u>

Form 990, Page 4, Part IV, Line 58

**Other Assets Statement**

Line 58 - Other Assets:	Beginning of Year	End of Year
SECURITY DEPOSIT-FPL		979.
Total		<u>979.</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).

A corporation 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 a corporation 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>	Name of Exempt Organization <b>VETERANS OF FOREIGN WARS POST 4206</b>	Employer identification number <b>59-0900146</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P.O. box, see instructions <b>3201 S. DAIRY RD</b>	
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions <b>W. MELBOURNE</b>	<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 corporation required to file Form 990-T) extension of time until Aug 15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶  calendar year 2007 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	3a	\$	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	3b	\$	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	3c	\$	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

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev 4-2008)