

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

# Short Form 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)  
 ▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

**2007**

**Open to Public Inspection**

**A For the 2007 calendar year, or tax year beginning** JANUARY 1, 2007, and ending DECEMBER 31, 20 07

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>VCS CREW MEMBERS CLUB</b>	<b>D Employer identification number</b> <b>59 3628675</b>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>5180 SANDRA DRIVE</b>	<b>E Telephone number</b> ( <b>321</b> ) <b>267-7477</b>
		City or town, state or country, and ZIP + 4 <b>TITUSVILLE, FL 32780-7176</b>	<b>F Group Exemption Number</b>

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

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

**I Website:** ▶ \_\_\_\_\_

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

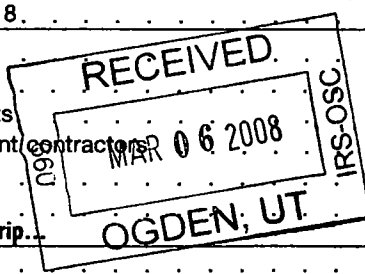
**J Organization type** (check only one)— 501(c) ( 4 ) ◀ (insert no.)  4947(a)(1) or  527

**K Check**  if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ.** ▶ \$ **9238**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 55 of the instructions.)

1 2 3 4 5a b c 6 a b c 7a b c 8 9 10 11 12 13 14 15 16 17	Contributions, gifts, grants, and similar amounts received	1	0
	Program service revenue including government fees and contracts	2	0
	Membership dues and assessments	3	0
	Investment income	4	0
	Gross amount from sale of assets other than inventory	5a	0
	Less: cost or other basis and sales expenses	5b	0
	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	0
	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	0
	Less: direct expenses other than fundraising expenses	6b	0
	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	0
	Gross sales of inventory, less returns and allowances	7a	0
	Less: cost of goods sold	7b	0
	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	0
	Other revenue (describe ▶ <b>Snack Machine Revenue</b> )	8	9238
	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	9238
	Grants and similar amounts paid (attach schedule)	10	0
Benefits paid to or for members	11	0	
Salaries, other compensation, and employee benefits	12	0	
Professional fees and other payments to independent contractors	13	0	
Occupancy, rent, utilities, and maintenance	14	0	
Printing, publications, postage, and shipping	15	0	
Other expenses (describe ▶ <b>Holiday Party, Fishing trip</b> )	16	13034	
Total expenses. Add lines 10 through 16	17	13034	
Excess or (deficit) for the year. Subtract line 17 from line 9	18	-3796	
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	9752	
Other changes in net assets or fund balances (attach explanation)	20		
Net assets or fund balances at end of year. Combine lines 18 through 20	21	5956	



**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	9752	5956
23 Land and buildings	0	0
24 Other assets (describe ▶ _____)	0	0
25 Total assets	9752	5956
26 Total liabilities (describe ▶ _____)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	9752	5956

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<b>Part III Statement of Program Service Accomplishments</b> (See page 60 of the instructions.)	<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <b>See below</b>	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	
<b>28</b> Betterment of employee morale by cultivating and maintaining among ourselves a better understanding and warmer fellowship, and to provide a higher standard of entertainment in our group activities for ourselves and our families. (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b> _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b> _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (attach schedule) (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b> Total program service expenses. Add lines 28a through 31a	<b>32</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 61 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Martha Wensel 3900 Mt. Sterling Ave, Titusville, FL 32780	President	0	0	0
Rachel Scott 6438 Alleghany Ave, Cocoa, FL 32927	Vice President	0	0	0
Kathy Fleming PO Box 542256, Merritt Island, FL 32954	Recording Secretary	0	0	0
Albert McManus 5180 Sandra Dr. Titusville, FL 32780	Treasurer	0	0	0

<b>Part V Other Information</b> (Note the statement requirement in General Instruction V.)	Yes	No
<b>33</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	<b>33</b>	✓
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>34</b>	✓
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>	✓
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>35b</b>	
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	<b>36</b>	✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>	✓
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	<b>38a</b>	✓
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	<b>38b</b>	
<b>39</b> 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

- 40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  
 section 4911 ▶ \_\_\_\_\_ ; section 4912 ▶ \_\_\_\_\_ ; section 4955 ▶ \_\_\_\_\_
- b 501(c)(3) and (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 an explanation . . .
- c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ \_\_\_\_\_
- d Enter amount of tax on line 40c reimbursed by the organization . . . ▶ \_\_\_\_\_
- e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .

	Yes	No
40b		✓
40e		✓

41 List the states with which a copy of this return is filed. ▶ \_\_\_\_\_

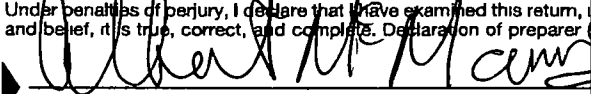
42a The books are in care of ▶ **Albert McManus** Telephone no. ▶ ( **321** ) **267-7477**  
 Located at ▶ **5180 Sandra Dr. Titusville, FL**

- b At any time during the calendar year, did the organization have over a financial account in a foreign country (such as a bank account)? . . . . .  
 If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_  
 See the instructions for exceptions and filing requirements for
- c At any time during the calendar year, did the organization maintain a financial account in a foreign country? . . . . .  
 If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accrued during the year: ▶ \_\_\_\_\_

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, and believe, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

▶   
 Signature of officer

▶ **Albert McManus, Treasurer**  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ \_\_\_\_\_

self-employed

EIN ▶ \_\_\_\_\_

Phone no. ▶ ( ) \_\_\_\_\_