

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning 2004, and ending 20

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization, number and street, city, town, street, and ZIP code
 AMVETS POST NO 893, INC
 218 HARDEE LANE
 Cocoa FL 32922-2119

D Employer identification number
 59-3155051

E Telephone number

F Acctg. method: Cash Accrual
 Other (specify) ▶

G Website: ▶

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

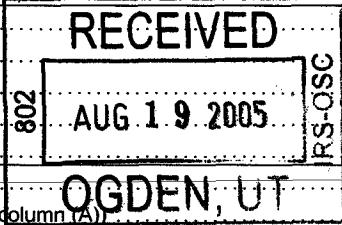
H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? .. Yes No
H(b) If "Yes," enter number of affiliates .. ▶
H(c) Are all affiliates included? (If "No," attach a list. See instructions.) Yes No
H(d) Is this a separate return filed by an organization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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 608,826.

M Check if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:						
	a Direct public support	1 a					
	b Indirect public support	1 b					
	c Government contributions (grants)	1 c					
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1 d					
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2					93,436.
3	Membership dues and assessments	3					
4	Interest on savings and temporary cash investments	4					
5	Dividends and interest from securities	5					
6 a	Gross rents	6 a					
6 b	Less: rental expenses	6 b					
6 c	Net rental income or (loss) (subtract line 6b from line 6a)	6 c					
7	Other investment income (describe ▶)	7					
8 a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other			
8 b	Less: cost or other basis & sales expenses	8 a		8 b			
8 c	Gain or (loss) (attach schedule)	8 b		8 c			
8 d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8 c		8 d			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
9 a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9 a					
9 b	Less: direct expenses other than fundraising expenses	9 b					
9 c	Net income or (loss) from special events (subtract line 9b from line 9a)	9 c					
10 a	Gross sales of inventory, less returns and allowances	10 a					
10 b	Less: cost of goods sold	10 b					
10 c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10 c					
11	Other revenue (from Part VII, line 103)	11					515,390.
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12					608,826.
13	Program services (from line 44, column (B))	13					573,746.
14	Management and general (from line 44, column (C))	14					
15	Fundraising (from line 44, column (D))	15					
16	Payments to affiliates (attach schedule)	16					4,986.
17	Total expenses (add lines 16 and 44, column (A))	17					578,732.
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18					30,094.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19					17,525.
20	Other changes in net assets or fund balances (attach explanation)	20					
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21					47,619.



For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SCANNED SEP 14 2005

8

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 the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	988.	988.	
32	Legal fees	32			
33	Supplies	33	57775.	57775.	
34	Telephone	34	1330.	1330.	
35	Postage and shipping	35			
36	Occupancy	36	45600.	45600.	
37	Equipment rental and maintenance	37	9040.	9040.	
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41	5134.	5134.	
42	Depreciation, depletion, etc. (attach schedule)	42	3955.	3955.	
43	Other expenses not covered above (itemize): a SEE STMT	43a	449924.	449924.	
	b	43b			
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	573746.	573746.	

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.)

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> SEE STATEMENT BELOW		Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)
a	PROVIDE MEMBERSHIP WITH A MEETING PLACE FOR COMARADERIE, FELLOWSHIP, AND PROGRAMS OF INTEREST TO MEMBERS AND THEIR FAMILIES MEMBERS ARE PRESENT & PAST ARMED FORCES MEMBERS (Grants and allocations \$ _____)	578732.
b	_____ (Grants and allocations \$ _____)	
c	_____ (Grants and allocations \$ _____)	
d	_____ (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	578732.

Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
Assets	45 Cash - non-interest-bearing	6,069.	45	10,972.
	46 Savings and temporary cash investments	1,270.	46	8,357.
	47 a Accounts receivable	47 a		
	b Less: allowance for doubtful accounts	47 b	47 c	
	48 a Pledges receivable	48 a		
	b Less: allowance for doubtful accounts	48 b	48 c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes and loans receivable (attach schedule)	51 a		
	b Less: allowance for doubtful accounts	51 b	51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment: basis	55 a		
	b Less: accumulated depreciation (attach schedule)	55 b		55 c
56 Investments - other (attach schedule)			56	
57 a Land, buildings, and equipment: basis	57 a	123,700.		
b Less: accumulated depreciation (attach schedule)	57 b	30,810.		
58 Other assets (describe <u>▶ SEE STATEMENT</u>)		97,030.	57 c	92,890.
		7,251.	58	6,408.
59 Total assets (add lines 45 through 58) (must equal line 74)		111,620.	59	118,627.
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64 a Tax-exempt bond liabilities (attach schedule)			64 a
	b Mortgages and other notes payable (attach schedule)			64 b
	65 Other liabilities (describe <u>▶ STATEMENT</u>)		94,095.	65
66 Total liabilities (add lines 60 through 65)		94,095.	66	61,175.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	16,868.	67	56,797.
	68 Temporarily restricted	657.	68	655.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input 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		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		17,525.	73	57,452.
74 Total liabilities and net assets/fund balances (add lines 66 and 73)		111,620.	74	118,627.

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.

Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements ▶ **a**

b Amounts included on line **a** but not on line 12, Form 990:

(1) Net unrealized gains on investments \$ _____

(2) Donated services & use of facilities .. \$ _____

(3) Recoveries of prior year grants \$ _____

(4) Other (specify):
_____ \$ _____

Add amounts on lines (1) through (4) ▶ **b**

c Line **a** minus line **b** ▶ **c**

d Amounts included on line 12, Form 990 but not on line **a**:

(1) Investment expenses not included on line 6b, Form 990 \$ _____

(2) Other (specify):
_____ \$ _____

Add amounts on lines (1) and (2) ▶ **d**

e Total revenue per line 12, Form 990 (line **c** plus line **d**) ▶ **e**

a Total expenses and losses per audited financial statements ▶ **a**

b Amounts included on line **a** but not on line 17, Form 990:

(1) Donated services & use of facilities \$ _____

(2) Prior year adjustments reported on line 20, Form 990 \$ _____

(3) Losses reported on line 20, Form 990 \$ _____

(4) Other (specify):
_____ \$ _____

Add amounts on lines (1) through (4) ▶ **b**

c Line **a** minus line **b** ▶ **c**

d Amounts included on line 17, Form 990 but not on line **a**:

(1) Investment expenses not included on line 6b, Form 990 \$ _____

(2) Other (specify):
_____ \$ _____

Add amounts on lines (1) and (2) ▶ **d**

e Total expenses per line 17, Form 990 (line **c** plus line **d**) ▶ **e**

List of Officers, Directors, Trustees, and Key Employees (List each one even if 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 & deferred comp.	(E) Expense account and other allowances
EDWARD MOEHLER	COMMANDER 5	0		
EDWARD MAURER	1ST V COMM 5	0		
BILL COX	2ND V COMM 5	0		
JOHN OSTERMAN	ADJEDANT 5	0		
DONALD FLAMMIO	FINANCE OF 5	0		
GEORGE GOLDEN	PROVOSTY 5	0		
MEL BRINGER	CHAPLAIN 5	0		
JOSEPH HENEGHAN	TRUSTEE 5	0		
RONALD LEWAN	TRUSTEE 5	0		
SCOTT LAVALLE	TRUSTEE 5	0		

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No
If "Yes," attach schedule - see the instructions.

Other information (See the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78 a	X
	b If "Yes," has it filed a tax return on Form 990-T for this year?	78 b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	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?	80 a	X
	b If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81 a	
	b Did the organization file Form 1120-POL for this year?	81 b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a	X
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82 b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85 a	
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85 b	
	c Dues, assessments, and similar amounts from members	85 c	
	d Section 501(c)(4) lobbying and political expenditures	85 d	
	e Aggregate nondeductible amount of section 5033(e)(1)(A) dues notices	85 e	
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	
	g Does the organization elect to pay the section 5033(e) tax on the amount on line 85f?	85 g	
	h If section 5033(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	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86 a	
	b Gross receipts, included on line 12, for public use of club facilities	86 b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87 a	
	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	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
	b 501(c)(3) and 501(c)(4) orgs. 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	
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/>		
	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90 b	
91	The books are in care of <input type="checkbox"/> Telephone no. <input type="checkbox"/> Located at <input type="checkbox"/> ZIP + 4 <input type="checkbox"/>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/>	92	

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

	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	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a POST CANTEEN					93,436.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from govt. agencies					
94 Membership dues & assessments					
95 Interest on savings and temporary cash investments					
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 personal property					
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					
103 Other revenue: a BINGO					515,390.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					608,826.
105 Total (add line 104, columns (B), (D), and (E))					608,826.

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	PROVIDE LOCATION FOR MEMBERS TO GATHER & INTERACT
103	BINGO GROSS PROCEEDS

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions.)

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

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

Please Sign Here
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
Edward R. Moehler
 EDWARD R. MOEHLER, POST COMMANDER

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4			

ACTION-TAX INC
 635 BREVARD AVE
 Cocoa FL 32922-7807
 EIN 20-1676132
 Phone no. 321-638-4744

US 990

Other Functional Expenses: Page 2, Line 43

2004

Description of the Asset	Total	Program Services	Management and General	Fundraising
CANTEEN ENTERTAINMENT	2,839.	2,839.		
MISC WINNERS PAYOUT	407,872.	407,872.		
DONATIONS	850.	850.		
SUBSCRIPTIONS	226.	226.		
JANITORIAL	900.	900.		
LICENSES & PERMITS	1,402.	1,402.		
REPAIRS & MAINT	5,501.	5,501.		
MISC	1,505.	1,505.		
BANK CHARGES	144.	144.		
POSTAGE	888.	888.		
UTILITIES	15,763.	15,763.		
SALES TAX PAID	3,211.	3,211.		
INSURANCE	3,282.	3,282.		
PEST CONTROL	415.	415.		
SEMINARS	277.	277.		
SECURITY	977.	977.		
SMALL TOOLS & EQUIPME	3,623.	3,623.		
R/E & PROP TAX	249.	249.		
	449,924.	449,924.		

US 990

Land, Buildings and Equipment
990: Page 3, Line 57; 990-PF: Page 2, Line 14

2004

Description	Cost / Basis	Accumulated Depreciation	Book Value
BUILDINGS	102,000. 102,000.		102,000. 102,000.

Depreciation and Amortization (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return AMVETS POST NO 893, INC	Business or activity to which this form relates FORM 990 PART IV LINE 42	Identifying number 59-3155051
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	\$102,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	\$410,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see the instructions	5	102,000.
(a) Description of property		
(b) Cost (business use only)		
(c) Elected cost		
6		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) ..	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see the instructions)	14	
15 Property subject to section 168(f)(1) election (see the instructions)	15	
16 Other depreciation (including ACRS) (see the instructions)	16	

Part III MACRS Depreciation (Do not include listed property.) (See the instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2004	17	3,955.
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B-Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see the instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	3,955.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **8868**

(December 2004)

Department of the Treasury

Internal Revenue Service

Application for Extension of Time to File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

● 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 of a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization AMVETS POST NO 893, INC	Employer identification number 59-3155051
	Number, street, and room or suite no. If a P.O. box, see instructions. 218 HARDEE LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Cocoa FL 32922-2119	

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 (sec. 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 ▶ **JOSEPH HUNT**
Telephone No. ▶ **321-432-4930** 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 **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____, 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-month, for a **Form 990-T corporation**) extension of time until AUG 15, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2004 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

3 a 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 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 \$ _____
 c **Balance Due.** 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 \$ _____

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.