

Form **990-EZ**

**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)

OMB No 1545-1150

**2007**

Department of the Treasury  
Internal Revenue Service

▶ 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

**Open to Public Inspection**

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

<b>B</b> Check if applicable: <input 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</b> AMVETS POST NO 893, INC 218 HARDEE LANE COCOA, FL 32922	<b>D</b> Employer identification number 59-3155051
			<b>E</b> Telephone number 321-639-9700
			<b>F</b> Group Exemption Number

• 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: ▶ N/A

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

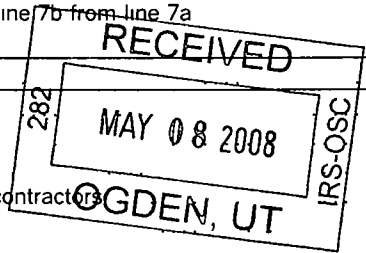
**J** Organization type (check only one) —  501(c) ( 19 ) (insert no)  4947(a)(1) or  527

**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. ▶ \$ 87,682.

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

	1 Contributions, gifts, and similar amounts received		
	2 Program service revenue including government fees and contracts		87,441.
	3 Membership dues and assessments		
	4 Investment income		241.
REVENUE	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach sched)	5c	
	6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities Subtract line 6b from line 6a	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a	7c	
	8 Other revenue (describe ▶ _____)	8	
	<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	87,682.
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	4,335.
	14 Occupancy, rent, utilities, and maintenance	14	20,017.
	15 Printing, publications, postage, and shipping	15	1,989.
	16 Other expenses (describe ▶ See Statement 1)	16	95,400.
	<b>17 Total expenses</b> (add lines 10 through 16)	17	121,741.
	18 Excess or (deficit) for the year. Subtract line 17 from line 9	18	-34,059.
ASSETS	19 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	49,583.
	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 through 20	21	15,524.



**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 Instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	9,401.	316.
23 Land and buildings	82,600.	79,767.
24 Other assets (describe ▶ See Statement 2)	12,280.	11,110.
25 <b>Total assets</b>	104,281.	91,193.
26 <b>Total liabilities</b> (describe ▶ See Statement 3)	54,698.	53,676.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	49,583.	37,517.

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

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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? 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		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
28	<u>PROVIDE MEMBERSHIP WITH A MEETING PLACE FOR COMARADERIE, FELLOWSHIP, AND PROGRAMS OF INTEREST TO MEMBERS AND THEIR FAMILIES</u> <u>ALL MEMBERS ARE PAST OR PRESENT MEMBERS OF THE VARIOUS ARMED FORCES</u> (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	112,882.
29	----- ----- (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30	----- ----- (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (attach schedule) (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	<b>Total program service expenses.</b> Add lines 28a through 31a <input type="checkbox"/>	32	112,882.

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See 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	(E) Expense account and other allowances
EDWARD MAURER 1212 PRINCETON RD COCOA, FL 32922	President 0	0.	0.	0.
FRANCISCO ODZIMOWSKI 227 FORECAST LANE ROCKLEDGE, FL 32955	Vice President 0	0.	0.	0.
PAUL J THIBODEAU 41208 BARNA AVENUE TITUSVILLE, FL 32780	Vice President 0	0.	0.	0.
JOSEPH HUNT P.O. BOX 541276 MERRITT ISLAND, FL 32954	Treasurer 0	0.	0.	0.

<b>Part V Other Information</b> (Note the statement requirement in the instructions.)		See Statement 4	Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	33		X
34	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	34		X
35	<i>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</i>			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		X
b	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35 b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/>	37 a	0.	
b	Did the organization file <b>Form 1120-POL</b> for this year?	37 b		X
38 a	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?	38 a		X
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38 b	N/A	
39	<b>501(c)(7) organizations</b> Enter.			
a	Initiation fees and capital contributions included on line 9	39 a	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	39 b	N/A	

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

**40 a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  
 section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A

	Yes	No
<b>40 b</b>	N/A	
<b>40 e</b>		X

**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 ▶ 0.

**d** Enter amount of tax on line 40c reimbursed by the organization ▶ 0.

**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

**41** List the states with which a copy of this return is filed ▶ None

**42 a** The books are in care of ▶ ACTION ACCOUNTING & TAX OF  
 Located at ▶ 635 BREVARD AV COCOA FL

**b** At any time during the calendar year, did the organization have an financial account in a foreign country (such as a bank account, etc.)? If 'Yes,' enter the name of the foreign country. ▶ \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form 990-EZ.

**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-EZ in lieu of Form 1041 - Check here.  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43**  N/A

**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.

Signature of officer: *[Signature]* Date: May 1, 2008

Type or print name and title: Edward R. Mauler

**Paid Preparer's Use Only**

Preparer's signature: John H. Bailey, III Date: \_\_\_\_\_

Firm's name (or yours if self-employed): ACTION ACCOUNTING AND TAX OF FLORIDA

address, and ZIP + 4: 635 BREVARD AVE

COCOA, FL 32922-7807

Check if self-employed:  Preparer's SSN or PTIN (See General instruction X): N/A

EIN: N/A

Phone no: (321) 638-4744

AMVETS POST NO 893, INC

59-3155051

**Statement 1**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

AD TAB BONUS	\$	950.
BANK SERVICE CHARGES		102.
BEER PURCHASED		18,923.
CANTEEN SUPPLIES		782.
CASUAL LABOR		30.
CONTRACT LABOR-PERSON		4,175.
DAILY WINS		1,631.
Depreciation		4,003.
DONATIONS		330.
DUES		3,194.
FOOD PURCHASES		3,434.
INSURANCE		4,029.
Interest		4,856.
LIQUOR PURCHASES		19,312.
MEAT PURCHASE		493.
MISC CANTEEN PURCHASES		121.
MISCELLANEOUS EXP		4,042.
PEST CONTROL		565.
PETTY CASH		51.
SALES TAX PAID		4,845.
SEC		37.
SODA PURCHASES		3,028.
Supplies		13,723.
Telephone		1,755.
Travel		739.
WEEKLY WINS		250.
Total	\$	<u>95,400.</u>

**Statement 2**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
DEPOSITS HELD AS SECURITY	\$ 4,580.	\$ 4,580.
Furniture and fixtures	1,500.	500.
Machinery and equipment	6,200.	6,030.
Total	<u>\$ 12,280.</u>	<u>\$ 11,110.</u>

**Statement 3**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Mortgages and other notes payable	\$ 54,698.	\$ 53,676.
Total	<u>\$ 54,698.</u>	<u>\$ 53,676.</u>

**Statement 4**  
**Form 990-EZ, Part V**  
**Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No