

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public Inspection

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...

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 01-01-2008, and ending 12-31-2008

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

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

C Name of organization: AMVETS POST NO 893 INC. Number and street: 218 HARDEE LANE. City or town: COCOA, FL 32922

D Employer identification number: 59-3155051. E Telephone number: (321) 639-9700. F 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: [X] Cash [ ] Accrual. Other (specify)

I Website: N/A

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

J Organization type (check only one): [X] 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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 165,755

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 9 rows for Revenue. Columns: Description, Amount. Total revenue: 165,755.

Table with 8 rows for Expenses. Columns: Description, Amount. Total expenses: 170,066.

Table with 4 rows for Net Assets. Columns: Description, Amount. Net assets at end of year: 29,339.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

Table with 7 rows for Balance Sheets. Columns: Description, (A) Beginning of year, (B) End of year. Total assets: 92,806.

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<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>PROVIDE COMARADERIE FELLOWSHIP AND PROGRAMS OF INTEREST, TO MEMBERS AND THEIR FAMILIES OF WHICH ALL ARE PAST OR PRESENT MEMBERS OF THE VARIOUS ARMED FORCES</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> PROVIDE MEMBERSHIP WITH A MEETING PLACE FOR COMARADERIE, FELLOWSHIP, AND PROGRAMS OF INTEREST TO MEMBERS AND THEIR FAMILIES ALL MEMBERS ARE PAST OR PRESENT MEMBERS OF THE VARIOUS ARMED FORCES (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 Total program service expenses</b> (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 the instructions for Part IV )				
<b>(a)</b> Name and address	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-.)	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>	No
<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>	No
<b>35</b> <i>If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (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>		
<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>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>	
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? <i>If "Yes," complete applicable parts of Schedule N</i> . . . . .	<b>36</b>	No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <span style="float:right; border: 1px solid black; padding: 2px;"><b>37a</b></span>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	No
<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>	No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> <i>501(c)(7) organizations.</i> Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	0
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	0
<b>40a</b> <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
<b>b</b> <i>Section 501(c)(3) and (4) organizations.</i> 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? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>40b</b>	
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b> <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .	<b>40e</b>	No
<b>41</b> List the states with which a copy of this return is filed ▶ _____		
<b>42a</b> The books are in care of ▶ <u>ACTION ACCOUNTING TAX OF FLA</u> Telephone no ▶ <u>(321) 638-4744</u> 635 BREVARD AV Located at ▶ <u>COCOA, FL</u> ZIP + 4 ▶ <u>32922</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)?	<b>42b</b>	No
If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ?	<b>42c</b>	No
If "Yes," enter the name of the foreign country ▶ _____		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <span style="border: 1px solid black; padding: 2px;"><b>43</b></span>		
<b>44</b> Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	<b>44</b>	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	<b>45</b>	No

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and

complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		
<b>49b</b> If "Yes," was the related organization(s) a section 527 organization?		

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Total number of other independent contractors receiving over \$100,000

Under penalties of perjury, I declare that I have examined this return, including any schedules or attachments, and the information therein is true, correct, and complete. Declaration of preparer (other than officer) if preparer has a signature.

**Please Sign Here**

\*\*\*\*\*  
Signature of officer

TERRY TARNTINO COMMANDER  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: John H Bailey III Date

Firm's name (or yours if self-employed), address, and ZIP + 4: ACTION ACCOUNTING AND TAX OF FLORIDA  
635 BREVARD AVE  
COCOA, FL 329227807

May the IRS discuss this return with the preparer shown above? See instructions.

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-3155051

**Name:** AMVETS POST NO 893 INC

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
TERRY TARNTINO 4550 DELESTINE RD COCOA, FL 32927	Commander 20 00	0		
PAUL J THIBODEAU 41208 BARNA AVENUE TITUSVILLE, FL 32780	2nd VC Commande 20 00	0		
FRITZ ZIMNES 3461 BASHMAN AVE ROCKLEDGE, FL 32955	1st VC Commande 20 00	0		
EDWARD MAURER 1212 PRINCETON RD COCOA, FL 32922	Finance Officer 40 00	0		

## TY 2008 Other Assets Schedule

**Name:** AMVETS POST NO 893 INC

**EIN:** 59-3155051

**Software ID:** 08000091

**Software Version:** 2008v2.6

Description	Beginning of Year Amount	End of Year Amount
Machinery and Equipment	6,030	5,860
Furniture and Fixtures	500	83
DEPOSITS HELD AS SECURITY	4,580	4,580

**TY 2008 Other Changes in Net Assets Schedule****Name:** AMVETS POST NO 893 INC**EIN:** 59-3155051**Software ID:** 08000091**Software Version:** 2008v2.6

Description	Amount
BUILDING DEPRECIATION	-3,867

## TY 2008 Other Expenses Schedule

**Name:** AMVETS POST NO 893 INC

**EIN:** 59-3155051

**Software ID:** 08000091

**Software Version:** 2008v2.6

Description	Amount
WEEKLY WINS	1,042
VET IRAQ WALL PLACKS	221
TOOLS/EQUIP UNDER \$1000	1,010
TIKI BAR EXPENSES	543
TAXES REAL ESTATE	339
SUPPLIES	4,344
SODA PURCHASES	3,425
SECURITY	599
SEC	231
SALES TAX PAID	7,510
PETTY CASH	520
PERMITS & CERTIFICATE FEES	200
Office Expenses	532
MISCELLANEOUS EXP	290
MISC CANTEEN PURCHASES	101
LIQUOR PURCHASES	26,902
Interest	4,540
INSTALLATION REWARDS	509
ICE PURCHASES	332
FUNCTIONS EXPENSES	9,790
FOOD PURCHASES	4,377
DUES	3,917
Depreciation	3,420
DAILY WINS	798
CONTRACT LABOR-PERSON	5,396
CASUAL LABOR	475
CANTEEN SUPPLIES	5,066
BEER PURCHASED	29,544
BANK SERVICE CHARGES	124
AUTO GAS & OIL	2,891
AD TAB BONUS	14,254

## TY 2008 Other Liabilities Schedule

**Name:** AMVETS POST NO 893 INC

**EIN:** 59-3155051

**Software ID:** 08000091

**Software Version:** 2008v2.6

Description	Beginning of Year Amount	End of Year Amount
Secured Mortgages and Notes Payable	53,676	58,284
Payable to Officers, Directors, Etc.		5,000
Accounts Payable and Accrued Expenses		183