

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 of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMVETS POST NO 893 INC	D Employer identification number 59-3155051
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 218 HARDEE LANE	E Telephone number (321) 639-9700
	City or town, state or country, and ZIP + 4 COCOA, FL 32922	F Group Exemption Number

G Accounting method Cash Accrual Other (specify) _____

I Website: N/A

J Tax-Exempt status (check only one) — 501(c)(3) 501(c)(19) (insert no) 4947(a)(1) or 527

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 150,718

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	3,320
	2 Program service revenue including government fees and contracts	2	147,380
	3 Membership dues and assessments	3	
	4 Investment income	4	18
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)			
c Less direct expenses from gaming and fundraising events	6c	0	
d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	0	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	150,718	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	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	2,227
	14 Occupancy, rent, utilities, and maintenance	14	18,529
	15 Printing, publications, postage, and shipping	15	830
	16 Other expenses (describe in Schedule O)	16	131,785
17 Total expenses. Add lines 10 through 16	17	153,371	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,653
	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	38,109
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	35,456

Part II **Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	10,076	22	6,968
23 Land and buildings	74,101	23	71,268
24 Other assets (describe in Schedule O)	7,873	24	7,740
25 Total assets	92,050	25	85,976
26 Total liabilities (describe in Schedule O)	53,941	26	50,520
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	38,109	27	35,456

Part III **Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
 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

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, and other relevant information for each program title

28 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

28a

29
 (Grants \$) If this amount includes foreign grants, check here

29a

30
 (Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)
 (Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(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

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

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) questions 33-44d regarding organizational activities, tax reporting, and financial accounts.

	Yes	No
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- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ*
- 45a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ*
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*

45		No
45a		No
46		No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

- 47** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*
- 48** Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- 49b** If "Yes," was the related organization a section 527 organization?

47		
48		
49a		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. *If there is 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				

50(f) Total number of other employees paid over \$100,000

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

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

51(d) Total number of other independent contractors each receiving over \$10

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) must attach a completed Schedule A

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 the taxpayer) is based on preparer's knowledge.

Sign Here

 Signature of officer
 HERBERT RENSHAW 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: 10000105

Software Version: 2010v3.2

EIN: 59-3155051

Name: AMVETS POST NO 893 INC

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

(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
HERBERT RENSHAW 120 MAPLEWOOD BLVD COCOA, FL 32926	Commander 20 00	0		
TIM SCHOOLEY 4000 WATERFORD DR ROCKLEDGE, FL 32955	2nd VC Commande 20 00	0		
FRANCISCO ADZIMOWSKI 227 FORCAST LANE ROCKLEDGE, FL 32955	1st VC Commande 20 00	0		
EDWARD MAURER 1212 PRINCETON RD COCOA, FL 32922	Finance Officer 40 00	0		

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

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Inspection**

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Internal Revenue Service

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

Name of the organization
AMVETS POST NO 893 INC

Employer identification number
59-3155051

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 3	Total Liabilities 3	- Beginning \$0 - Ending \$-1758

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 2	Total Liabilities 2	- Beginning \$0 - Ending \$-2633

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	CAPITAL INVESTMENTS - Beginning \$-6343 CAPITAL INVESTMENTS - Ending \$-2441

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1007	Total Liabilities 1007	Secured Mortgages and Notes Payable - Beginning \$57484 Secured Mortgages and Notes Payable - Ending \$56464

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$2800 Accounts Payable and Accrued Expenses - Ending \$888

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1003	Other Assets 1003	Machinery and Equipment - Beginning \$7790 Machinery and Equipment - Ending \$7657

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1002	Other Assets 1002	Furniture and Fixtures - Beginning \$83 Furniture and Fixtures - Ending \$83

Identifier

Return Reference

Explanation

Form 990-EZ, Part I, Line 16 23

Other Expenses 23

MISCELLANEOUS EXP \$34

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 22	Other Expenses 22	DONATIONS \$125

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 21	Other Expenses 21	BANK SERVICE CHARGES \$128

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 20	Other Expenses 20	UNIFORMS \$149

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 19	Other Expenses 19	TAGES & TITLES \$158

Identifier

Return Reference

Explanation

Form 990-EZ, Part I, Line 16 18

Other Expenses 18

PERMITS & CERTIFICATE FEES \$323

Identifier

Return Reference

Explanation

Form 990-EZ, Part I, Line 16 17

Other Expenses 17

FUNCTIONS EXPENSES \$573

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 16	Other Expenses 16	TOOLS/EQUIP UNDER \$1000 \$668

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 14	Other Expenses 14	AD TAB EXPENSES \$1142

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	ENTERTAINMENT \$1750

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	DUES \$1781

Identifier

Return Reference

Explanation

Form 990-EZ, Part I, Line 16 11

Other Expenses 11

EQUIPMENT WRITE OFF \$2100

Identifier

Return Reference

Explanation

Form 990-EZ, Part I, Line 16 10

Other Expenses 10

SODA PURCHASES \$2313

Identifier

Return Reference

Explanation

Form 990-EZ, Part I, Line 16 9

Other Expenses 9

FOOD PURCHASES \$3737

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	SALES TAX PAID \$5107

Identifier**Return Reference****Explanation**

Form 990-EZ, Part I, Line 16 7

Other Expenses 7

CANTEEN SUPPLIES \$5251

Identifier

Return Reference

Explanation

Form 990-EZ, Part I, Line 16 6

Other Expenses 6

MACHINE PAYOUTS \$7400

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	SUPPLIES \$7477

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	AUTO GAS & OIL \$7590

Identifier

Return Reference

Explanation

Form 990-EZ, Part I, Line 16 3

Other Expenses 3

BEER PURCHASED \$13096

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	LIQUOR PURCHASES \$15470

Identifier

Return Reference

Explanation

Form 990-EZ, Part I, Line 16 1

Other Expenses 1

AD-TAB PAYOUTS \$38536

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$5570

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$4706

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1008	Other Expenses 1008	Interest \$4494

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$972

Identifier

Return Reference

Explanation

Form 990-EZ, Part I, Line 16 1001

Other Expenses 1001

Advertising and Promotion \$1135