

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)

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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

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

C Name of organization: AMVETS POST NO 893 INC. Number and street (or P O box, if mail is not delivered to street address): 218 HARDEE LANE. Room/suite: City or town, state or country, and ZIP + 4: COCOA, FL 32922

D Employer identification number: 59-3155051. E Telephone number: (321) 639-9700. F Group Exemption Number

G Accounting method: [X] Cash [] Accrual [] Other (specify)

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

I Website: N/A

J Tax-Exempt status (check only one): [] 501(c)(3) [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 or a section 527 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 \$ 173,334

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 [X]

Table with 21 rows and 2 columns. Rows 1-9: Revenue (Total revenue: 173,334). Rows 10-17: Expenses (Total expenses: 178,923). Rows 18-21: Net Assets (Total net assets: 28,106).

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	6,968	22	8,245
23 Land and buildings	71,268	23	68,435
24 Other assets (describe in Schedule O)	7,740	24	6,346
25 Total assets	85,976	25	83,026
26 Total liabilities (describe in Schedule O)	50,520	26	54,920
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	35,456	27	28,106

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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
See Additional Data Table				

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No
35	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, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		No
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text"/>		
37b	Did the organization file Form 1120-POL for this year?		No
38a	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 outstanding at the end of the tax year covered by this return?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text"/>		
39	<i>Section 501(c)(7) organizations.</i> Enter		
39a	Initiation fees and capital contributions included on line 9		0
39b	Gross receipts, included on line 9, for public use of club facilities		0
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
40b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40c	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
40d	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
40e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed <input type="text"/>		
42a	The organization's books are in care of <input type="text"/> ACTION ACCOUNTING TAX OF FLA Telephone no <input type="text"/> (321) 638-4744 635 BREVARD AV Located at <input type="text"/> COCOA, FL ZIP + 4 <input type="text"/> 32922		
42b	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)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="text"/>		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text"/>		
44a	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	Yes	No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	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 may need to be completed instead of Form 990-EZ (see instructions)		No

	Yes	No
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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

46		No
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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

	Yes	No
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47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 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				

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		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations 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 EDWARD MAURER Finance Officer Type or print name and title
Paid Preparer's Use Only	Preparer's signature ▶ JOHN H BAILEY 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 ▶ _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.**

OMB No 1545-0047

2011

Open to Public Inspection

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 4	Total Liabilities 4	- Beginning \$0 - Ending \$0
Form 990-EZ, Part II, Line 26 3	Total Liabilities 3	LOAN FROM F KMAN - Beginning \$-1758 LOAN FROM F KMAN - Ending \$-500
Form 990-EZ, Part II, Line 26 2	Total Liabilities 2	LOAN FROM FRANK ODZIMOWSKI - Beginning \$-2633 LOAN FROM FRANK ODZIMOWSKI - Ending \$-2633
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	CAPITAL INVESTMENTS - Beginning \$-2441 CAPITAL INVESTMENTS - Ending \$23
Form 990-EZ, Part II, Line 26 1008	Total Liabilities 1008	Unsecured Notes and Loans Payable - Beginning \$0 Unsecured Notes and Loans Payable - Ending \$602
Form 990-EZ, Part II, Line 26 1007	Total Liabilities 1007	Secured Mortgages and Notes Payable - Beginning \$56464 Secured Mortgages and Notes Payable - Ending \$55345
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$888 Accounts Payable and Accrued Expenses - Ending \$1746
Form 990-EZ, Part II, Line 24 1003	Other Assets 1003	Machinery and Equipment - Beginning \$7657 Machinery and Equipment - Ending \$6263
Form 990-EZ, Part II, Line 24 1002	Other Assets 1002	Furniture and Fixtures - Beginning \$83 Furniture and Fixtures - Ending \$83
Form 990-EZ, Part I, Line 20 1	Other Changes In Net Assets Or Fund Balances - Other Decreases 1	CREDIT CARD BALANCE VISA \$1761
Form 990-EZ, Part I, Line 16 25	Other Expenses 25	UNIFORMS \$23
Form 990-EZ, Part I, Line 16 24	Other Expenses 24	MISCELLANEOUS EXP \$47
Form 990-EZ, Part I, Line 16 23	Other Expenses 23	TOOLS/EQUIP UNDER \$1000 \$120
Form 990-EZ, Part I, Line 16 22	Other Expenses 22	TAGES & TITLES \$158
Form 990-EZ, Part I, Line 16 21	Other Expenses 21	BANK SERVICE CHARGES \$247
Form 990-EZ, Part I, Line 16 20	Other Expenses 20	DONATIONS \$270
Form 990-EZ, Part I, Line 16 19	Other Expenses 19	AUTO REPAIR \$283
Form 990-EZ, Part I, Line 16 18	Other Expenses 18	PERMITS & CERTIFICATE FEES \$342
Form 990-EZ, Part I, Line 16 17	Other Expenses 17	FUNCTIONS EXPENSES \$415
Form 990-EZ, Part I, Line 16 16	Other Expenses 16	LICENSES & PERMITS \$956

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 14	Other Expenses 14	NEWSLETTER EXPENSES \$1282
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	FOOD PURCHASES \$2115
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	SODA PURCHASES \$2133
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	SALES TAX PAID \$2139
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	DUES \$3447
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	ENTERTAINMENT \$5425
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	AUTO GAS & OIL \$7392
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	CANTEEN SUPPLIES \$8845
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	SUPPLIES \$9172
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	BINGO COMMISSIONS \$12102
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	BEER PURCHASED \$12866
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	AD-TAB PAYOUTS \$14065
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	LIQUOR PURCHASES \$15664
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	MACHINE PAYOUTS \$43059
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$5476
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$4227
Form 990-EZ, Part I, Line 16 1008	Other Expenses 1008	Interest \$4359
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$472
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$902
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$137

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	OTHER INCOME \$71

Additional Data

Software ID: 11000144

Software Version: 2011v1.2

EIN: 59-3155051

Name: AMVETS POST NO 893 INC

Form 990-EZ, Special Condition Description:

Special Condition Description

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
THOMAS NORWOOD 1025 ROCKLEDGE DRIVE ROCKLEDGE, FL 32955	2ND TRUSTEE 0	0		
RICHARD PETERSON 2135 N COURTENAY BLVD MERRITT ISLAND, FL 32953	HEAD TRUSTEE 0	0		
FRANK KMAN 899 JAMESTOWN DRIVE ROCKLEDGE, FL 32955	JUDGE ADJ 0	0		
SAMUEL SHEADER 1015 SYCAMORE DRIVE ROCKLEDGE, FL 32955	VICE CMDR 0	0		
FRANCISCO ODZIMOWSKI 227 FORECAST LANE 3-22 ROCKLEDGE, FL 32953	CMDR 0	0		
EDWARD MAURER 1212 PRINCETON RD COCOA, FL 32922	Finance Officer 40 00	0		