

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning _____, 2016, and ending _____, 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMVETS MEMORIAL POST #88, INC Number and street (or P O box, if mail is not delivered to street address) Room/suite 692 BROADWAY City or town, state or province country and ZIP or foreign postal code MASSAPEQUA, NEW YORK 11758	D Employer identification number 11-3184638 E Telephone number 631-666-0602 F Group Exemption Number ▶ 0868
--	--	--

G Accounting Method Cash Accrual Other (specify) ▶ _____ **H Check** if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ _____

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

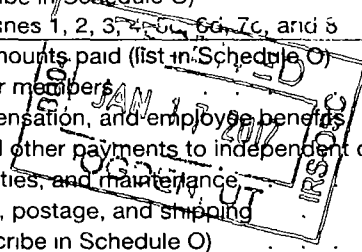
K Form of organization Corporation Trust Association Other

L Add lines 5b, 5c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 179,567.83

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	20,682 90
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	4,011 00
	4 Investment income	4	6 08
	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)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	19,730 00
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	51,675 85
c Less: direct expenses from gaming and fundraising events	6c	25,206 95	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	46,198 90	
Expenses	7a Gross sales of inventory, less returns and allowances	7a	83,462 00
	b Less: cost of goods sold	7b	51,589 78
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	31,872 22
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5a, 5c, 6a, 6b, 6c, and 8	9	102,771 10
	10 Grants and similar amounts paid (list in Schedule O)	10	22,657 19
	11 Benefits paid to or for members	11	12,138 00
12 Salaries, other compensation, and employee benefits	12		
13 Professional fees and other payments to independent contractors	13	5,405 00	
14 Occupancy, rent, utilities, and maintenance	14	31,821 58	
15 Printing, publications, postage, and shipping	15	1,920 94	
16 Other expenses (describe in Schedule O)	16	11,794 05	
17 Total expenses. Add lines 10 through 16	17	85,736 76	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,034 34
	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	221,103 00
	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	238,137 00

2017 JAN 25 2017



Part V Other Information (Note the Schedule A and personal benefit contract 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		✓
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)		✓
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)?	✓	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	✓	
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		✓
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		✓
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?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter.		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ , section 4955 ▶		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		✓
41	List the states with which a copy of this return is filed ▶ <u>NEW YORK</u>		
42a	The organization's books are in care of ▶ <u>JEFFREY P. SABOL</u> Telephone no. ▶ <u>631-666-0602</u> Located at ▶ <u>11 PLUM PLACE, ISLIP NY</u> ZIP + 4 ▶ <u>11751</u>		
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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	Yes	No
42b			✓
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country. ▶	Yes	No
42c			✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b		✓
c	Did the organization receive any payments for indoor tanning services during the year? 44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		✓
b	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) 45b		✓

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

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
-----------	--	--

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
------------	--	--

b If "Yes," was the related organization a section 527 organization?

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 **NONE**

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 business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 **NONE**

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here Signature of officer John J Lentini Date 1-14-17
Type or print name and title JOHN S LENTINI, FINANCE OFFICER

Paid Preparer Use Only Print/Type preparer's name JEFFREY P SABOL Preparer's signature [Signature] Date 1/9/2017 Check if self-employed PTIN P01221537
Firm's name J PATRICK SABOL CPA'S Firm's EIN
Firm's address 11 PLUM PLACE, ISLIP NY Phone no 631-666-0602

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		MISCELLANEOUS				
Revenue	* ALL FOR MEMBERS ONLY - TRIVS, NO 990T REQUIRED	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		DANCES (MEMBERS)	COMMANDERS	SOCIAL ACTIVITIES	(add col (a) through col (c))	
		(event type)	(event type)	(total number)		
1	Gross receipts	5,772.44	9,385.00	36,518.41	51,675.85	
2	Less Contributions					
3	Gross income (line 1 minus line 2)	5,772.44	9,385.00	36,518.41	51,675.85	
Direct Expenses	4	Cash prizes			3,349.57	3,349.57
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	4,479.50	1,065.00	9,106.88	14,651.38
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				18,000.95
	11	Net income summary Subtract line 10 from line 3, column (d)				33,674.90

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		RAFFLE			(d) Total gaming
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(add col (a) through col (c))
				MEMBERS ONLY	
1	Gross revenue		9,716	10,014.00	19,730.00
Direct Expenses	2	Cash prizes		5,090.00	7,206.50
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d)				7,206.50
8	Net gaming income summary Subtract line 7 from line 1, column (d)				12,524.00

9 Enter the state(s) in which the organization conducts gaming activities: NEW YORK
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

AMVETS MEMORIAL POST #88, INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Employer identification number

11-3184638

Grants and Similar Amounts Paid
(Line # 10 - Part I)

Amount

Northport Veterans Hospital	\$20,728 ⁶³
Gifts to Troops in Iraq + Afgaan.	
Pearl Harbor Day	228 ⁵⁶
County Tyrone	200 ⁰⁰
VAVS Committee	200 ⁰⁰
Sons of Amvets	200
Maria Regina Church	500 ⁰⁰
Amityville Vets	500 ⁰⁰
Saint Jude	200 ⁰⁰
Support Our Troops	100 ⁰⁰

\$ 22,657.19