

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 private foundations)

2017

Open to Public Inspection

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization AMVETS MEMORIAL POST #88, INC *Amer*
 Number and street (or P O box, if mail is not delivered to "street" address) 692 BROADWAY
 City or town, state or province, country, and ZIP or foreign postal code *10*
 MASSAPEQUA, NY 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: ▶

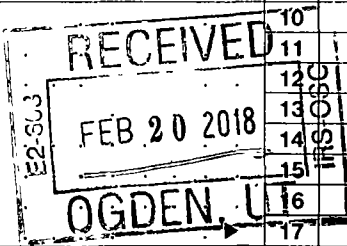
J Tax-exempt status (check only one) -- 501(c)(3) 501(c) (19) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, 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 ▶ \$ 140,227.12

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	13,857 61	
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3	4,106 00	
	4	Investment income	4	4 23	
	5a	Gross amount from sale of assets other than inventory	5a		
	5b	Less: cost or other basis and sales expenses	5b		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	13,219 10	
	6b	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	34,622 25	
	6c	Less: direct expenses from gaming and fundraising events	6c	16,888 02	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	30,953 33		
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	55,919 54	
	7b	Less: cost of goods sold	7b	34,564 63	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	21,354 91	
	8	Other revenue (describe in Schedule O)	8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	70,276 08	
	10	Grants and similar amounts paid (list in Schedule O)	10	15,180 19	
	11	Benefits paid to or for members	11	8,132 46	
Net Assets	12	Salaries, other compensation, and employee benefits <input type="checkbox"/>	12		
	13	Professional fees and other payments to independent contractors <input type="checkbox"/>	13	3,621 35	
	14	Occupancy, rent, utilities, and maintenance	14	30,006 00	
	15	Printing, publications, postage, and shipping	15	1,478 40	
	16	Other expenses (describe in Schedule O) <input type="checkbox"/>	16	8,755 74	
	17	Total expenses. Add lines 10 through 16	17	67,174 14	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,102 00	
	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	238,137 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	241,239 00	



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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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

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	Yes		No
				<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	47	Yes		No
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 . . . ▶ _____

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: <i>[Handwritten Signature]</i> Date: 7-8-18	
	Type or print name and title: James P. Owens - Finance officer	

Paid Preparer Use Only	Print/Type preparer's name JEFFREY P. SABOL	Preparer's signature <i>[Handwritten Signature]</i>	Date 2/2/2018	Check <input type="checkbox"/> if self-employed	PTIN P01221537
	Firm's name ▶ J PATRICK SABOL, CPA's			Firm's EIN ▶	
	Firm's address ▶ 11 PLUM PLACE, ISLIP NY 11751			Phone no 631-666-0602	
	May the IRS discuss this return with the preparer shown above? See instructions ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public
Inspection

Employer identification number
11-3184638

GRANTS AND SIMILAR AMOUNTS PAID

(LINE #10 PART 1)

AMOUNT

Northport V.A. Hospital \$ 13,984.00

Gifts to troops in Iraq & Afgan. 461.19

VAWS Committee 450.00

Sons of Amvets 180.00

Support Our Troops 100.00

\$ 15,180.19