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

OMB No 1545-1150

Department of the Treasury

▶ 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.

Open to Public Inspection

A Facable 0047 and and			0047 - 4 - 4		
			ar year, or tax year beginning , 2017, and ending		, 20
B Check if applicable C Name of organization			- $ -$	D Employ	rer identification number
一	Address c		AMVETS MEMORIAL POST #88, INC		11-3184638
	Name cha Initial retur	*	·	E Telepho	one number
\equiv		n/terminated	692 BROADWAY		631-666-0602
	Amended	return	l: å <i>å</i> '		Exemption
	Application	n pending	MASSAPEQUA, NY 11758	Numb	er ▶ 7 0868
G A	Account	ting Method	☐ Cash ☐ Accrual Other (specify) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	heck ►	If the organization is not
	Vebsite			equired to	o attach Schedule B
J T	ax-exen	npt status (che	eck only one) — ☐ 501(c)(3) ☐ 501(c) (19) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (F	orm 990	, 990-EZ, or 990-PF)
K F	orm of	organization	☑ Corporation ☐ Trust ☐ Association ☐ Other		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	assets	
(Par	t II, coli	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	•	\$ 140,227.12
Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the in	nstructi	ons for Part I) 2
		Check if	the organization used Schedule O to respond to any question in this Part I		
?1	1	Contribution	ons, gifts, grants, and similar amounts received		1 13,857 61
71	2	Program se	ervice revenue including government fees and contracts		2
71	3	Membersh	ip dues and assessments	. [3 4,106 00
?:	4	Investment	income	🗀	4 4 23
	5a	Gross amo	unt from sale of assets other than inventory 5a	*	
	b	Less cost	or other basis and sales expenses		,š
	С	Gain or (los	!	5c 0	
	6	Gaming an			
	а	Gross inco	· ·	, ×	
ne		\$15,000)		219 10	
Revenue	b	Gross inco			
) é	from fund		aising events reported on line 1) (attach Schedule G if the		2
—	1	sum of suc	h gross income and contributions exceeds \$15,000) 6b 34,6	522 25	
,	C	Less direc	t expenses from gaming and fundraising events . 6c 16,8	388 02	
7	d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract	
		line 6c) .		. 6	30,953 33
!	7a	Gross sale:	s of inventory, less returns and allowances 7a 55,9	919 54	
	ь		· · · · · · · · · · · · · · · · · · ·	64 63	
	С		t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c 21,354 91
•	8		nue (describe in Schedule O)	—	8
5	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9 70,276 08
	10		similar amounts paid (list in Schedule O)		15,180 19
	11		aid to or for members	/ I h-	8,132 46
, δ	12		her compensation, and employee benefits 2		13/21
Se	13		ol face and ather necessaria to redemand and continues and [2]	-	3,621 35
Expense	14		al fees and other payments to independent contractors 7, rent, utilities, and maintenance	2018	30,006.00
	15		ublications, postage, and shipping .		1,478 40
	16				6 8,755 74
	17		nses (describe in Schedule O) 12		67,174 14
	18		deficit) for the year (Subtract line 17 from line 9)		18 3,102.00
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree		5,102:00
		end-of-vea	r figure reported on prior year's return)	T I	238,137 00
	20		ges in net assets or fund balances (explain in Schedule O)	_	20
ž	21		or fund balances at end of year. Combine lines 18 through 20	⊢	21 241,239 00
For	'		on Act Notice, see the separate instructions.	· <u>-</u> 4	Form 990-EZ (2017)

orm 990-EZ (Page
Part II	Balance Sheets (see the instructions	•		-		
	Check if the organization used Schedul	e O to respond to a	ny question in this	Part II	· · · ·	[
				(A) Beginning of year	(B)	End of year
22 Cas	h, savings, and investments			121,563	22	97,18
	d and buildings		[101,703	23	110,78
	er assets (describe in Schedule O)			14,872	24	14,87
	al assets			238,138		222,83
26 Tota	al liabilities (describe in Schedule O) .				26	
	assets or fund balances (line 27 of colum			238,138	27	222,83
art III	Statement of Program Service Accor	•		•	_	_
	Check if the organization used Schedul					Expenses ed for section
/hat is the	organization's primary exempt purpose?	VETERANS HELPIN	G OTHER VETERANS	<u> </u>		and 501(c)(4)
s measure	ne organization's program service accomp ed by expenses. In a clear and concise in nefited, and other relevant information for e	manner, describe the	f its three largest p e services provided	rogram services, l, the number of	organiza others)	ations, optional fo
28						
			·····	·		
(Grant	is \$) If this amoun	t includes foreign gra	 		28a	
(Grant	ts\$) If this amoun	t includes foreign gra	ants, check here .	▶ 🗆	29a	
(Grant		t includes foreign gra		▶ □	30a	
(Grant		t includes foreign gra	ints, check here		31a	
32 Total	program service expenses (add lines 28a	through 31a)		. >	32	
Part IV	List of Officers, Directors, Trustees, and Ke				structio	ns for Part IV)
	Check if the organization used Schedul	e O to respond to a				<u> C</u>
	?: (a) Name and title	(b) Average hours per week devoted to position	(c) Reportable 21 compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation	othe	imated amount or compensation
OHN LENT	INI	12 HOURS				
OMMAND	ER	12 HOURS	0		0	
AMES OW	ENS	12 HOURS				
INANCE O	FFICER	12 HOURS	0		o	
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						· <u> </u>



Part					
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s 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	33	162	140	-
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)	34		٠,	- ?
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)?	35a			-
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	35b	1		-
c	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	35c		~	•
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	36		~	71
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?	37b		~	-
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? .	38a			?:
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	77.5	~a %	:9	. —
39	Section 501(c)(7) organizations. Enter.		11	53	
а	Initiation fees and capital contributions included on line 9	, , , , ,	å å		
b	Gross receipts, included on line 9, for public use of club facilities		37	,	ş
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	3,8	Ÿ	?:
С	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	14 14			*
е	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	382	v	•
41	List the states with which a copy of this return is filed ▶ NEW YORK				_
42a	The organization of both and it out of the state of the s	631-66	 -	2	-
b	Located at ► 11 PLUM PLACE, ISLIP NY At any time during the calendar year, did the organization have an interest in or a signature or other authority over	117	751 Vac	No	-
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	165	✓	-
	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	' '"			í
	Financial Accounts (FBAR).	ì		ž	í
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: ▶	42c	<u></u>	~	-
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		T	r	-
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	iaa	Yes		
Ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		-	-
	completed instead of Form 990-EZ	44b		~	_
C	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	~	_
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an application in School 16.00]]		
AE-	explanation in Schedule O	44d 45a	 	1	-
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	458	 	<u> </u>	-
J	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		-	

Form **990-EZ** (2017)

						es No	
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of			behalf of or in oppos	-		
Part			<u></u>		1 40		
	All section 501(c)(3) organization		estions 47-49b and	52, and complete th	ne tables for	lines	
	50 and 51.						
	Check if the organization used Sc	nedule O to respond	d to any question in t	his Part VI		$\overline{}$	
	B					s No	
47	Did the organization engage in lobbying		section 501(n) electio	n in effect during the	1 1		
year? If "Yes," complete Schedule C, Part II					. 47		
48 49a	Did the organization make any transfers to		•		49a		
b	If "Yes," was the related organization a se	•	_	audii	49b		
50	Complete this table for the organization's			er than officers, direct		and key	
	employees) who each received more than						
		(b) Average	(c) Reportable	(d) Health benefits,	(e) Estimated amount of		
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred			
			(1 01713 17 27 1000 14100)	compensation			
			 	ļ	 		
			 	 	 		
			 				
					ľ		
	Complete this table for the organization's five highest compession, 000 of compensation from the organization. If there is no (a) Name and business address of each independent contractor		one, enter "None " (b) Type of service		(c) Compensation		
			-				
			_				
			 				
			-	1			
			 				
			-				
d	Total number of other independent contra	_		·	ONE		
52	Did the organization complete Schedu	ile A? Note: All se	ection 501(c)(3) orga	nizations must attac		7	
	completed Schedule A	<u>.</u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	► Yes Ŀ	<u> No</u>	
Inder p	penalties of perjury, I declare that I have examined this percet, and complete. Declaration of preparer (other than	return, including accompar	nying schedules and stateme	ents, and to the best of my k	knowledge and bel	ief, it is	
	The property following	2 . (7-8-	78		
Sign	Signature of officer	Date					
lere	- I The stop sers. Kingues blices						
	Type or print name and title	<u> </u>		11/			
D2:4	Print/Type preparer's name	Preparer's signature	Da Da	a I Check I	T IF PTIN	 -	
Paid	arer JEFFREY P. SABOL	1 Year P	Halek a	1 2 2018 self-empl		1537	
•	Only Firm's name > J PATRICK SABOL,	CPA's		Firm's EIN ▶			
	Firm's address ▶ 11 PLUM PLACE, IS			Phone no	631-666-060)2	
/lay th	he IRS discuss this return with the prepare	r shown above? See	instructions	. <u> </u>	► ✓ Yes] No _	

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

AMVETS MEMORIAL POST #88, INC		11-3184638
GRANTS AND SIMILAR AMOUNTS PAID		
(LINE #10 PART 1)	AMOUNT	
material VA	Hospital \$ 13,98	······································
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Gota to tame	Aca 1 000 - 4/1	
37/18 2 000/2)	n Dogot Ofgan. 461	, , , ,
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YNVS Commu	730	
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