

Short Form

Form 990-EZ

Return of Organization Exempt From Income Tax

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

2019

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 2019 calendar year, or tax year beginning 2019, 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 RIDERS POST 88. D Employer identification number: 84-314077. E Telephone number: 631-983-9021. F Group Exemption Number: 0863.

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

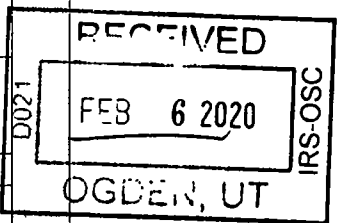
I Website: . . . . . J Tax-exempt status (check only one) - [ ] 501(c)(3) [ ] 501(c) ( 19 ) (insert no) [ ] 4947(a)(1) or [ ] 527

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 1,365 00

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

Table with 21 rows and 2 columns. Rows 1-9: Revenue. Rows 10-17: Expenses. Rows 18-21: Net Assets. Total revenue: 1,365 00. Total expenses: 1,647 79. Net assets at end of year: -282 79.



Handwritten notes: 't.w.' at top left, '19' and '60' on the left margin.

Handwritten note: '12' at bottom right.

**Part II Balance Sheets** (see the instructions for Part II)

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	0	22 468 21
23	Land and buildings	0	23
24	Other assets (describe in Schedule O)	0	24
25	<b>Total assets</b>	0	25 468 21
26	<b>Total liabilities</b> (describe in Schedule O)	0	26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	0	27 468 21

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose? TO ASSIST FELLOW VETERANS

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.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28	..... ..... .....		
28	(Grants \$ ..... ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	..... ..... .....		
29	(Grants \$ ..... ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	..... ..... .....		
30	(Grants \$ ..... ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$ ..... ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DOUGLAS DERVIN COMMANDER	15	0	0	0
..... .....				

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

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

Table with 3 columns: Question ID, Yes, No. Row 33: Yes (blank), No (checked).

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

Table with 3 columns: Question ID, Yes, No. Row 34: Yes (blank), No (checked).

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)?

Table with 3 columns: Question ID, Yes, No. Row 35a: Yes (blank), No (checked).

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

Table with 3 columns: Question ID, Yes, No. Row 35b: Yes (blank), No (blank).

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

Table with 3 columns: Question ID, Yes, No. Row 35c: Yes (blank), No (checked).

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

Table with 3 columns: Question ID, Yes, No. Row 36: Yes (blank), No (checked).

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a

Table with 3 columns: Question ID, Yes, No. Row 37a: Yes (blank), No (blank).

b Did the organization file Form 1120-POL for this year?

Table with 3 columns: Question ID, Yes, No. Row 37b: Yes (blank), No (checked).

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?

Table with 3 columns: Question ID, Yes, No. Row 38a: Yes (blank), No (checked).

b If "Yes," complete Schedule L, Part II, and enter the total amount involved

38b

Table with 3 columns: Question ID, Yes, No. Row 38b: Yes (blank), No (blank).

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

Table with 3 columns: Question ID, Yes, No. Row 39a: Yes (blank), No (blank). Row 39b: Yes (blank), No (blank).

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

Table with 3 columns: Question ID, Yes, No. Row 40a: Yes (blank), No (blank). Row 40b: Yes (blank), No (blank).

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

Table with 3 columns: Question ID, Yes, No. Row 40c: Yes (blank), No (blank). Row 40d: Yes (blank), No (blank). Row 40e: Yes (blank), No (checked).

41 List the states with which a copy of this return is filed

42a The organization's books are in care of; Telephone no.; Located at; ZIP + 4

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

Table with 3 columns: Question ID, Yes, No. Row 42b: Yes (blank), No (checked).

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

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

Table with 3 columns: Question ID, Yes, No. Row 42c: Yes (blank), No (checked).

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

Table with 3 columns: Question ID, Yes, No. Row 43: Yes (blank), No (blank).

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with 3 columns: Question ID, Yes, No. Row 44a: Yes (blank), No (checked).

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

Table with 3 columns: Question ID, Yes, No. Row 44b: Yes (blank), No (checked).

c Did the organization receive any payments for indoor tanning services during the year?

Table with 3 columns: Question ID, Yes, No. Row 44c: Yes (blank), No (checked).

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

Table with 3 columns: Question ID, Yes, No. Row 44d: Yes (blank), No (blank).

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Table with 3 columns: Question ID, Yes, No. Row 45a: Yes (blank), No (checked).

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

Table with 3 columns: Question ID, Yes, No. Row 45b: Yes (blank), No (blank).

	Yes	No
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	<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

	Yes	No
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	<input type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	<input type="checkbox"/>
b If "Yes," was the related organization a section 527 organization? . . . . .	49b	<input type="checkbox"/>

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."

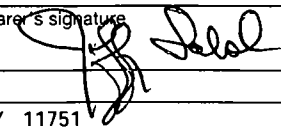
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

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

<b>Sign Here</b>	Signature of officer 	Date
	COMMANDER Type or print name and title	1-30-2020

<b>Paid Preparer Use Only</b>	Print/Type preparer's name JEFFREY SABOL	Preparer's signature 	Date 1/17/2020	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			

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