

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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)

▶ **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/form990ez.**

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization
 SONS OF AMVETS DEPARTMENT OF OHIO
 INC
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
 117 HUNTER AVENUE
 City or town, state or province, country, and ZIP or foreign postal code
 LANCASTER, OH 43130

D Employer identification number
 31-1290728
E Telephone number
 (740) 607-7942
F Group Exemption Number ▶

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: ▶ N/A

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 ▶ \$ 199,986

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	
	2 Program service revenue including government fees and contracts	2	192,734
	3 Membership dues and assessments	3	
	4 Investment income	4	880
	5a Gross amount from sale of assets other than inventory	5a	6,372
	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	6,372
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	199,986	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	16,677
	13 Professional fees and other payments to independent contractors	13	2,945
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,664
	16 Other expenses (describe in Schedule O)	16	166,818
	17 Total expenses. Add lines 10 through 16 ▶	17	188,104
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,882
	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	27,347
	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	39,229

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	28,750	22	41,656
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	123	24	123
25 Total assets	28,873	25	41,779
26 Total liabilities (describe in Schedule O).	1,526	26	2,550
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,347	27	39,229

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 AND PROMOTE THE HEALTH AND WELFARE OF AMERICAN VETERANS AND THEIR FAMILIES

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 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
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 Total program service expenses (add lines 28a through 31a)		32	121,848

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
JIM LOUNSBURY	2 00	0		
COMMANDER				
OWEN JACKSON	2 00	0		
1ST VICE COM				
ARTHUR DAVENPORT	2 00	0		
2ND VICE COM				
STEVE BRYANT	2 00	0		
3RD VICE COM				
ED MOORE	2 00	0		
FINANCE OFFI				
ROGER MCGRATH	2 00	0		
JUDGE ADVOCA				

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 response columns. Rows include 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 No

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
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

Table with 5 columns: (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 "

Table with 3 columns: (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

Sign Here ***** Signature of officer 2018-08-23 Date ED MOORE FINANCE OFFICER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name FLINT B HEIDLEBAUGH Preparer's signature Date 2018-10-23 Check if self-employed PTIN P00196406 Firm's name COWARD PINSKI & ASSOCIATES LLC Firm's EIN 11-3653357 Firm's address 101 W SANDUSKY ST STE 200 FINDLAY, OH 458403276 Phone no (419) 425-0163

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

Additional Data

Software ID:
Software Version:
EIN: 31-1290728
Name: SONS OF AMVETS DEPARTMENT OF OHIO
INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 SCHOLARSHIPS FOR VETERANS FAMILY MEMBERS (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	3,130

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 SERVICE TO MEMBERS AND VETERANS (Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	<p>118,718</p>

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SONS OF AMVETS DEPARTMENT OF OHIO
INC

Employer identification number

31-1290728

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES PROMOTIONS 2,280 INSURANCE 682 BONDING OF OFFICERS 114 COMMANDER EXPENSES 7,131 NATIONAL DUES 67,639 STATE OFFICER'S TRAVEL 7,691 3RD VICE PROGRAMS 1,831 SEC'S & NEC'S TRAVEL 2,623 LEGISLATIVE COMMITTEE CHA 862 DISTRICT COMMANDERS 5,158 APPOINTED OFFICERS 4,583 SONS COORDINATOR 774 SECRETARY TRAVEL 860 OFFICE EXPENSE 7,193 COPIER EXPENSE 2,223 AWARDS 752 EMERGENCY CONTINGENCY FUN 1,857 SCHOLARSHIP 3,130 VAVS 1,903 MISCELLANEOUS EXPENSE 376 BUS TRIP TO DC 44,981 BOARD MEAL 67 JUNIOR AMVETS SUPPORT 593 FLORAL AND GOODWILL -97 HOSPITALITY ROOM EXPENSES 1,612 TOTAL 166,818

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	EQUIPMENT 10,885 10,885 LESS ACCUMULATED DEPRECIATION 10,885 10,885 DEPOSITS 123 123 TOTAL 123 123

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	PAYROLL TAXES PAYABLE 126 0 DC BUS TRIP ADVANCE DEPOSITS 1,400 2,450 MEMBERSHIP PAYABLE 0 100

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	TO ASSIST AND PROMOTE THE HEALTH AND WELFARE OF AMERICAN VETERANS AND THEIR FAMILIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	SERVICE TO MEMBERS AND VETERANS