

DMB No 1545-1150

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)

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

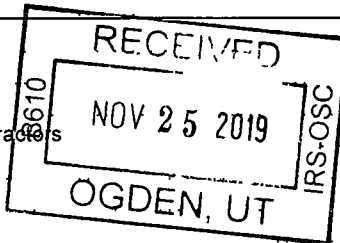
A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19

B Check if applicable: <input type="checkbox"/> Address change <input checked="" 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 SONS OF AMVETS DEPT OF OHIO INC		D Employer identification number 31-1290728
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 117 HUNTER AVENUE		E Telephone number 740-607-7942
	City or town, state or province, country, and ZIP or foreign postal code LANCASTER OH 43130		F Group Exemption Number
	G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: <u>N/A</u>			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (<u>19</u>) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 \$ 194,489			

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

SCANNED FEB 17 2020 61079130023049420	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	192,190
	3	Membership dues and assessments	3	
	4	Investment income	4	1,351
	5a	Gross amount from sale of assets other than inventory	5a	948
	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	948
	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	194,489
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	16,964
	13	Professional fees and other payments to independent contractors	13	2,905
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,559
	16	Other expenses (describe in Schedule O)	16	172,579
	17	Total expenses. Add lines 10 through 16	17	194,007
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	482
	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	39,229
	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	39,711



For Paperwork Reduction Act Notice, see the separate instructions.

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	41,656	22	40,662
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	123	24	123
25 Total assets	41,779	25	40,785
26 Total liabilities (describe in Schedule O)	2,550	26	1,074
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	39,229	27	39,711

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?

SEE SCHEDULE O

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	3,889
29	(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	124,550
32 Total program service expenses (add lines 28a through 31a)		32	128,439

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 IMM. PAST COMMANDER	2.00	0	0	0
OWEN JACKSON COMMANDER	2.00	0	0	0
ARTHUR DAVENPORT 1ST VICE COMMANDER	2.00	0	0	0
STEVE BRYANT 2ND VICE COMMANDER	2.00	0	0	0
ED MOORE FINANCE OFFICER	2.00	0	0	0
BOB BRYANT JUDGE ADVOCATE	2.00	0	0	0
MIKE FLEECE PROVOST	2.00	0	0	0
RICK TURNER 3RD VICE COMMANDER	2.00	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

		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		X
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.		X
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)?		X
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		
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		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u>		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ <u>38b</u>		
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 ▶ <u>39a</u>		
b	Gross receipts, included on line 9, for public use of club facilities ▶ <u>39b</u>		
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		
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		X
41	List the states with which a copy of this return is filed ▶ <u>NONE</u>		
42a	The organization's books are in care of ▶ <u>ED MOORE</u> Telephone no ▶ <u>740-607-7942</u> 117 HUNTER AVE Located at ▶ <u>LANCASTER</u> OH ZIP + 4 ▶ <u>43130</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)		X
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 ▶ _____		X
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 ▶ <input type="checkbox"/> <u>43</u>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		X

		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		X

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		
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 ▶ _____

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	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Signature of officer ED MOORE Type or print name and title </div> <div style="text-align: center;"> Date 11/21/2019 FINANCE OFFICER </div> </div>
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Paid Preparer Use Only	Print/Type preparer's name GREGORY E. COWARD	Preparer's signature	Date 11/19/19	Check <input type="checkbox"/> if self-employed	PTIN P00241040
	Firm's name ▶ COWARD, PINSKI & ASSOCIATES LLC			Firm's EIN ▶ 11-3653357	
	Firm's address ▶ 101 W SANDUSKY ST STE 200 FINDLAY, OH 45840-3276			Phone no 419-425-0163	

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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

2018**Open to Public
Inspection**

Name of the organization

SONS OF AMVETS DEPT OF OHIO INC

Employer identification number

31-1290728

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
PROMOTIONS	\$ 3,474
BONDING OF OFFICERS	\$ 114
COMMANDER EXPENSES	\$ 9,133
NATIONAL DUES	\$ 79,691
STATE OFFICER'S TRAVEL	\$ 7,682
SEC'S & NEC'S TRAVEL	\$ 1,574
LEGISLATIVE COMMITTEE CHA	\$ 1,549
DISTRICT COMMANDERS	\$ 3,510
APPOINTED OFFICERS	\$ 3,489
SONS COORDINATOR	\$ 653
SECRETARY TRAVEL	\$ 848
OFFICE EXPENSE	\$ 6,949
COPIER EXPENSE	\$ 2,565
AWARDS	\$ 410
EMERGENCY CONTINGENCY FUN	\$ 785
SCHOLARSHIP	\$ 3,889
VAVS	\$ 2,504
MISCELLANEOUS EXPENSE	\$ 661
BUS TRIP TO DC	\$ 39,519
BOARD MEAL	\$ 148
JUNIOR AMVETS SUPPORT	\$ 309
FLORAL AND GOODWILL	\$ 197

Name of the organization SONS OF AMVETS DEPT OF OHIO INC	Employer identification number 31-1290728
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HOSPITALITY ROOM EXPENSES	\$	2,426
DONATIONS	\$	500
TOTAL	\$	172,579

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
EQUIPMENT	\$ 10,885	\$ 10,885
LESS ACCUMULATED DEPRECIATION	\$ 10,885	\$ 10,885
DEPOSITS	\$ 123	\$ 123
TOTAL	\$ 123	\$ 123

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL TAXES PAYABLE	\$ 0	\$ 172
DC BUS TRIP ADVANCE DEPOSITS	\$ 2,450	\$ 802
MEMBERSHIP PAYABLE	\$ 100	\$ 100

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

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

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT
SERVICE TO MEMBERS AND VETERANS