

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/form990.

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 06-01-2016, and ending 05-31-2017

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

C Name of organization
AMVETS POST 44
Number and street (or P O box, if mail is not delivered to street address) Room/suite
305 ELM STREET
City or town, state or province, country, and ZIP or foreign postal code
Struthers, OH 44471

D Employer identification number
34-6575045
E Telephone number
F Group Exemption Number

G Accounting Method Cash Accrual Other (specify)
I Website:
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(19) (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 \$ 107,431

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 9,142
2	Program service revenue including government fees and contracts
3	Membership dues and assessments 8,814
4	Investment income
5a	Gross amount from sale of assets other than inventory 5a
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	Gaming and fundraising events
a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 15,566
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 25,891
c	Less direct expenses from gaming and fundraising events 6c 14,784
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 26,673
7a	Gross sales of inventory, less returns and allowances 7a 42,588
b	Less cost of goods sold 7b 21,842
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 20,746
8	Other revenue (describe in Schedule O) 8 5,430
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 70,805
Expenses	
10	Grants and similar amounts paid (list in Schedule O) 10
11	Benefits paid to or for members 11 3,052
12	Salaries, other compensation, and employee benefits 12
13	Professional fees and other payments to independent contractors 13 1,869
14	Occupancy, rent, utilities, and maintenance 14 4,462
15	Printing, publications, postage, and shipping 15
16	Other expenses (describe in Schedule O) 16 39,454
17	Total expenses. Add lines 10 through 16 17 48,837
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 21,968
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 33,463
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 55,431

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	12,679	22	15,439
23 Land and buildings	57,151	23	70,298
24 Other assets (describe in Schedule O)	1,335	24	3,367
25 Total assets	71,165	25	89,104
26 Total liabilities (describe in Schedule O).	37,702	26	33,673
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	33,463	27	55,431

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?
SOCIAL WELFARE SUPPORTING NEEDY AND VETS

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	29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
30	30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
31 Other program services (describe in Schedule O)	31a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	32	2,334
32 Total program service expenses (add lines 28a through 31a)		

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
JAN C BROW COMMANDER	16 00	0	0	0
JOHN STIVER 1ST VICE COMMANDER	4 00	0	0	0
JOHN P BROWN FINANCE OFFICER	24 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

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 2017-12-18 Date JOHN BROWN COMMANDER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Heidi Beach Preparer's signature Date 2018-06-04 Check if self-employed PTIN P01388245 Firm's name Byron Huffman Firm's EIN 46-1439584 Firm's address 812 Park Harbour Dr BOARDMAN, OH 445123972 Phone no (330) 953-1428

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

Additional Data

Software ID:
Software Version:
EIN: 34-6575045
Name: AMVETS POST 44

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 VETERANS AND PATRIOTIC ACTIVITIES (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	2,334

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization AMVETS POST 44

Employer identification number

34-6575045

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		Social Event (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	25,891			25,891
2	Less Contributions				
3	Gross income (line 1 minus line 2)	25,891			25,891
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,334			2,334
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				2,334
11	Net income summary Subtract line 10 from line 3, column (d) ▶				23,557

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue	15,566	
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	12,450			12,450
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				12,450
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				3,116

9 Enter the state(s) in which the organization conducts gaming activities OH

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | | |
|----------|-----------------------------|------------|---------|
| a | The organization's facility | 13a | _____ % |
| b | An outside facility | 13b | _____ % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

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.

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Internal Revenue Service

Name of the organization
AMVETS POST 44

Employer identification number

34-6575045

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other revenue Part I line 8	Description Amount MISCELLANEOUS 30RENTAL INCOME 5,400

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other expenses Part I line 16	Description Amount Depreciation from 4562 1,810 LICENSE AND PERMITS 556 OFFICE SUPPLIES 162 BUILDING SECURITY 788 COMPUTER WEB SITE EXPENSES 587 ADVERTISING 1,782 CLEANING SUPPLIES 3,566 CLEANING 825 CONVENTION 135 Operations, Telephone, Telecommuni 2,994 Dues and Subscriptions 2,951 Repairs & Maintenance 18,549 Hospitality Expenses 2,000 Insurance 1,571 Miscellaneous 15 Specialty Retail Expense 567 Pool League 371 Casual Labor 225

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other assets Part II line 24	Category Beginning of Year End of Year FURNITURE AND EQUIPMENT 1,285 3,317 SECURITY DEPOSIT ASSETS 50 50

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of total liabilities Part II line 26	Category Beginning of Year End of YearMORTGAGE 37,501 33,333SALES TAX 201 340