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)

OMB No 1545-1150 2017

Department d

▶ 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.vo

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	Inspec	tion .

<u>A</u>	For the	e 2017 calenda	ir year, or tax year beginning 06-01, 2017, and	l ending	05-31	2018
В	Check if	applicable	C Name of organization CNTR		D Employer identific	cation number
	Address	change	AMVETS POST 44		34-6575045	
	Name ch	ange	Number and street (or PO box, if mail is not delivered to street address)	Room/suite	E Telephone number	
	Initial ret	yrn				
	Final retu	ırn/termınated	305 ELM STREET			<del></del>
	Amended	d return	City or town, state or province, country, and ZIP or foreign postal code	19	F Group Exemption	
	Application	on pending	Struthers, OH 44471	_ [ ]	Number <b>&gt;</b>	<del>_</del>
G	Accour	nting Method	X Cash	н	Check ► 🗵 if the or	ganization is not
1	Websi	te: ►			required to attach Sche	edule B
J_	Tax-ex	empt status (d	check only one) - ☐ 501(c)(3) 🗵 501(c)(19) ◀ (insert no) ☐ 4947(a)(1) or	527	(Form 990, 990-EZ, or	990-PF)
K	Form o	f organization	☐ Corporation ☐ Trust ☐ Association ☐ Other _			
L	Add lin	es 5b, 6c, and 7	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo	re, or if total a	ssets	
					<u> ▶ \$</u>	80,933
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balan	ces (see the	e instructions for Part	t I)
		Check if t	the organization used Schedule O to respond to any question in the	nis Part I		<u>· · · · · · x _</u>
	1	Contributions	s, gifts, grants, and similar amounts received		1	15,502
	2	Program ser	vice revenue including government fees and contracts		2	
	3	Membership	dues and assessments		3	3,825
	4	Investment in	ncome		4	
	5a	Gross amou	nt from sale of assets other than inventory · · · · · · · · · 5a		15	
	1	b Less cost or	other basis and sales expenses			
	•	Gain or (loss	) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and	fundraising events		1 .	
		Gross incom	e from gaming (attach Schedule G if greater than			
Jue		\$15,000)		<u> </u>	7,009	
Revenue	1	Gross income	e from fundraising events (not including \$	of contribution	ns F	
æ		from fundrais	ing events reported on line 1) (attach Schedule G if the			
		sum of such	gross income and contributions exceeds \$15,000) · · · · · · · 6b			
	_ (	Less direct e	expenses from gaming and fundraising events6c	L	3,018	,
	<b>5</b> °	Net income of	ir (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ıct		
	~	line 6c) ·			6d	3,991
	72	Gross sales	of inventory, less returns and allowances · · · · · · · · · · · 7a		43,237	
	"	Less cost of	goods sold	<u> </u>	17,300	
	1. 8	Gross profit of	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	25,937
2	≥ 8	Other revenu	e (describe in Schedule O)		8	11,360
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	60,615
Ž	10		imilar amounts paid (list in Schedule O) · · · · · · · · · · · · · · · · · ·	$D \cdots H \cdots$	10	
3	11	-	to or for members	~ ၂႘  · · ·	11	
S	12	Salaries, othe	er compensation, and employee benefits		12	
SE SE	13	Professional	fees and other payments to independent contractors	· ·   \( \frac{\fin}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}{\frac{\frac{\frac{\frac{\fir}{\fin}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fra	13	
Expenses ANA	14		ent, utilities, and maintenance		14	12,331
ω	l	-	ications, postage, and shipping · · · · · · · · · · · · OGDEN, · U	<u></u>	15	<del></del>
	16		es (describe in Schedule O)		16	36,524
	17		ses. Add lines 10 through 16	• • • • • •		48,855
ģ	18		effcit) for the year (Subtract line 17 from line 9)		18	11,760
Net Assets	19		fund balances at beginning of year (from line 27, column (A)) (must agree w	rith		
As		-	gure reported on prior year's return)	• • • • • •	19	55,431
Set	20	_	s 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	67,191

	MVETS POST 44			34-0	<u>6575</u>	045 Page		
	see the instructions for Part II)		on in the Deat H			ᇊ		
Check if the organ	ization used Schedule O to res	spond to any question			<del></del>			
2 0	L_		(A)	Beginning of year	22	(B) End of year		
2 Cash, savings, and investment	(S			15,439	23	22,918		
3 Land and buildings	dule O)		· · · · · · · · · · · · · · · · · · ·	70,298 3,367	24	72,002 3,367		
5 Total assets				89,104	25	98,287		
6 Total liabilities (describe in Sc				33,673	26	31,096		
•	(line 27 of column (B) must agree v	with line 21)		55,431	27	67,191		
	ogram Service Accomplishm		ctions for Part III			<u> </u>		
	nization used Schedule O to re	•				Expenses		
	exempt purpose? SOCIAL WEL				1.	quired for section		
	<del></del> ;		<u> </u>		í	(c)(3) and 501(c)(4)		
s measured by expenses. In a clea	n service accomplishments for each ar and concise manner, describe the ant information for each program title	e services provided, the			-	organizations, optional for others)		
8 VETERANS AND PATRIOT	<del></del>							
						}		
(Grants \$	) If this amount in	cludes foreign grants, c	heck here	▶ 🔲	28a			
9								
					l			
(Grants \$	) If this amount in	cludes foreign grants, c	heck here · · ·	<u></u> <u>▶</u> ∐	29a	1		
0		<del></del>						
					i			
(O + O	V 16 11	-1 -1	hadi hasa	□	20-	1		
(Grants \$		cludes foreign grants, c		▶ 🗍	30a	-		
1 Other program services (descri	be in Schedule O) · · · · · ·			<u>.</u> .	1			
Other program services (descril	be in Schedule O) ) If this amount ind	cludes foreign grants, c	heck here		31a			
Other program services (described (Grants \$  Total program service expense)	be in Schedule O)	cludes foreign grants, c	heck here		31a 32			
Other program services (described of the control of	be in Schedule O) ) If this amount ind	cludes foreign grants, c	heck here		31a 32	for Part IV)		
Other program services (described of the control of	be in Schedule O) ) If this amount incomes (add lines 28a through 31a) ectors, Trustees, and Key Employ	cludes foreign grants, c	heck here  n if not compensate art IV  (c) Reportable	ed - see the instruc	31a 32 ctions	for Part IV)		
Other program services (described of the control of	be in Schedule O)	cludes foreign grants, c	n if not compensate art IV	ed - see the instruction (d) Health benefits contributions to emp	31a 32 ctions	for Part IV)		
Other program services (descrite (Grants \$  Total program service expense Part IV List of Officers, Directors (Check of the organization)	be in Schedule O)	cludes foreign grants, c yees (list each one eve any question in this Pa	heck here  n if not compensate art IV  (c) Reportable	ed - see the instruction (d) Health benefits contributions to emplement plans, and	31a 32 ctions	for Part IV)		
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1 Other program services (described (Grants \$ 2 Total program service expensions) Part IV List of Officers, Director of the organization (a) Name and title (AN C BROWN)	be in Schedule O)	cludes foreign grants, c	n if not compensate art IV	d - see the instruction of the contributions to empthemetric plans, and deferred compensations.	31a 32 ctions 	for Part IV)  (e) Estimated amount of other compensation		
1 Other program services (described (Grants \$ 2 Total program service expenses Part IV List of Officers, Director Check of the organization (a) Name and title AN C BROWN OMMANDER OHN STIVER ST VICE COMMANDER	be in Schedule O)	cludes foreign grants, c yees (list each one eve any question in this Pa (b) Average hours per week devoted to position	n if not compensate art IV	d - see the instruction of the contributions to empthemetric plans, and deferred compensations.	31a 32 ctions 	for Part IV)  (e) Estimated amount of other compensation		
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Form 990-EZ (2017)

Form	990-EZ (2017) AMVETS POST 44 34-65750	45_	F	age 3
Pa	rt 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			<u>. 🗆</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	,	ļ	ļ
	detailed description of each activity in Schedule O	33		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	ĺ		1
	change on Schedule O (see instructions)	34		Х
35 a	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		Х
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		
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		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	<del></del>		
•	during the year? If "Yes," complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			1
		37b		
	one the organization may office the year	3,0		
30 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	38a		X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	30a		
	If "Yes," complete Schedule L, Part II and enter the total amount involved		"	
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	{		i i
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			ĺ
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		
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,	i l	i	
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·	1		. 1
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization · · · · · · · · · · · · · · · · · · ·	.	j	
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		<u> </u>
41	List the states with which a copy of this return is filed   OH  OH			
42 a	The organization's books are in care of ► JAN BROWN  Telephone no ► 330-7	<u> 55-33</u>	333	
	Located at ► 305 ELM STREET, Struthers, OH ZIP+4 ► 44471			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		_X_
	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	Ī	_	H
	Financial Accounts (FBAR)	_	_	
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			_
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 · · · · · · · · · · · · · · · · · · ·			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		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	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	-		
-	explanation in Schedule O	44d	<del></del>  -	
15 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	$\rightarrow$	<u>x</u>
	Did the organization rieve a controlled entity within the meaning of section or 22(o)(10).  Did the organization receive any payment from or engage in any transaction with a controlled entity within the			<u> </u>
-	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	-	X
	· -····		1	

Form :	990-EZ (20	17) AMVETS POST 44					34-6	575045		Page 4
	<u>.</u>			,				l	Yes	No
46		e organization engage, directly or indirectly, in	· · · · · · · · · · · · · · · · · · ·					46		X
Da		didates for public office? If "Yes," complete Section 501(c)(3) organizations		· · · · · ·	• • • • • •	• • • • •		40	<u>'.L</u>	1 4
Га		All section 501(c)(3) organizations		ons 47 - 4	49b and 5	2 and c	omplete the	tables f	or line	s
		50 and 51.	mast answer questi	0110 47	TOD GIIG O	<u> </u>	ompioto trio	(abioo i	01 11110	•
		Check if the organization used Sch	nedule O to respond	to any qu	uestion in	this Part	VI			. П
		<u> </u>		<u> </u>			<del></del>		Yes	No
47	Did the	organization engage in lobbying activities or	have a section 501(h) ele	ction in effe	ct during the	tax				
								47	,	
48	-	organization a school as described in section	170(b)(1)(A)(ıı)? If "Yes," o	complete Sc	hedule E			48	3	
49a		organization make any transfers to an exem						49	а	
þ	If "Yes,"	was the related organization a section 527 (	organization?					49	b	
50	Comple	ete this table for the organization's five highes	st compensated employee	s (other than	n officers, dire	ectors, trus	tees and key			
		rees) who each received more than \$100,000								
	•	<del></del>	(b) Average	(c) Re	portable		Ith benefits,	(a) Falson		ant of
		(a) Name and title of each employee	hours per week		ensation		ns to employee is, and deferred		ated amou compensal	
			devoted to position	(Forms W-2	2/1099-MISC)	com	pensation			
							ĺ			
						<u> </u>				
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			ļ <del>  </del>					<del></del>		
						ļ		<b></b>		
	Total	mbos of other conclusions and ourse \$4.00.000				L				
f 51		umber of other employees paid over \$100,000		nt contracto	ne who coch	reconnect r	noro than			
31		ete this table for the organization's five highes 00 of compensation from the organization. If			DIS WITO Each	received i	nore triair			
	Ψ100,00	to or compensation from the organization. It	there is none, enter 140h					<del></del>		
	(a)	Name and business address of each independent contract	ctor	(b	) Type of service	•	(c	c) Compensat	tion	
					<del></del>	· · · · · · · · · · · · · · · · · · ·				
			1				1			
							_j	_		
		····								
							1			
		imber of other independent contractors each	•	1						
52		organization complete Schedule A? Note: Al	1,71,7					П.,		
		ted Schedule A · · · · · · · · · · · · · · · · · ·						· U Ye		No
		of perjury, I declare that I have examined this return						e and belief.	, it is	
rue, c	orrect, and	d complete Declaration of preparer (other than off	icer) is based on all information	on of which pr	eparer has any	knowledge		. / č		
Sigr	,	JOHN BROWN AND FORE	ou _	<del></del>		Date	12-17	10		
						Date				
Here	-	JOHN BROWN, COMMANDER  Type or print name and title					<del></del>			
		<del>/                                    </del>	reparer's signature		Date		<u> </u>	PTIN		
Paid	1		reparer's signature		Ì	.	Check if self-employed	1	000	
	oarer	TIMOTHY M GILMORE	11/11/16		<u> 11-26-20</u>			P01384	806	
•	Only	Firm's name BYRON HUFFMAN				Firm's	EIN >			
JSG	Only	Firm's address 812 PARK HARBOUR							_	
Acres 41	h- IDO :	Youngstown OH 44				Phone		953-142		
	ne IRS d	iscuss this return with the preparer shown ab	pove / See instructions	• • • • •	<del>· · · · · ·</del>			Ye		No
EΑ								⊦orm 9	90-EZ (	2017)

### **SCHEDULE G** (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

2017

OMB No 1545-0047

Department of the Treasury

Go to your ire may/Form000 for the latest instructions

Open to Public

Name of the organization		na.govn onno				Employer Ide	ntification number
AMVETS POST 44						34-65	75045
Partili Fundraising Activities	s. Complete if	the organ	izatıon ar	swered "Yes" on	Form 9	90, Part IV	′, line 17.
Form 990-EZ filers are no							
1 Indicate whether the organization rais							
a U Mail solicitations	,			of non-government gr			
b Internet and email solicitations				of government grants			
c  Phone solicitations		9 ⊔	Special fund	fraising events			
d In-person solicitations	r ocal agreement.	with any individual	idual (ipaliidi	na officero directoro	taustoon		
2a Did the organization have a written or or key employees listed in Form 990,						Пу	es 🗌 No
b If "Yes," list the 10 highest paid individ							_
compensated at least \$5,000 by the		, ,		•			
(i) Name and address of individual			draiser have	(Iv) Gross receipts		ount paid to ained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		r control of outions?	from activity	fundrais	er listed in	(or retained by) organization
		Yes	No		C	ol (i)	
1		163	140				
2			₹				
3		+				<del>-</del>	
4		-					
5							
6							
7							
8							
9							<u> </u>
10							
Total			•				
3 List all states in which the organization	is registered or li	censed to sol	ıcıt contributi	ons or has been notifi	ied it is exe	mpt from	
registration or licensing	•					•	
							<del></del>
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			_				

34-6575045

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II 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. (c) Other events (a) Event #1 (b) Event #2 (d) Total events (add col (a) through col (c)) (event\_type) (total number) (event type) Revenue Gross receipts Less Contributions Gross income (line 1 minus 4 Cash prizes Noncash prizes Direct Expenses Food and beverages . . . . . . Entertainment Other direct expenses Direct expense summary Add lines 4 through 9 in column (d) Net income summary Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo Gross revenue . . . . . . . . Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) ...... Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

## 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

2017

Open to Public ∃Inspection

Employer identification number

34-6575045 AMVETS POST 44 01. Description of other revenue (Part I, line 8) Description Amount RENTAL INCOME 11,360 02. Description of other expenses (Part I, line 16) Description Amount 2,665 Depreciation from 4562 LICENSE AND PERMITS 1,236 OFFICE SUPPLIES 365 BUILDING SECURITY 492 101 BANK FEES 1,265 MEMBERSHIP EXPENSE 2,230 **ADVERTISING** DONATIONS 2,531 820 CLEANING 279 CONVENTION 275 REFUND INTEREST EXPENSE 2,249 2,650 TELEPHONE 3,460 DUES AND SUBSCRIPTIONS ACCOUNTING FEES 1,935 HOSPITALITIY EXPENSE 4,539 INSURANCE 2,985 EQUIPMENT RENTAL 219 SPECIALTY RETAIL EXPENSE 46

Schedule O (Form 990 or 990-EZ) (2017)		Page 2
Name of the organization		Employer identification number
AMVETS POST 44		34-6575045
OPERATION SUPPLIES	4,195	
TRAVEL	560	
BANDS	1,427	
03. Description of other assets	(Part II, line 24)	
Category	Beginning of Year	End of Year
FURNITURE AND EQUIPMENT	3,317	3,317
SECURITY DEPOSIT ASSETS	50	50
04. Description of total liabili	ties (Part II, line 26)	
Category	Beginning of Year	End of Year
MORTGAGE	33,333	30,750
SALES TAX	340	346
		·
<del></del>		<del></del>