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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 and its instructions is at www IRS gov/form990

DLN: 93493168009319 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasur Internal Revenue Service

For the 2017 calendar year, or tax year beginning 08-01-2017 , and ending 07-31-2018 C Name of organization THE AMERICAN LEGION D Employer identification number B Check if applicable \square Address change DEPARTMENT OF OHIO CHARITIES INC 02-0692968 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) ☐ Amended return ☐ Application pending (740) 362-7478 City or town, state or province, country, and ZIP or foreign postal code DELAWARE, OH $\,$ 430158007 $\,$ G Gross receipts \$ 2,855,380 Name and address of principal officer H(a) Is this a group return for SUZETTE HELLER ☐Yes ☑No subordinates? 60 BIG RUN ROAD H(b) Are all subordinates DELAWARE, OH 43015 ☐ Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A L Year of formation 2003 M State of legal domicile ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO SUPPORT THE CHARITABLE PROGRAMS OF THE AMERICAN LEGION, DEPARTMENT OF OHIO Activities & Governance Check this box $\blacktriangleright \Box$ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 40 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 0 40 Total number of volunteers (estimate if necessary) . . . 6 0 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 . **7**b 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 2,939,765 2,818,802 **9** Program service revenue (Part VIII, line 2g) 0 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 68,208 32,492 3,007,973 2,851,294 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 2,766,686 2,498,430 **14** Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Expenses 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . 51,207 125,260 2,817,893 2,623,690 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 190,080 227,604 Net Assets or Fund Balances **Beginning of Current Year End of Year** 711,726 20 Total assets (Part X, line 16) . 495,145 **21** Total liabilities (Part X, line 26) 11.023 484,122 711,726 22 Net assets or fund balances Subtract line 21 from line 20 . Part II Signature Block

Signature of officer

SUZETTE HELLER ADJUTANT

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

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Paid		
Prepare	ľ	•

Use Only

Sign Here

Турє	e or print name and title				
	Print/Type preparer's name MARY ELIZABETH WRIGHT CPA	Preparer's signature MARY ELIZABETH WRIGHT CPA	Date 2019-06-13	Check I if self-employed	PTIN P00099212
	Firm's name REA & ASSOCIATES INC	Firm's EIN ► 3	4-1310124		
	Firm's address ▶ 941 STEUBENVILLE AVE	Phone no (740) 432-5658		
	CAMBRIDGE, OH 43725				

May the IRS discuss this return with the preparer shown above? (see instructions) .

2019-06-13

☑ Yes ☐ No

Form	n 990 (2017)				Page
Par	t IIII Statement of Prog	ram Service Accomplis	hments		
	Check If Schedule O co	ntains a response or note to	any line in this Part III		🗆
1	Briefly describe the organization	on's mission			
TO S	UPPORT THE CHARITABLE PROG	GRAMS OF THE AMERICAN LE	GION, DEPARTMENT OF	ОНІО	
_	B 111	<u> </u>			
2	Did the organization undertake			ich were not listed on	☐ Yes ☑ No
	the prior Form 990 or 990-EZ?				∟ Yes 🖭 No
3	If "Yes," describe these new se Did the organization cease con		changes in how it condu	cts any program	
3	services?		changes in now it condu	cts, any program	□ Yes ☑ No
	If "Yes," describe these change				Lifes Linu
4	·		ats for each of its three l	argest program services, as measur	ed by expenses
		4) organizations are required	to report the amount of	grants and allocations to others, th	
4a	(Code) (Ex	penses \$ 2,580,324	including grants of \$	2,498,430) (Revenue \$)
- a	See Additional Data	penses \$ 2,300,324	including grants or \$	2,490,430) (Neverlue \$,
4b	(Code) (Ex	rpenses \$	including grants of \$) (Revenue \$)
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
	_				
4-	(6-4-			\/D==	
4c	(Code) (Ex	penses \$	including grants of \$) (Revenue \$)
	_				
	·				
	Out	when we Calculated 200			
4d	Other program services (Descri (Expenses \$	ribe in Schedule O) including grants of	¢) (Revenue \$)
	Total program service expe		*) (Nevenue 4	,
46	. ota. program scrince expe		- ·		

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Form **990** (2017)

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Page 3

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Form 990 (2017) Checklist of Required Schedules

Yes e organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete* 1

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞 . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

4 assessments, or similar amounts as defined in Revenue Procedure 98-19?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, 27

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Par	TV Checklist of Required Schedules (continued)		
		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		No

Page 4

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25b

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35a

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Yes

Yes

Yes

Form 990 (2017)

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

orm	990 (2017)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	· · · · · · · · · · · · · · · · · · ·	3 5		
		<u> </u>		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	0 2 b		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-		5 c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6а		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	s 7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2~	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.	+		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	134		
	Enter the amount of reserves on hand			
С	===	1	I	I
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

orm	990 (2017)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to li	
Se	Check if Schedule O contains a response or note to any line in this Part VI	•••		✓
1a	Enter the number of voting members of the governing body at the end of the tax year	_	Yes	No
	1a 40			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 40			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	: Code		
10-	Did the consequence have been been been been been as a fifther a	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records SUZETTE HELLER 60 BIG RUN ROAD DELAWARE, OH 43015 (740) 362-7478			

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										-
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title Average hours per week (list any hours for related			ne b	ox, ι n of or/t	t che unles ficer rust		on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Additiona	al Data Table										

(B) (D) (F) (A) (C) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Individual trustee or director Highest compensated employee related organizations Institutional Trustee below dotted organizations employee line) See Additional Data Table \blacktriangleright c Total from continuation sheets to Part VII, Section A . ▶ 62,622 d Total (add lines 1b and 1c) . 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 3 Nο For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual . 4 Nο Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for 5 services rendered to the organization? If "Yes," complete Schedule J for such person . . . 5 Nο Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (B) (C) (A) Description of services Name and business address Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 0

Part		I Statement of Rev	venue						rage 3
		Check if Schedule O c		respo	onse or note to any	/ line in this Part VIII	.		🗆
				-		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns .		1a			revenue		312-314
ributions, Gifts, Grants Other Similar Amounts	ŀ	Membership dues		1b	<u> </u>				
3ra nou	,	Fundraising events .	.	1c	<u> </u>				
S. (l Related organizations		1d	<u> </u>				
Giff Ia		Government grants (contribu	utions) L	1e	<u> </u>				
Si E		· All other contributions, gifts,	Ļ		<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts	•	and similar amounts not incl above		1f	2,818,802				
별 폭	١	Noncash contributions in	ncluded						
Contr and C		ın lines 1a-1f \$							
<u>ة</u> ك	_ <u>_</u> h	Total.Add lines 1a-1f .			· · · ·	2,818,802			
ıle Lle					Busines	s Code			
nev.	2a –								
Service Revenue	b								
.¥	С								
₹	d								
ram	e f	All other program service		_					
Program					_				
		Total.Add lines 2a-2f .				1	T		
		investment income (includ imilar amounts)				-			
		income from investment of			ond proceeds	•			
	5 F	Royalties				<u> </u>			
	62	Gross rents	(ı) Real		(II) Personal	-			
	- Cu	Cross rema							
	b	Less rental expenses							
	С	Rental income or				-			
		(loss)							
	a	Net rental income or (los			· · · •	1			
		Gross amount from sales of	ı) Securit	ies	(II) Other	+			
		assets other than inventory							
	b	Less cost or				_			
		other basis and sales expenses							
		Gain or (loss)							
		Net gain or (loss)		•	<u> </u>	_			
e)		Gross income from fundra (not including \$	aising eve	ents of					
eu n		contributions reported on See Part IV, line 18		а					
ev		Less direct expenses .		a b		-			
ř		Net income or (loss) from				_			
Other Revenue	9a	Gross income from gamin		es		1			
O		See Part IV, line 19 .		а	30,80	7			
	b	Less direct expenses .		ь					
		Net income or (loss) from				 26,72:	1		26,721
	10a	Gross sales of inventory,	less						
		returns and allowances		a	}				
	b	Less cost of goods sold		Ь					
	С	Net income or (loss) from	sales of	ınvent	tory ►				
		Miscellaneous Reve	enue		Business Code				
	11	OTHER INCOME			90009	5,77:	5,77:	L	
							-		
	b								
	c								
	C								
	ام	All other revenue							+
		Total. Add lines 11a-11d			▶				+
	12	Total revenue. See Instr	ructions			5,77:			+
					· P	2,851,294	5,77:	L [0 26,721 Form 990 (2017)

	irt IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anizations must comp	olete column (A)	. 430 20
	Check if Schedule O contains a response or note to any	line in this Part IX			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,498,430	2,498,430		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	a Management				
ı	o Legal				
•	c Accounting	30,583		30,583	
•	il Lobbying [
•	e Professional fundraising services See Part IV, line 17				
1	Investment management fees				
ģ	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,300		12,300	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	674	674		
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a DEPARTMENT SERVICES	81,220	81,220		
	b FEES & MISCELLANEOUS	483		483	
	c				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,623,690	2,580,324	43,366	0
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,	,,		
	Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)				

1 2

3

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

707,609

300

3,817

711,726

0

0

711,726

711,726

711.726

Form **990** (2017)

(B)

End of year

Page **11**

Check if Schedule O contains a response or note to any line in this Part IX

Cash-non-interest-bearing	
Savings and temporary cash investments	
Pledges and grants receivable, net	
· ·	

Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part Loans and other receivables from other disqualified persons (as defined under voluntary employees' beneficiary organizations (see instructions) Complete

II of Schedule L section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) Part II of Schedule L . Notes and loans receivable, net .

Inventories for sale or use .

Assets

Prepaid expenses and deferred charges

basis Complete Part VI of Schedule D

Less accumulated depreciation

10a Land, buildings, and equipment cost or other Investments—publicly traded securities .

10a 10b Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

11 12 13 14 Intangible assets

15 Other assets See Part IV, line 11 .

16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and

4,715 898

(A)

Beginning of year

487,932

2,723

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2 3

4

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8

9 4.490

495.145

11.023

11.023

484,122

484,122

495,145

26

27

28

29

30 0

31

32

33

34

25

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

2c

3a

3b

No

Form 990 (2017)

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

Separate basis

Consolidated basis

Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version: **EIN:** 02-0692968

Name: THE AMERICAN LEGION

DEPARTMENT OF OHIO CHARITIES INC.

Form 990 (2017) Form 990, Part III, Line 4a:

DISBURSES GRANTS TO ORGANIZATIONS FOR ACTIVITIES THAT ARE DESCRIBED IN IRC SEC 501(C)(3) INCLUDING CHARITABLE, RELIGIOUS, EDUCATIONAL, SCIENTIFIC, LITERARY, TESTING FOR PUBLIC SAFETY, FOSTERING NATIONAL OR INTERNATIONAL AMATEUR SPORTS COMPETITION, AND PREVENTING CRUELTY TO CHILDREN OR ANIMALS

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	any nours	anu	a uii	ecto	-	ustee)		Organization	organizations	Irom the
	for related organizations below dotted line)		Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JAMES CAMPBELL PAST DEPARTMENT COMMANDER	1 00	x		×				0	0	0
RONALD CHAPMAN DEPARTMENT COMMANDER	1 00	x		x				0	0	0
ROBERT SCHMITT SECOND VICE COMMANDER	1 00	x		х				0	0	0
HAROLD KRIEG DEPARTMENT TREASURER	1 00	×		x				0	0	0
	1.00	$\overline{}$	$\overline{}$	$\overline{}$	$\overline{}$	$\overline{}$				

DEPARTMENT CHAPLAIN		×	X		0	0	
ROGER HIGHT	1 00	V					
DEPARTMENT TREASURER		, ,			9	3	
HAROLD KRIEG	1 00	×	v		0	0	
SECOND VICE COMMANDER		^	^		O	0	

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HAROLD KRIEG	1 00	l _x	×		
DEPARTMENT TREASURER		,			
ROGER HIGHT	1 00				
DEPARTMENT CHAPLAIN		×	×		
STANLEY PLEASANT	1 00				

and Independent Contractors

FIRST VICE COMMANDER

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NATIONAL EXEC COMMITTEEMA

DENNIS CLAUSING

ROBERT KLOSTERMIER

ALTERNATE NECMAN

PAUL SMITH

STAN OREN

FIRST DISTRICT

FIRST DISTRICT

(A) Name and Title (D) (E) (F) (B) (C) Average Position (do not check more Reportable Reportable Estimated amount of other hours per than one box, unless compensation compensation week (list person is both an officer from the from related compensation

and Independent Contractors

RALPH MCCOY

SIXTH DISTRICT

SIXTH DISTRICT

CHARLES ARMSTRONG

	any hours				ustee		organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	 Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
KENT LONG SECOND DISTRICT	1 00	х					0	0	0	
KENNETH SCHUTZ SECOND DISTRICT	1 00	х					0	0	0	
ROBERT WEILER	1 00	v					0	0	0	

KENNETH SCHUTZ	1 00				n	
SECOND DISTRICT		^			9	
ROBERT WEILER	1 00					
THIRD DISTRICT		_ ^			U	
MELISSA FOWLE	1 00	,				
THIRD DISTRICT		×				
·						

ROBERT WEILER		l 🗸						_		
THIRD DISTRICT		^								
MELISSA FOWLE	1 00							0	0	
THIRD DISTRICT		^								
ROBERT DERR	1 00									
FOURTH DISTRICT		*							0	
MIKE BENDER	1 00									
		l v	i	I	i i	I	I	۸ ا	۸ ا	l

MELISSA FOWLE	1 00	×			0	0	0
THIRD DISTRICT		^				3	
ROBERT DERR	1 00	×			0	0	0
FOURTH DISTRICT		^				3	
MIKE BENDER	1 00	×			n	0	0
FOURTH DISTRICT		^				0	
GILBERT COLE	1 00						

FOURTH DISTRICT		^					
MIKE BENDER	1 00	х			0	0	0
FOURTH DISTRICT		,,				J	
GILBERT COLE	1 00	×			n	0	0
FIFTH DISTRICT						, and the second	

FOURTH DISTRICT	•••••	X			0	0	0
GILBERT COLE	1 00	×			0	0	0
FIFTH DISTRICT		,				J	
MOLLY DOSS	1 00						

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GILBERT COLE	1 00				_	٥	
FIFTH DISTRICT		_ ^					
MOLLY DOSS	1 00	.,					
FIFTH DISTRICT		X			U	0	

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation

and Independent Contractors

NINTH DISTRICT

TENTH DISTRICT

TENTH DISTRICT

ELEVENTH DISTRICT

ELEVENTH DISTRICT

GEORGE BRADLEY

EDWIN LONG

HOLLY LEWIS

TOM LEACH

	any hours	and	a dır	ecto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
RICK LAVALLEY SEVENTH DISTRICT	1 00	х						0	0	0
JAMES VOLGARES SEVENTH DISTRICT	1 00	х						0	0	0
DONALD REED	1 00	v						0	0	

SEVENTH DISTRICT							
JAMES VOLGARES	1 00	l			0	0	
SEVENTH DISTRICT		_ ^			0	U	
DONALD REED	1 00	l 🗸			0	0	
EIGHTH DISTRICT		^			0	U	
лони ноор	1 00	l 🗸			0	0	
EIGHTH DISTRICT		^				o o	

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DONALD REED	1 00							
EIGHTH DISTRICT		×				0	U	
ЈОНИ HOOD	1 00	l 🗸				0	0	
EIGHTH DISTRICT		_ ^					0	
WILLIAM DITTEBRAND	1 00	,,						
		X	I	l] 0	0	

DONALD REED		v			_	0	0
EIGHTH DISTRICT		^				Ü	l
ЈОНИ НООD	1 00	_			0	0	0
EIGHTH DISTRICT		^			0	0	
WILLIAM DITTEBRAND	1 00	\			0	0	0
NINTH DISTRICT		^			0	0	
WILLIAM KELLER	1 00						

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

and Independent Contractors

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FOURTEENTH DISTRICT

FOURTEENTH DISTRICT

GLENN HICKMAN

ARTHUR LUSTIG

JAMES MORRIS

RONALD CHAPMAN

JOHN LIFE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

	any hours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JEFF SHIPLEY TWELFTH DISTRICT	1 00	х						0	0	0	
THOMAS ROWE TWELFTH DISTRICT	1 00	х						0	0	0	
DAVID DONALDSON THIRTEENTH DISTRICT	1 00	х						0	0	0	

0

0

0

THOMAS ROWE		x			l	
TWELFTH DISTRICT		^			Ĭ	
DAVID DONALDSON	1 00	_				
THIRTEENTH DISTRICT		^				
STANLEY POPEK	1 00	v				
THIRTEENTH DISTRICT		~			Í	
MIKE MCLAIN	1 00					

1 00

1 00

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and Independent Contractors (A)

SUZETTE HELLER

DEPARTMENT ADJUTANT

Name and Title

hours per week (list any hours for related organization below dotte line)
 1

(B)

Average

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Position (do not check more

employee

Reportable compensatio from the organizatioi (W- 2/1099 MISC)

(D)

n D-	fi oi ("
0	



(E)

Estimated amount of other compensation from the organization and related organizations

(F)

than one box, unless person is both an officer and a director/trustee) Institutio

efil	e GR	APHIC prii	nt - DO NO	T PROCESS	As Filed Data -			DLN: 93	3493168009319			
SCI	HED	ULE A		Public (Charity Statu	s and Put	olic Supp	ort	OMB No 1545-0047			
•	m 99	0 or	Cor		rganization is a sect	ion 501(c)(3) d	organization or		2017			
990I	EZ)				4947(a)(1) nonexe ▶ Attach to Form							
		the Treasury	► Inf	ormation abou	ıt Schedule A (Form			ctions is at	Open to Public Inspection			
Nam	e of th	nie Service ne organiza	tion		<u></u>	<u> </u>		Employer identific	<u> </u>			
		AN LEGION OF OHIO CHA	RITIES INC					02-0692968				
	rt I				us (All organization			See instructions.				
_	organiz		•		ent is (For lines 1 thro	J ,	, ,					
1		•		•	sociation of churches			(A)(ı).				
2		A school de	scribed in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))					
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4			esearch orga and state _	inization operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's			
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170 (b)(1)(A)(iv). (Complete Part II)										
6		A federal, s	tate, or loca	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).				
7				rmally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	nit or from the genera	al public described in			
8		A communi	ty trust desc	ribed in sectior	170(b)(1)(A)(vi)	(Complete Part I	I)					
9		An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university.										
10	✓	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)										
11					exclusively to test fo	r public safety S	ee section 509	(a)(4).				
12		more public	ly supported	l organizations d	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See <mark>section 509(a</mark>				
а		Type I. A so	upporting or n(s) the pow	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by				
b		Type II. A manageme	supporting on t of the sup	organization sup porting organiza	ervised or controlled i ation vested in the sar							
С		Type III f	ınctionally		supporting organizatio				ted with, its			
d		Type III n functionally	on-function	nally integrate The organizatio	ions) You must com d. A supporting organi n generally must satis	ization operated fy a distribution i	in connection wi requirement and	th its supported orgar				
e		Check this	oox if the or	ganization recei	t IV, Sections A and ved a written determin	nation from the II		pe I, Type II, Type II	I functionally			
f	Enter		• •	non-functionally d organizations	integrated supporting	organization						
g				-	ipported organization(5)			,			
		Name of supported organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	, ' 	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
						Yes	No					
				l								
Tota												
		work Reduc	tion Act No	tice, see the Ii	structions for	Cat No 11285	or S	ocneaule A (Form 9	90 or 990-EZ) 2017			

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part								
III. If the organization fails to qualify under the tests listed below, please complete Part III.)								
ection A. Public Support								
Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
Gifts, grants, contributions, and								

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4						
_ \$	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d)2016	(e) 2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	- ·						
11	Total support. Add lines 7 through						

	line 4						
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	tc (see instructio	ns)			12	
13	First five years. If the Form 990 is for	the organization	's fırst, second, th	ırd, fourth, or fıfth	n tax year as a sec	tion 501(c)(3) or	ganızatıon,
	check this box and stop here					🕨	
S	ection C. Computation of Public			_	•	•	
14	Public support percentage for 2017 (line	14					

ightharpoonupand stop here. The organization qualifies as a publicly supported organization

15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received (Do not 2,506,813 2,743,344 2,761,107 2,903,826 2,818,805 13,733,895 include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or 277,057 221,382 180,167 202,889 35,113 916.608 business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 2,783,870 2,964,726 2,941,274 3,106,715 2,853,918 14,650,503 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Ω c Add lines 7a and 7b Public support. (Subtract line 7c 14,650,503 from line 6) Section B. Total Support Calendar year (c) 2015 (a) 2013 (b) 2014 (d) 2016 (e) 2017 (f) Total (or fiscal year beginning in) ▶ q 2,783,870 2,964,726 2,941,274 3,106,715 2,853,918 14,650,503 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b С Net income from unrelated business 11 activities not included in line 10b. whether or not the business is regularly carried on Other income Do not include gain 12 or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 2,783,870 2,964,726 2,941,274 3,106,715 2,853,918 14,650,503 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. 14 check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 100 000 % Public support percentage from 2016 Schedule A, Part III, line 15 16 100 000 % 16 Section D. Computation of Investment Income Percentage 17

Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))

17

18

20

Investment income percentage from 2016 Schedule A, Part III, line 17

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19a 331/3% support tests-2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

0 %

18

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

▶□ not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,						
	describe the designation If historic and continuing relationship, explain	1	İ				
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)						
	in section 309(a)(1) or (2)	2					
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)						
	below						
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the						
	determination	3b					

	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the						
b							
	determination 3						
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?						
	"Yes," explain in Part VI what controls the organization put in place to ensure such use						
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you						
	hecked 12a or 12b in Part I, answer (b) and (c) below						
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported						

				3.
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	-		
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or		$\overline{}$	
	supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			
	to the foleigh supported organization has used exclusively for section 176(c)(2)(b) purposes			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,		
4a	as any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you ecked 12a or 12b in Part I, answer (b) and (c) below				
	checked 12a or 12b in Part I, answer (b) and (c) below				
b	=				
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled supervised by or in connection with its supported organizations				
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support				
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)				

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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Pa	rt IV Supporting Organizations (continued)			-9		
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?					
b	b A family member of a person described in (a) above?					
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11b 11c				
	ection B. Type I Supporting Organizations					
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year					
_		1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2				
5	ection C. Type II Supporting Organizations					
	cetion c. Type 11 Supporting Organizations		Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the					
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1				
S	ection D. All Type III Supporting Organizations					
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No		
		1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)					
		2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard					
s	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)			
2	Activities Test Answer (a) and (b) below.		Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a				
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b				
3	Parent of Supported Organizations Answer (a) and (b) below.					
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a				
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b				

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Qualified set-aside amounts (prior IRS approval require			
Other distributions (describe in Part VI) See instructio			
Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to wh details in Part VI) See instructions	ich the organization is respon	sive (provide	
Distributable amount for 2017 from Section C, line 6			
Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	Other distributions (describe in Part VI) See instruction Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to whole details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is respondetails in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i))	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Fycess Distributions Underdistributions

details in Part VI) See instructions	Terraine organization is respons	sive (provide	
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			
b From 2013			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			

Schedule A (Form 990 or 990-EZ) (2017)

i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. **b** Excess from 2014. c Excess from 2015. **d** Excess from 2016. e Excess from 2017.

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

Additional Data

Software ID: Software Version:

EIN: 02-0692968

Name: THE AMERICAN LEGION

DEPARTMENT OF OHIO CHARITIES INC

Page 8

Schedule A (Form 990 or 990-EZ) 2017 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI

Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

DLN: 93493168009319 OMB No 1545-0047

> Open to Public Inspection

Internal Revenue Service

Department of the Treasury

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** THE AMERICAN LEGION DEPARTMENT OF OHIO CHARITIES INC 02-0692968 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

Par	t III	Organizations Maintaining Col	lections of Art,	Histori	cal Tre	asures, or	Other	Similar As	sets (cor	ntınued)	
3		g the organization's acquisition, accession s (check all that apply)	n, and other records	s, check	any of th	ne following t	hat are a	significant us	se of its co	ollection	
а		Public exhibition		d	□ ι	oan or excha	ange prog	ırams			
b		Scholarly research		e		Other					
C		Preservation for future generations									
4	Provi Part	de a description of the organization's col XIII	lections and explain	how the	y furthe	r the organiz	ation's ex	kempt purpos	e in		
5		ng the year, did the organization solicit o ts to be sold to raise funds rather than to						nılar	☐ Yes	□ N •	0
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		rm 990	, Part I	V, line 9, oi	r reporte	ed an amoui	nt on For	m 990,	Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other interme	diary for	contribu	itions or othe	er assets	not	☐ Yes	□ N:	0
b	If "Y	es," explain the arrangement in Part XIII	and complete the f	ollowing	table			An	nount		_
С	Begir	nning balance	·				1c				_
d	Addıt	tions during the year					1d				_
е	Dıstr	ibutions during the year					1e				_
f		ng balance					1f				_
2 a		he organization include an amount on Fo	rm 990, Part X, line	21, for	escrow o	ı or custodıal a	ccount lia	ability?	☐ Yes	N ₁	_
b		es," explain the arrangement in Part XIII		•				·			b
Pā	rt V	Endowment Funds. Complete If	the organization	answer	ed "Yes	" on Form	990, Par	t IV, line 10	ົ່ງ.		
			(a)Current year	(b) P	rıor year	(c)Two ye	ears back	(d)Three year	s back (e	•)Four year	s back_
1a	Beginr	ning of year balance									
b	Contri	butions									
C	Net in	vestment earnings, gains, and losses									
d	Grants	s or scholarships									
е		expenditures for facilities rograms									
f	Admın	istrative expenses									
g	End of	year balance									
2 a		de the estimated percentage of the curred designated or quasi-endowment	ent year end balanc	e (line 1	g, colum	n (a)) held a	S				
b		nanent endowment ►									
-		porarily restricted endowment									
C		percentages on lines 2a, 2b, and 2c shou	ld equal 100%								
3а	Are t	here endowment funds not in the posses nization by		ition tha	t are hel	d and admını	stered fo	r the		Yes	No
	(i) u	nrelated organizations							3a(i)	
Ь		related organizations		on Sche	 Idula P2				3a(ii 3b		
4		ribe in Part XIII the intended uses of the							30		
	rt VI										
		Complete if the organization answ		rm 990	, Part I	V, line 11a.	See Fo	m 990, Par	t X, line	10.	
	Descr	ription of property (a) Cost or oth (investme		t or other	basis (oth	ner) (c) Acc	umulated o	depreciation	(b)	Book value	2
1a	Land										
	Buildir	ngs									
		nold improvements									
		ment									
	Other				4	,715		898			3,817
		lines 1a through 1e (Column (d) must ed	ual Form 990, Part	X, colui				>			3,817

	See Form 990, Part X, line 12.						
	(a) Description of security or category (including name of security)		(b) Book value			thod of va I-of-year n	luation narket value
	l derivatives						
2) Closely- 3)Other	held equity interests	<u>·</u>					
4)							
3)							
:)							
))							
≣)							
:)							
5)							
٦)							
otal. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	•					
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	990, P	art IV, lı	ne 11c. Se	e Form 99	0, Part X	, line 13.
	<u> </u>		ook value		(c) Me	thod of va	
L)					SOSE OF EIR	. S. year II	THE VALUE
2)							
3)							
1)							
5)							
5)							
7)							
3)							
9)							
9) otal. (Colum	in (b) must equal Form 990, Part X, col (B) line 13)						
otal. (Colum	Other Assets. Complete if the organization answered 'Yes' of	on Forr	ກ 990, Pa	rt IV, line 1	1d See Fori	m 990, Pa	
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Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 1	1d See Fori	m 990, Pa	
otal. (Column Part IX	Other Assets. Complete if the organization answered 'Yes' of	on For	n 990, Pa	rt IV, line 1	1d See Fori	m 990, Pa	
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1

2

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990. Part VIII, line 12

Schedule D (Form 990) 2017

1

Page 4

_		, , , ,			
а	Net unrealized gains (losses) on in	vestments	2a		
b	Donated services and use of faciliti	ies	2b		
С	Recoveries of prior year grants .		2c		
d	Other (Describe in Part XIII) .		2d		
е	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Pa	art VIII, line 12, but not on line 1			
а	Investment expenses not included	on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII) .		4b		
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c.	(This must equal Form 990, Part I, line 12)		5	
Par		enses per Audited Financial Statem		per Return	1.
		ation answered 'Yes' on Form 990, Part			
1	Total expenses and losses per audi	ited financial statements		1	
2	Amounts included on line 1 but not	t on Form 990, Part IX, line 25			
а	Donated services and use of faciliti	es	2a		
b	Prior year adjustments		2b		
C	Other losses		2c		
d	Other (Describe in Part XIII) .		2d		
е	Add lines 2a through 2d			2e	1
3	Subtract line $\mathbf{2e}$ from line 1			3	
4	Amounts included on Form 990, Pa	art IX, line 25, but not on line 1:			
а	Investment expenses not included	on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII) .		4b		
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 40	c. (This must equal Form 990, Part I, line 18)	5	
Pai	t XIII Supplemental Infor	mation			
		rt II, lines 3, 5, and 9, Part III, lines 1a and			4, Part X, line 2, Part
ΧI,	lines 2d and 4b, and Part XII, lines 2	2d and 4b Also complete this part to provide	any additional informati	on	
	Return Reference	Explanation			

<u> </u>	orm 990) 2017	Page 5	
Part XIII	Supplemental Info		
Return Reference		Explanation	
			Schedule D (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493168009319 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** 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 Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization **Employer identification number** THE AMERICAN LEGION DEPARTMENT OF OHIO CHARITIES INC 02-0692968 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

Sche	edule G (Form 990 or 990-EZ) 2017				Page 2
Pa	rt II Fundraising Events. Complethan \$15,000 of fundraising express receipts greater than \$1.000 of the first than \$1.000	event contributions and			
	gross receipts greater than \$!	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue					
ĕev					
ш	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
"	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
	7 Food and beverages				
и Б	8 Entertainment				
Dire	9 Other direct expenses				
	10 Direct expense summary Add lines 4 to				
	11 Net income summary Subtract line 10) from line 3, column (d)			
Pai	Gaming. Complete if the org on Form 990-EZ, line 6a.	anization answered "Yo	es" on Form 990, Part 1	IV, line 19, or reported	more than \$15,000
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			30,807	30,807
Expenses	2 Cash prizes				
ă	3 Noncash prizes				
e G	4 Rent/facility costs				
ā —	5 Other direct expenses			4,086	4,086
		Yes%	Yes%	✓ Yes100 000 %	
	6 Volunteer labor	☐ No	│	│	
	7 Direct expense summary Add lines 2	4,086			
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	nn (d)	•	26,721
9	Enter the state(s) in which the organizati				
a b	Is the organization licensed to conduct g If "No," explain	✓ Yes			
10a b	Were any of the organization's gaming lie If "Yes," explain	☐ Yes ☑ No			

Sche	dule G (Form 990 or 990-EZ) 2017				Page 3			
11	Does the organization conduct gam	ing activities with nonmembe	rs?		es 🗹 No			
12	Is the organization a grantor, benef formed to administer charitable gar		es 🗹 No					
13	Indicate the percentage of gaming	activity conducted in						
а	The organization's facility			13a	%			
b	An outside facility			13b	100 000 %			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records							
	Name TARA HENDERSON							
	Address ► 60 BIG RUN ROAD DELAWARE, OH 430	015						
15a	Does the organization have a contra revenue?		nom the organization receives gaming		es 🗆 No			
b	If "Yes," enter the amount of gamır	e						
	amount of gaming revenue retained by the third party ▶ \$							
С	If "Yes," enter name and address of the third party							
	Name ►							
	Address ► PO BOX 1200 HOLLIS, NH 03049							
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								
Par			ations required by Part I, line 2b, columns plicable. Also provide any additional infor					
	Return Reference		Explanation					

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -					DLI	N: 934931680	09319
Schedule I (Form 990) Department of the Treasury	Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.							OMB No 1545-0047 2017 Open to Public Inspection	
Internal Revenue Service Name of the organization						Emp	loyer identific	ation number	
THE AMERICAN LEGION DEPARTMENT OF OHIO CHARIT	TIES INC					02-0	0692968		
	mation on Grants								
the selection criteria use Describe in Part IV the o	d to award the grants rganization's procedu	or assistance? res for monitoring the u	se of grant funds in the U	nited States	for the grants or assistan		, Part IV, line	Yes	□ N o
	e than \$5,000 Part II		(d) Amount of cash	(e) Amount of non-	(f) Method of valuation			1	
organization or government	(b) EIN	(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	(g) Desci noncash a		(h) Purpose of or assistance	grant
(1) See Additional Data									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
		_	s listed in the line 1 table				. •		123
For Paperwork Reduction Act No				Cat No 50055				edule I (Form 990) 2017

Schedule I (Form 990) 2017						Page 2
Part III Grants and Other Assis Part III can be duplicated			als. Complete if the orga	anization answered "Yes'	s" on Form 990, Part IV, line 22	
(a) Type of grant or assistance		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)			,			
Part IV Supplemental Inf	formatic	n. Provide the info	ormation required in	Part I, line 2; Part III	I, column (b); and any other ac	dditional information.
Return Reference E	Explanation					
PL	THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS BY MAKING CONTRIBUTIONS TO 501(C)(3) ORGANIZATIONS FOR USE IN FUNDING THEIR EXEMPT PURPOSE THE ORGANIZATION ALSO MAKES CONTRIBUTIONS TO THE AMERICAN LEGION POSTS IN THE STATE OF OHIO THE ORGANIZATION MONITORS THE USE OF THE ORGANIZATION MONITORS THE USE OF THE ORGANIZATION OF THE ORGANIZATION MONITORS THE USE OF THE ORGANIZATION OF THE ORGANIZATION MONITORS THE USE OF THE ORGANIZATION OF THE ORGANIZATION MONITORS THE USE OF THE ORGANIZATION OF THE ORGANIZATION MONITORS THE USE OF THE ORGANIZATION OF THE ORGANIZA					

Additional Data

AMERICAN LEGION (OHIO)

AMERICAN LEGION AUXILIARY

MILITARY FAMILY ASST FUND

DELAWARE, OH 43015

VA&R CMDR PRO

PO BOX 8007

Software ID: **Software Version: EIN:** 02-0692968

Name: THE AMERICAN LEGION

DEPARTMENT OF OHIO CHARITIES INC

10,000

10,000

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

TO FURTHER THE

TO FURTHER THE

EXEMPT PURPOSE OF

THE ORGANIZATION

EXEMPT PURPOSE OF THE ORGANIZATION

(a) Name and address of	(D) EIN	(c) IKC section	(a) Amount of cash	(e) Amount of non-	(f) Method of Valuation
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,
or government				assistance	other)

(a) Name and dad ess of	(5)	(c) Inc section	(a) / illiounic or cubit	(C) minounce of hon	(i) incende of valuation
organization		ıf applıcable	grant	cash	(book, FMV, appraisal
or government				assistance	other)
				1	1

(a) Name and address of organization	(b) EIN	(c) IRC section If applicable	(d) Amount of cash arant	(e) Amount of non- cash	(f) Method of va (book, FMV, app
or government			J	assistance	other)
					1

<u>-orm</u>	990,Schedule I	<u>, Part II, Grar</u>	its and Other	r Assistance to	Domestic	<u>Organizations</u>	and Domesti	c Governm

n 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuatio		

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 501(C) 3 10.000 TO FURTHER THE AMERICAN LEGION CHILD 35-7041737 WELFARE FOUNDATION INC EXEMPT PURPOSE OF PO BOX 1055 THE ORGANIZATION INDIANAPOLIS, IN 46206 AMERICAN LEGION DISTRICT 8.000 TO FURTHER THE

EXEMPT PURPOSE OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 10.000 TO FURTHER THE AMERICAN LEGION NAT'L EMERGENCY FUND EXEMPT PURPOSE OF

THE ORGANIZATION 501(C) 3 10,000 AMERICAN LEGION 42-1553035

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TO FURTHER THE SCHOLARSHIP EXEMPT PURPOSE OF 5475 LEE RD THE ORGANIZATION INDIANAPOLIS, IN 46206

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 34-6570592 501C19 19,234 EDUCATION. AMERICAN LEGION POST #003 120 W FRONT STREET PHILANTHROPIC AND OTHER FINDLAY, OH 45840 CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOS

EDUCATION,

OTHER

PURPOS

PHILANTHROPIC AND

CONTRIBUTIONS FOR 501(C)(3) EXEMPT

9,355

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C19

AMERICAN LEGION POST #006 1913 E PLEASANT ST

SPRINGFIELD, OH 45505

31-6039359

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 34-1510371 501C19 28,119 EDUCATION. AMERICAN LEGION POST #008 518 SOUTH MAIN ST PHILANTHROPIC AND OTHER WELLINGTON, OH 44090 CONTRIBUTIONS FOR 501(C)(3) EXEMPT

28,444 AMERICAN LEGION POST #011 31-4115650 501C19 279 CANAL ST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PURPOS EDUCATION, PHILANTHROPIC AND LANCASTER, OH 43130 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 34-0065627 501C19 22,669 EDUCATION. AMERICAN LEGION POST #012 393 OHIO ST PHILANTHROPIC AND ELYRIA, OH 44035 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS

PURPOS AMERICAN LEGION POST #023 31-4115656 501C19 13.910 EDUCATION, 705 COURT 186 PHILANTHROPIC AND OTHER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PORTSMOUTH, OH 45662

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 31-0500979 501C19 10,229 EDUCATION. AMERICAN LEGION POST #025 1240 US RT 22 NW PHILANTHROPIC AND OTHER WASHINGTON COURTHOUSE. OH 43160 CONTRIBUTIONS FOR

501(C)(3) EXEMPT AMERICAN LEGION POST #029 31-6181424 501C19 63,330

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PURPOS EDUCATION, 27 S THIRD ST PHILANTHROPIC AND ZANESVILLE, OH 43701 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance AMERICAN LEGION POST #043 501C19 10.614 EDUCATION. 31-0566270 622 SOUTH MARKET STREET PHILANTHROPIC AND OTHER TROY, OH 45373 CONTRIBUTIONS FOR 501(C)(3) EXEMPT

501(C)(3) EXEMPT

PURPOS

AMERICAN LEGION POST #052 34-0668121 501C19 6,885 3600 GUERNSEY ST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PURPOS EDUCATION, PHILANTHROPIC AND BELLAIRE, OH 43906 OTHER CONTRIBUTIONS FOR

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 31-1260535 501C19 10,558 EDUCATION. AMERICAN LEGION POST #058 107 E GAY ST PHILANTHROPIC AND SOMERSET, OH 43783 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOS 34-4411445 EDUCATION,

501(C)(3) EXEMPT

PURPOS

7.712 AMERICAN LEGION POST #063 501C19 218 WEST MAIN STREET PHILANTHROPIC AND OTTAWA, OH 45875 OTHER CONTRIBUTIONS FOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 31-6049667 501C19 16.089 EDUCATION. AMERICAN LEGION POST #065 652 MAIN ST PHILANTHROPIC AND OTHER COSHOCTON, OH 43812 CONTRIBUTIONS FOR 501(C)(3) EXEMPT

17,737

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OTHER

PURPOS

EDUCATION,

PHILANTHROPIC AND

CONTRIBUTIONS FOR 501(C)(3) EXEMPT

AMERICAN LEGION POST #068 1901 SYLVAN RD WOOSTER, OH 44691 501C19

34-6595723

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 31-1277150 501C19 14.095 EDUCATION. AMERICAN LEGION POST #071 74 S MAIN ST PHILANTHROPIC AND OTHER ROSEVILLE, OH 43777 CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOS

29,025 AMERICAN LEGION POST #072 31-6049609 501C19 497B OLD ST RT 74

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EDUCATION, PHILANTHROPIC AND MT CARMEL, OH 45244 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 34-0670502 501C19 11,676 EDUCATION. AMERICAN LEGION POST #076 395 W CALIFORNIA AVE PHILANTHROPIC AND SEBRING, OH 44672 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

AMERICAN LEGION POST #083 34-4176085 501C19 25,079 3615 HAYES AVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PURPOS EDUCATION, PHILANTHROPIC AND SANDUSKY, OH 44870 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 31-4368969 501C19 17.880 EDUCATION. AMERICAN LEGION POST #085 85 S 6TH ST PHILANTHROPIC AND NEWARK, OH 43055 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS AMERICAN LEGION POST #088 34-0065640 501C19 30,915 EDUCATION, PO BOX 626 PHILANTHROPIC AND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ASHLAND, OH 44805 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 501C19 48.989 EDUCATION. AMERICAN LEGION POST #091 34-1130149 91 AMERICAN LEGION PKWY PHILANTHROPIC AND OTHER BEREA, OH 44017 CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOS

501(C)(3) EXEMPT

PURPOS

16,360 AMERICAN LEGION POST #096 34-4176080 501C19 PO BOX 5096

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EDUCATION, PHILANTHROPIC AND LIMA, OH 45802 OTHER CONTRIBUTIONS FOR

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 34-0651675 501C19 40.820 EDUCATION. AMERICAN LEGION POST #103 1804 W 19TH ST PHILANTHROPIC AND OTHER ASHTABULA, OH 44004 CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS 6,309 AMERICAN LEGION POST #105 23-7207067 501C19 EDUCATION,

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

51 E FIRST ST PHILANTHROPIC AND LONDON, OH 43140 OTHER CONTRIBUTIONS FOR

501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance AMERICAN LEGION POST #112 34-6571161 501C19 10.619 EDUCATION. 6677 MIDDLERIDGE RD PHILANTHROPIC AND OTHER MADISON, OH 44057 CONTRIBUTIONS FOR 501(C)(3) EXEMPT

CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS

PURPOS AMERICAN LEGION POST #118 34-0663114 501C19 23,414 EDUCATION, 921 NORTH LAKE ST PHILANTHROPIC AND OTHER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

AMHERST, OH 44001

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 34-0940482 501C19 8,632 EDUCATION. AMERICAN LEGION POST #131 540 E MAIN ST PHILANTHROPIC AND OTHER LEETONIA, OH 44431 CONTRIBUTIONS FOR

501(C)(3) EXEMPT PURPOS AMERICAN LEGION POST #134 31-0649193 501C19 10,350 23363 US RT 23 S / PO BOX

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EDUCATION, PHILANTHROPIC AND 332 OTHER CIRCLEVILLE, OH 43113 CONTRIBUTIONS FOR 501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 34-4176070 501C19 30,206 EDUCATION. AMERICAN LEGION POST #140 325 N OHIO ST PHILANTHROPIC AND GREENVILLE, OH 45331 OTHER CONTRIBUTIONS FOR

501(C)(3) EXEMPT 26,807 AMERICAN LEGION POST #142 31-4388390 501C19 201 JAMES RD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PURPOS EDUCATION, PHILANTHROPIC AND WAVERLY, OH 45690 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 34-4312233 501C19 15.699 EDUCATION. AMERICAN LEGION POST #144 3253 S HIGH ST PHILANTHROPIC AND COLUMBUS, OH 43207 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS AMERICAN LEGION POST #147 34-0607469 501C19 9,414

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EDUCATION, 8493 HACKETT RD APPLE CREEK, OH 44806 OTHER

PHILANTHROPIC AND CONTRIBUTIONS FOR 501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 34-6607470 501C19 28,112 EDUCATION. AMERICAN LEGION POST #151 272 BROAD ST PHILANTHROPIC AND OTHER CONNEAUT, OH 44030 CONTRIBUTIONS FOR 501(C)(3) EXEMPT

AMERICAN LEGION POST #159 34-1135437 501C19 22,704 EI
150 LEGION RD
SAINT CLAIRSVILLE, OH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

43950

PURPOS

EDUCATION,
PHILANTHROPIC AND
OTHER
CONTRIBUTIONS FOR
501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 31-1138184 501C19 47,677 EDUCATION. AMERICAN LEGION POST #162 531 BELLEFONTAINE AVE PHILANTHROPIC AND OTHER MARION, OH 43302 CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOS

501(C)(3) EXEMPT

PURPOS

AMERICAN LEGION POST #165 31-0526291 501C19 35,217

BEDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR CONTRIBUTIONS FOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 34-6557911 501C19 20.847 EDUCATION. AMERICAN LEGION POST #170 129 MAIN ST PHILANTHROPIC AND WADSWORTH, OH 44281 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOS

EDUCATION,

OTHER

PURPOS

PHILANTHROPIC AND

CONTRIBUTIONS FOR 501(C)(3) EXEMPT

9,126

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C19

AMERICAN LEGION POST #173 120 COLTON AVE BELLEFONTAINE, OH 43311

43-1190592

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 34-4176045 501C19 17,658 EDUCATION. AMERICAN LEGION POST #181 123 EAST RENSSELAER PHILANTHROPIC AND OTHER STREET BUCYRUS, OH 44820 CONTRIBUTIONS FOR 501(C)(3) EXEMPT

24,300 AMERICAN LEGION POST #184 31-0513602 501C19

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PURPOS EDUCATION, 301 W WATER ST PHILANTHROPIC AND PIQUA, OH 45356 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 501C19 5,318 EDUCATION. AMERICAN LEGION POST #188 31-6049659 326 ELIZABETH ST / PO BOX PHILANTHROPIC AND OTHER 612 NEW LEXINGTON, OH 43764 CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOS

EDUCATION,

OTHER

PURPOS

PHILANTHROPIC AND

CONTRIBUTIONS FOR 501(C)(3) EXEMPT

21,192

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C19

AMERICAN LEGION POST #191 200 S BROADWAY SPENCERVILLE, OH 45887

34-6554865

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 31-6050801 501C19 12,311 EDUCATION. AMERICAN LEGION POST #200 5046 NEBRASKA AVE PHILANTHROPIC AND HUBER HEIGHTS, OH 45424 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

501(C)(3) EXEMPT

PURPOS

AMERICAN LEGION POST #210 34-6607486 501C19 24,631

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PURPOS EDUCATION, 2510 STE RTE 703 PHILANTHROPIC AND CELINA, OH 45822 OTHER CONTRIBUTIONS FOR

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 34-6554868 501C19 28,462 EDUCATION. AMERICAN LEGION POST #211 31972 WALKER RD PHILANTHROPIC AND AVON LAKE, OH 44012 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

AMERICAN LEGION POST #217 34-4407888 501C19 15,666 1265 N 4TH AVENUE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PURPOS EDUCATION, PHILANTHROPIC AND SIDNEY, OH 45365 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 501C19 12.490 EDUCATION. AMERICAN LEGION POST #228 34-1037037 279 HWY 7 N PHILANTHROPIC AND POWHATAN POINT, OH 43942 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOS

EDUCATION,

OTHER

PURPOS

PHILANTHROPIC AND

CONTRIBUTIONS FOR 501(C)(3) EXEMPT

40,280

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C19

AMERICAN LEGION POST #236 2025 E RIVER ROAD NEWTON FALLS, OH 44444

34-6607493

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 501C19 10,834 EDUCATION. AMERICAN LEGION POST #243 34-6607497 118 MARKET ST PHILANTHROPIC AND GALION, OH 44833 OTHER CONTRIBUTIONS FOR

501(C)(3) EXEMPT AMERICAN LEGION POST #250 34-4418316 501C19 12,490 131 S SYCAMORE AVE / PO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PURPOS BOX 83 SYCAMORE, OH 44882

EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 31-1009172 501C19 34,472 EDUCATION. AMERICAN LEGION POST #283 7725 REFUGEE RD PHILANTHROPIC AND PICKERINGTON, OH 43147 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS 7,271 AMERICAN LEGION POST #288 501C19 EDUCATION, 208 3 MAIN ST PHILANTHROPIC AND

WILLIAMSBURG, OH 45176 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 34-6572971 501C19 15.790 EDUCATION. AMERICAN LEGION POST #290 44403 ST RT 14 PHILANTHROPIC AND OTHER COLUMBIANA, OH 44408 CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS AMERICAN LEGION POST #292 34-6607510 501C19 12.446 EDUCATION, 185 N MAIN STREET PHILANTHROPIC AND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW LONDON, OH 44851 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance AMERICAN LEGION POST #316 34-6597450 501C19 6,827 EDUCATION. 505 S STEARNS AVE PHILANTHROPIC AND DESHLER, OH 43516 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

AMERICAN LEGION POST #322 31-6181457 501C19 6,120 1477 SR 503 S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PURPOS EDUCATION, PHILANTHROPIC AND WEST ALEXANDRIA, OH 45381 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 31-6181458 501C19 28,327 EDUCATION. AMERICAN LEGION POST #325 211 PEARL ST PHILANTHROPIC AND MANCHESTER, OH 45144 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOS

EDUCATION,

OTHER

PURPOS

PHILANTHROPIC AND

CONTRIBUTIONS FOR 501(C)(3) EXEMPT

11.696

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C19

AMERICAN LEGION POST #326 89 EAST MAIN ST SHELBY, OH 44875

34-1490592

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 34-6554944 501C19 49.800 EDUCATION. AMERICAN LEGION POST #330 1108 E BENTON ST PHILANTHROPIC AND OTHER WAPAKONETA, OH 45895 CONTRIBUTIONS FOR 501(C)(3) EXEMPT

AMERICAN LEGION POST #331 34-1199856 501C19 11.298 109 ELM ST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PURPOS EDUCATION, PHILANTHROPIC AND RAVENNA, OH 44266 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 34-1107100 501C19 8.987 EDUCATION. AMERICAN LEGION POST #336 60 CHESTER ST PHILANTHROPIC AND OTHER PAINESVILLE, OH 44077 CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS AMERICAN LEGION POST #338 34-6554879 501C19 9,135 EDUCATION, 209 W CROCKER ST PHILANTHROPIC AND

BRADNER, OH 43406 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 34-4413262 501C19 8.739 EDUCATION. AMERICAN LEGION POST #344 201 E FINDLAY ST PHILANTHROPIC AND OTHER CAREY, OH 43316 CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS AMERICAN LEGION POST #345 34-4445031 501C19 8,190 RT 19 NORTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EDUCATION, PHILANTHROPIC AND FORT RECOVERY, OH 45846 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 34-4421382 501C19 20.039 EDUCATION. AMERICAN LEGION POST #353 118 MACKINAW ST PHILANTHROPIC AND ANSONIA, OH 45303 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOS

AMERICAN LEGION POST #366 34-0816488 501C19 5.516 107 HIGH ST FLUSHING, OH 43977

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 31-6181464 501C19 6.469 EDUCATION. AMERICAN LEGION POST #368 308 S MAIN ST / PO BOX 187 PHILANTHROPIC AND PROSPECT, OH 43342 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

9,205

PURPOS

OTHER

PURPOS

EDUCATION,

PHILANTHROPIC AND

CONTRIBUTIONS FOR 501(C)(3) EXEMPT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C19

AMERICAN LEGION POST #371 1001 SOUTH PENNSYLVANIA AVENUE

WELLSTON, OH 45692

1 51-1504128

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 34-1892566 501C19 5,016 EDUCATION. AMERICAN LEGION POST #373 5939 ST RT 109 PHILANTHROPIC AND DELTA, OH 43515 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOS

EDUCATION,

OTHER

PURPOS

PHILANTHROPIC AND

CONTRIBUTIONS FOR 501(C)(3) EXEMPT

16,149

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C19

AMERICAN LEGION POST #377 31-6181466 137 S MAIN ST CAMDEN, OH 45311

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 34-6607331 501C19 6.378 EDUCATION. AMERICAN LEGION POST #384 6910 PROVIDENCE ST / PO PHILANTHROPIC AND OTHER BOX 2818 WHITEHOUSE, OH 43571 CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS

PURPOS AMERICAN LEGION POST #397 34-6556636 501C19 5,661 EDUCATION, 2713 STATE RD PHILANTHROPIC AND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

VERMILLION, OH 44089 OTHER CONTRIBUTIONS FOR

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 31-6181470 501C19 7.596 EDUCATION. AMERICAN LEGION POST #401 PO BOX 415 PHILANTHROPIC AND CALEDONIA, OH 43314 OTHER CONTRIBUTIONS FOR

PURPOS

501(C)(3) EXEMPT 22,788 AMERICAN LEGION POST #407 34-6607323 501C19 49 BLACK DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PURPOS EDUCATION, PHILANTHROPIC AND DOYLESTOWN, OH 44230 OTHER CONTRIBUTIONS FOR

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 31-6040112 501C19 30,551 EDUCATION. AMERICAN LEGION POST #417 PO BOX 17 PHILANTHROPIC AND MT STERLING, OH 43143 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS

PURPOS AMERICAN LEGION POST #420 31-4361910 501C19 8,094 EDUCATION, 150 LOCUST MAIN PHILANTHROPIC AND

MURRAY CITY, OH 43144 OTHER CONTRIBUTIONS FOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 34-6528439 501C19 7.180 EDUCATION. AMERICAN LEGION POST #421 22001 BROOK PARK RD PHILANTHROPIC AND FAIRVIEW PARK, OH 44126 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOS

PURPOS

6.474 AMERICAN LEGION POST #430 31-6063115 501C19 3227 E LIVINGSTON AVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EDUCATION, PHILANTHROPIC AND COLUMBUS, OH 43227 OTHER CONTRIBUTIONS FOR

501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 34-0065654 501C19 12.980 EDUCATION. AMERICAN LEGION POST #431 1 CANAL CT PHILANTHROPIC AND NEWCOMERSTOWN, OH 43832 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS

AMERICAN LEGION POST #442 51-0142864 501C19 6,055

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PURPOS EDUCATION, 51 W MAIN ST PHILANTHROPIC AND SALINEVILLE, OH 43945 OTHER CONTRIBUTIONS FOR

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 34-1007609 501C19 9.467 EDUCATION. AMERICAN LEGION POST #447 112 TRUX ST PHILANTHROPIC AND PLYMOUTH, OH 44865 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOS

AMERICAN LEGION POST #449 34-1019238 501C19 8,795
1090 KENMORE BLVD
AKRON, OH 44314

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3) EXEMPT
PURPOS

EDUCATION,
PHILANTHROPIC AND
OTHER
CONTRIBUTIONS FOR
501(C)(3) EXEMPT

PURPOS

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 34-6556641 501C19 20,529 EDUCATION. AMERICAN LEGION POST #470 601 N 2ND ST PHILANTHROPIC AND COLDWATER, OH 45828 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS

PURPOS AMERICAN LEGION POST #482 34-6607307 501C19 13.840 38175 CRIMM ROAD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EDUCATION, PHILANTHROPIC AND SCIO, OH 43988 OTHER CONTRIBUTIONS FOR

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 31-0599268 501C19 28,213 EDUCATION. AMERICAN LEGION POST #49 140 E LOCUST ST PHILANTHROPIC AND OTHER WILMINGTON, OH 45177 CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOS

EDUCATION,

OTHER

PURPOS

PHILANTHROPIC AND

CONTRIBUTIONS FOR 501(C)(3) EXEMPT

12.839

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C19

AMERICAN LEGION POST #503 4-1/2 E MAIN ST

SHILOH, OH 44878

31-6181484

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 34-0784589 501C19 10,362 EDUCATION. AMERICAN LEGION POST #521 3809 CENTRAL AVE PHILANTHROPIC AND SHADYSIDE, OH 43947 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS

AMERICAN LEGION POST #523 34-6607426 501C19 11.437

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PURPOS EDUCATION, 120 BANK ST PHILANTHROPIC AND LODI, OH 44254 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 31-6063356 501C19 8.049 EDUCATION. AMERICAN LEGION POST #530 11100 WINTON ROAD PHILANTHROPIC AND GREENHILLS, OH 45218 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS

PURPOS 30,047 AMERICAN LEGION POST #532 31-1101109 501C19 1571 DEMOREST ROAD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EDUCATION, PHILANTHROPIC AND COLUMBUS, OH 43228 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 501C19 24,374 EDUCATION. AMERICAN LEGION POST #539 34-6607335 539 AMERICAN LEGION DR PHILANTHROPIC AND NORTH BALTIMORE, OH OTHER 45872 CONTRIBUTIONS FOR

38,797

501(C)(3) EXEMPT PURPOS

PHILANTHROPIC AND

CONTRIBUTIONS FOR 501(C)(3) EXEMPT

EDUCATION,

OTHER

PURPOS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C19

AMERICAN LEGION POST #541 34-4437019 109 5TH ST CONTINENTAL, OH 45831

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 501C19 5,818 EDUCATION. AMERICAN LEGION POST #547 34-6607340 8-14 S MAIN ST / PO BOX 481 PHILANTHROPIC AND MONROEVILLE, OH 44847 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS

10,743 AMERICAN LEGION POST #551 34-6556473 501C19 9150 ST RT 83N

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PURPOS EDUCATION, PHILANTHROPIC AND HOLMESVILLE, OH 44633 OTHER CONTRIBUTIONS FOR

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance AMERICAN LEGION POST #566 34-0715875 501C19 6.659 EDUCATION. 2974 CORMANY RD PHILANTHROPIC AND OTHER AKRON, OH 44319 CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS

14,731 AMERICAN LEGION POST #572 34-6564708 501C19 6483 STATE RD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PURPOS EDUCATION, PHILANTHROPIC AND PARMA, OH 44134 OTHER CONTRIBUTIONS FOR

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 31-0679675 501C19 9,567 EDUCATION. AMERICAN LEGION POST #578 PO BOX 430 PHILANTHROPIC AND OUAKER CITY, OH 43773 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS

AMERICAN LEGION POST #584 31-6055551 501C19 26,131 142 OLNEY AVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PURPOS EDUCATION, PHILANTHROPIC AND MARION, OH 43302 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 31-0597502 501C19 12.485 EDUCATION. AMERICAN LEGION POST #586 377 N THIRD ST PHILANTHROPIC AND TIPP CITY, OH 45373 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOS

EDUCATION,

OTHER

PURPOS

PHILANTHROPIC AND

CONTRIBUTIONS FOR 501(C)(3) EXEMPT

17.582

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C19

AMERICAN LEGION POST #598 5700 KENTSHIRE DR

KETTERING, OH 45429

31-6181501

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 31-6181504 501C19 17.618 EDUCATION. AMERICAN LEGION POST #605 367 W MAIN ST PHILANTHROPIC AND OTHER WALDO, OH 43356 CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOS 35-0144250 501C19 18.372 EDUCATION,

CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS

AMERICAN LEGION POST #610 19944 SHELDON RD PHILANTHROPIC AND BROOK PARK, OH 44142 OTHER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 501C19 5,404 EDUCATION. AMERICAN LEGION POST #627 34-6607437 3935 E 42ND ST PHILANTHROPIC AND NEWBURGH HEIGHTS, OH OTHER 44105 CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOS AMERICAN LEGION POST #633 31-6181511 501C19 13,500 EDUCATION,

PHILANTHROPIC AND

CONTRIBUTIONS FOR 501(C)(3) EXEMPT

OTHER

PURPOS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

17825 ST RT 247

SEAMAN, OH 45679

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 31-0643945 501C19 8.751 EDUCATION. AMERICAN LEGION POST #641 131 BROWN ST PHILANTHROPIC AND BELLE VALLEY, OH 43717 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS

AMERICAN LEGION POST #651 34-1506935 501C19 16,999 6353 HARRISON RD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PURPOS EDUCATION, PHILANTHROPIC AND FREDERICKSBURG, OH 44627 OTHER CONTRIBUTIONS FOR

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance AMERICAN LEGION POST #668 31-6181517 501C19 19,331 EDUCATION. 742 W NATIONAL RD PHILANTHROPIC AND OTHER VANDALIA, OH 45377 CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOS 6,525 34-1572959 501C19 EDUCATION, PHILANTHROPIC AND

CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS

AMERICAN LEGION POST #685 10001 HUDSON AURORA RD OTHER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

STREETSBORO, OH 44241

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 34-6607414 501C19 28,177 EDUCATION. AMERICAN LEGION POST #703 7667 YORK RD PHILANTHROPIC AND OTHER PARMA, OH 44130 CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOS

OTHER

PURPOS

CONTRIBUTIONS FOR 501(C)(3) EXEMPT

AMERICAN LEGION POST #715 34-6549820 501C19 10,931 EDUCATION, 100 LEGION DR / PO BOX 37 PHILANTHROPIC AND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FORT JENNINGS, OH 45844

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 31-6181526 501C19 8.094 EDUCATION. AMERICAN LEGION POST #726 7985 OLD TOWN RD PHILANTHROPIC AND EAST FULTONHAM, OH 43735 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS AMERICAN LEGION POST #733 34-0936533 501C19 10,810 3751 W ST RT 12

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EDUCATION, PHILANTHROPIC AND BETTSVILLE, OH 44815 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 501C19 15.430 EDUCATION. AMERICAN LEGION POST #737 34-6607357 16465 MILTON AVE PHILANTHROPIC AND OTHER LAKE MILTON, OH 44429 CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS

AMERICAN LEGION POST #746 31-0621358 501C19 5,601 7015 NORTH DIXIE DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PURPOS EDUCATION, PHILANTHROPIC AND DAYTON, OH 45414 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 34-6607361 501C19 5,380 EDUCATION. AMERICAN LEGION POST #749 30 HURON ST PHILANTHROPIC AND JEROMESVILLE, OH 44840 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS AMERICAN LEGION POST #763 31-1223790 501C19 15.372

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EDUCATION, 3200 DAYTON-XENIA RD PHILANTHROPIC AND BEAVERCREEK, OH 45434 OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 51-0251655 501C19 7.713 EDUCATION. AMVETS POST 2256 818 TARLTON RD PHILANTHROPIC AND CIRCLEVILLE, OH 43113 OTHER CONTRIBUTIONS FOR

PURPOS

501(C) 3 BALTIMORETHURSTON FOOD 31-1671212 10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3) EXEMPT PURPOS EDUCATION, PANTRY PHILANTHROPIC AND 1760 W MARKET ST OTHER BALTIMORE, OH 43105 CONTRIBUTIONS FOR

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 7,500 EDUCATION. CINCINNATI VAVS HOLIDAY COMMITTEE PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR

PURPOS

PURPOS 7,500 COLUMBUS SYMPHONY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3) EXEMPT EDUCATION. PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 11,000 EDUCATION. CSW FARM FOUNDATION PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR

501(C)(3) EXEMPT FISHERNIGHTINGALE HOMES 10,000 INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PURPOS EDUCATION. PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT

PURPOS

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 10,250 EDUCATION. OHIO VETERANS HALL OF FAME PHILANTHROPIC AND 77 S HIGH STREET 7TH FLOOR OTHER COLUMBUS, OH 43215 CONTRIBUTIONS FOR

PURPOS

40,000 SIMON KENTON COUNCIL BSA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3) EXEMPT PURPOS EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (c) IRC section (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501C19 90.220 THE AMERICAN LEGION 31-4115640 EDUCATION. DEPARTMENT OF OHIO INC PHILANTHROPIC AND OTHER 60 BIG RUN ROAD DELAWARE, OH 43015 CONTRIBUTIONS FOR

PURPOS

efile GRAPH	IC print	t - DO NOT PROCESS As Filed Data -	DLN:	93493168009319					
SCHEDUL (Form 990 or EZ)	OMB No 1545-0047 2017 Open to Public Inspection								
Name of the org THE AMERICAN LEG DEPARTMENT OF O	fication number								
Return Reference		Explanation							
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM THE FORM 990 IS THEN REVIEWED BY THE FISCAL OFFICER AND ADJUTANT PRIOR TO BEING FILED								

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, AND THEREFORE A POLICY FOR DETERMINING COMPENSATION IS NOT REQUIRED SECTION B, LINE 15

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION C, LINE 19

990 Schedule O, Supplemental Information

Return

STATEMENTS

Reference	Explanation
FORM 990, PART XI, LINE 2C, OVERSIGHT OF FINANCIAL	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE COMPILAT ION AND SELECTION OF THE INDEPENDENT ACCOUNTANT THE PROCESS BY WHICH THE COMMITTEE OVERSE ES THE COMPILATION AND SELECTS THE INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM PRIOR YEARS

Evolunation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493168009319 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2017 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** THE AMERICAN LEGION DEPARTMENT OF OHIO CHARITIES INC 02-0692968 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(b)** Primary activity (c) Legal domicile (state **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity (d) (e) Total income End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	s Comple	l te if the organ	nization	I answered "	Yes" on Fo	orm 990,	Part IV	, line 34 be	cause	ıt had one or	more	
(a) Name, address, and EIN of related organization	Prima	(b) ary activity	Legal do	(c) micile (state gn country)	(d Exempt Cod) le section	Public o	(e) harity status on 501(c)(3))	Di	(f) rect controlling entity		512(b) ntrolled ity?
(1)AMERICAN LEGION DEPARTMENT OF OHIO INC 60 BIG RUN ROAD DELAWARE, OH 43015	PRESERVE DEMOCRACY AND UPHOLD PATIOTISM		ОН		501(C)(19) & (C)(23)		N/A		N/A		Yes	No No
31-4115640												\vdash
											-	_

		1	1										
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related unrelated, excluded from tax under sections 512- 514)	Share of total income	(g) Share of end-of-year assets	(H Disprop alloca		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or liging	(k) Percenta ownersh
					314)			Yes	No		Yes	No	
Identification of Related Organization because it had one or more related organizations.						zation ansv	vered "Yes	" on Fo	orm 99	90, Part IV,	line	34	
(a)	(b)		(c)	st during ti	(d)	(e)	(f)	1	(g)	(H	1)		(1)
Name, address, and EIN of related organization	Primary activity	l do (state	Legal omicile or foreign ountry)		controlling Type entity (C c	e of entity orp, S corp, or trust)	Share of total income		of end- year assets	of- Percel owne	ntage	(13	ction 5: 3) contr entity
			und y)									Y	'es
													+
										_			_
												_	-+

Schedule R (Form 990) 2017		Р	age 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			1
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1:	а	No
b Gift, grant, or capital contribution to related organization(s)	11	Yes	
c Gift, grant, or capital contribution from related organization(s)	. 1	С	No
d Loans or loan guarantees to or for related organization(s)	10	d	No
e Loans or loan guarantees by related organization(s)	10	е	No
f Dividends from related organization(s)	1	f	No
g Sale of assets to related organization(s)	19	g	No
h Purchase of assets from related organization(s)	11	h	No
i Exchange of assets with related organization(s)	1	i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1	j	No
k Lease of facilities, equipment, or other assets from related organization(s)	11	k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1	ı	No
m Performance of services or membership or fundraising solicitations by related organization(s)		m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1	n Yes	+
o Sharing of paid employees with related organization(s)	1	Yes	
p Reimbursement paid to related organization(s) for expenses	. <u>1</u> 1	p Yes	-
q Reimbursement paid by related organization(s) for expenses	. 10	9	No
r Other transfer of cash or property to related organization(s)	1	r	No
s Other transfer of cash or property from related organization(s)	_	s	No

					I
k Lease of facilities, equipment, or other assets from related organization(s) \ldots \ldots \ldots \ldots \ldots				1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)				11	No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Y	res es
o Sharing of paid employees with related organization(s)				10 Y	res
p Reimbursement paid to related organization(s) for expenses				1p Y	res
q Reimbursement paid by related organization(s) for expenses				1q	No
r Other transfer of cash or property to related organization(s)				1r	No
f s Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this lir	e, including covered r	elationships and tra	nsaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	nount inv	olved
(1)AMERICAN LEGION DEPARTMENT OF OHIO	В	90,220	ACTUAL		

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

was not a related organization. See histractions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017