

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2018

Open to Public  
Inspection

A For the 2018 calendar year, or tax year beginning

December 1, 2018, and ending

November 30, 2019

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization ?

American legion Post 169

D Employer identification number ?

34-417608 b

E Number and street (or P.O. box, if mail is not delivered to street address) ?

280 South Washington St.

Room/suite ?

F Telephone number

419-447-1262

G City or town, state or province, country, and ZIP or foreign postal code

Tiffin, Ohio 44883

19

G

F

925

H Group Exemption Number ► ?

H Accounting Method:  Cash  Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

K Form of organization:  Corporation  Trust  Association  Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) ?

Check if the organization used Schedule O to respond to any question in this Part I ?

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 <span style="border: 1px solid black; padding: 2px;">675.00</span>
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6 Gaming and fundraising events:	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a <span style="border: 1px solid black; padding: 2px;">76,774.00</span>
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b <span style="border: 1px solid black; padding: 2px;">14,642.38</span>
	c Less: direct expenses from gaming and fundraising events	6c <span style="border: 1px solid black; padding: 2px;">14,642.38</span>
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d <span style="border: 1px solid black; padding: 2px;">62,131.62</span>
	7a Gross sales of inventory, less returns and allowances	7a <span style="border: 1px solid black; padding: 2px;">75,921.80</span>
	b Less: cost of goods sold	7b <span style="border: 1px solid black; padding: 2px;">36,785.83</span>
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8 Other revenue (describe in Schedule O)	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 <span style="border: 1px solid black; padding: 2px;">101,942.59</span>
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 <span style="border: 1px solid black; padding: 2px;">-0-</span>
	11 Benefits paid to or for members	11 <span style="border: 1px solid black; padding: 2px;">-0-</span>
	12 Salaries, other compensation, and employee benefits <span style="border: 1px solid black; padding: 2px;">?</span>	12 <span style="border: 1px solid black; padding: 2px;">8,440.00</span>
	13 Professional fees and other payments to independent contractors <span style="border: 1px solid black; padding: 2px;">?</span>	13 <span style="border: 1px solid black; padding: 2px;">5,144.40</span>
	14 Occupancy, rent, utilities, and maintenance	14 <span style="border: 1px solid black; padding: 2px;">32,756.37</span>
	15 Printing, publications, postage, and shipping	15 <span style="border: 1px solid black; padding: 2px;">1,252.29</span>
	16 Other expenses (describe in Schedule O) <span style="border: 1px solid black; padding: 2px;">?</span>	16 <span style="border: 1px solid black; padding: 2px;">28,017.93</span>
	17 Total expenses. Add lines 10 through 16	17 <span style="border: 1px solid black; padding: 2px;">75,610.99</span>
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <span style="border: 1px solid black; padding: 2px;">26,331.60</span>
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 <span style="border: 1px solid black; padding: 2px;">344,563.72</span>
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 <span style="border: 1px solid black; padding: 2px;">-6,437.06</span>
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 <span style="border: 1px solid black; padding: 2px;">364,458.26</span>

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29492032062150

**Part II Balance Sheets (see the instructions for Part II)**Check if the organization used Schedule O to respond to any question in this Part II 

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	65,654.94	22 101,942.59
23	Land and buildings	275,294.08	23 268,857.12
24	Other assets (describe in Schedule O)	3,614.70	24 3,433.61
25	<b>Total assets</b>	370,027.67	25 374,233.23
26	<b>Total liabilities (describe in Schedule O)</b>	32,077.13	26 9,774.97
27	<b>Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	344,563.72	27 364,458.26

**Part III Statement of Program Service Accomplishments (see the instructions for Part III)**Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **Social Service Club for Veterans**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

**28 Social Service Club for Veterans serving about 200 members**(Grants \$ ) If this amount includes foreign grants, check here ►  28a

29

(Grants \$ ) If this amount includes foreign grants, check here ►  29a

30

(Grants \$ ) If this amount includes foreign grants, check here ►  30a**31 Other program services (describe in Schedule O)**(Grants \$ ) If this amount includes foreign grants, check here ►  31a**32 Total program service expenses (add lines 28a through 31a)**

32

**Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)**Check if the organization used Schedule O to respond to any question in this Part IV 

	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Denny Murphy	Commander	as needed	-0-	-0-	-0-
James Speaker	1st Vice	as needed	-0-	-0-	-0-
George Schleter	2nd Vice	as needed	-0-	-0-	-0-
Michael Burd	Adjutant	as needed	-0-	-0-	-0-
Jim Trapp	Treasurer	as needed	-0-	-0-	-0-
Jody Omillian	Service Officer	as needed	-0-	-0-	-0-
Jim Schleter	Bar Manager	as needed	\$8,444.00	-0-	-0-

OG

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 ✓

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 34 ✓

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a ✓

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b ✓

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c ✓

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 ✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file Form 1120-POL for this year? 37b ✓

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a ✓

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 40a; section 4912 ► 40b ✓; section 4955 ► 40c

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40d

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40e ✓

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40f

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40g

41 List the states with which a copy of this return is filed ► **Ohio**

Telephone no. ► **419-447-1262**  
ZIP + 4 ► **44883**

42a The organization's books are in care of ► **Jim Trapp** 42a

Located at ► **280 South Washington St. Tiffin, Ohio** 42b ✓

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► 42c ✓  
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► 43

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ►   
and enter the amount of tax-exempt interest received or accrued during the tax year 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a ✓

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b ✓

c Did the organization receive any payments for indoor tanning services during the year? 44c ✓

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d ✓

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a ✓

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b ✓

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	✓
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ►

51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."
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(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

52	Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations must attach a completed Schedule A	► <input type="checkbox"/> Yes <input type="checkbox"/> No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here <span style="border: 1px solid black; padding: 2px;">?1</span>	<i>Jim Trapp</i>	1-22-20
	Signature of officer	Date
Jim Trapp Treasurer		
Type or print name and title		

Paid Preparer Use Only <span style="border: 1px solid black; padding: 2px;">?1</span>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no.		

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

**SCHEDULE G**  
**(Form 990 or 990-EZ)****Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Name of the organization

American Legion Of Ohio Post 169

Employer identification number

34-4176086

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	
2a 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2b If "Yes," list the 10 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 or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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

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

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

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .		344,618.00		344,618.00
Direct Expenses	2 Cash prizes . . . . .		267,844.00		267,844.00
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .		2,572.18		2,572.18
	5 Other direct expenses . . . . .		12,070.20		12,070.20
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ►					28,468.38
8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ►					62,131.62

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

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No  
b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No  
b If "Yes," explain: \_\_\_\_\_

11	Does the organization conduct gaming activities with nonmembers? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility . . . . .	13a	100 %
b	An outside facility . . . . .	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		

Name ► James Trapp

Address ► 116 Webster St. Tiffin, Ohio 44883

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ►

## Address ►

## 16 Gaming manager information:

Name ► James Trapp

## Gaming manager compensation ► \$ -0-

**Description of services provided ► Keeps Records**

Director/officer

Employee

Independent contractor

## 17 Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 16,607.07

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue ServiceName of the organization  
**American Legion Post 169****Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**Open to Public  
InspectionEmployer identification number  
**34-4176086****1) Description** **Amount****Supplies** **\$6,236.06****2) Other Assets** **Part 2 Line 24****Category** **Amount Beginning of year** **Amount End of year****Inventory** **\$3,614.70** **\$3,433.61****3) Description of Liabilities** **Part 2 line 26****Accrued Expenses : Amount beginning of year** **Amount end of year****\$15,550.00** **9,774.97****4) Taxes** **Amount****\$15,46.93****5) Property Value Down** **Amount****-\$6,437.06**